

PORTLAND PARKS AND RECREATION

265 Main Street, PO BOX 71, Portland, CT 06480

www.portlandct.org

PORTLAND.RECDESK.COM

860-342-6757 or 860-342-6763 FAX

SUMMER PLAYGROUND PROGRAM 2018

SUMMER QUEST

TEEN ADVENTURE

KIDDIE KAMP

COUNSELOR IN TRAINING

*BUILDING FRIENDSHIPS, CREATE LASTING MEMORIES, AND
LEARN NEW SKILLS*

SOMETHING NEW EVERY WEEK, EVERY DAY

Register on – line – portland.recdeck.com

Mail in Registration – Portland Parks and Recreation, PO Box 71

Website: - www.portlandct.org

Call us: 860-342-6757

Fax information to us: 860-342-6763

Like us on Face Book

CAMP CHOICES 2018

Day Camp	Time of Day	Week 1 June 25 - 29th	Week 2 July 2 - 6th No July 4	Week 3 July 9 - 13	Week 4 July 16 - 20
Summer Quest Base Camp	8:30 am - 3:30 pm	\$160	\$128	\$160	\$160
Summer Quest Early Camp	7:30 am - 8:30 am	\$25	\$20	\$25	\$25
Summer Quest Late Camp	3:30 pm - 5:30 pm	\$60	\$48	\$60	\$60
Summer Quest Half-Day	8:30 am - 12:30 pm	\$105	\$84	\$105	\$105
C.I.T. Program	8:30 am - 3:30 pm	\$160		\$200	
Kiddie Kamp	8:30 am to 12:00 pm	\$80	\$64	\$80	\$80
* Additional Child Discounts		\$10 off	\$10 off	\$10 off	\$10 off
** Total					

Day Camp	Time of Day	Week 5 July 23 - 27	Week 6 July 30 - Aug 3	Week 7 Aug 6 - 10
Summer Quest Base Camp	8:30 am - 3:30 pm	\$160	\$160	\$160
Summer Quest Early Camp	7:30 am - 8:30 am	\$25	\$25	\$25
Summer Quest Late Camp	3:30 pm - 5:30 pm	\$60	\$60	\$60
Summer Quest Half-Day	8:30 am - 12:30 pm	\$105	\$105	\$105
C.I.T. Program	8:30 am - 3:30 pm	\$200		\$100
Kiddie Kamp	8:30 am to 12:00 pm	\$80		
* Additional Child Discounts		\$10 off	\$10 off	\$10 off
** Total				

* - Additional Child Discount applies for each child after the first
Only Applies for Base Camp

** Please sum the total for each week and then calculate grand
total for each child over the entire summer

Grand Total for Summer 2018

\$ _____

Portland Parks and Recreation Mission Statement

The Portland Parks and Recreation Department is committed to offering diverse leisure activities to meet the interest of our citizens. Our purpose is to provide a variety of safe, affordable programs to develop personal enrichment, promote enduring friendships, accessible recreational use of the environment, and provide fitness-related activities for all age groups. In this capacity, we hope to improve the quality of life for all our residents, physically, socially, and intellectually, thereby nurturing the health and cohesiveness of our community. We try to offer something for everyone.

General Information: Summer Quest (including Teen Adventure and C.I.T. Program) will be 7 weeks this summer; June 25 - August 10th. Kiddie Kamp will be held 5 weeks this summer; June 25 to July 27th.

No Program: July 4th. Must be a Portland Residents to attend the Summer Playground Program.

All Summer Playground Program will be located at Portland High/Middle School – 95&93 High Street.

Registration Information:

- All Registration should be submitted before June 1st to be qualified for a Summer Playground T-shirt
- Registration after June 22nd will be charged a \$10 Late Fee
- Registration will be on a first come/first served basis
- Changes made to registration must be submitted in writing to the office at least one week before the child will be attending the program
- Registrations are per week, there is no pro-rating missed days during the week.
- No registrations will be taken after noon on Friday for the upcoming week of Summer Quest or Kiddie Kamp
- All registration, payments and paperwork go to the Parks and Recreation Office or through Portland Recdesk– Not the Summer Playground locations. Forms can be dropped off at the Parks and Recreation Office at 265 Main Street, faxed to 860-342-6763, mail to Portland Parks and Recreation P.O. Box 71 Portland CT 06480, or through Portland.recdesk.com.

Payment Policy:

- Payment for Weeks 1 – 3 must accompany registration
- Payment for Weeks 4 – 7 must be submitted by June 30th
- Late Payment will jeopardize your child's ability to attend the program
- Outstanding payments due to the Parks and Recreation or Youth Service Departments must be paid in full before a child can attend the Summer Playground Program

Refund Policy:

- Refunds will only be given for a canceled program or for a medical reason as demonstrated by a written note from a physician.
- Once a program has started, there will be no refund given
- Credits or week changes will not be given due to absences or confusion as to which weeks your child was registered for.

Scholarships: Scholarships will be awarded on a limited basis with appropriate paperwork having been submitted. All Scholarships request must be in by June 1st

Our Programs

More Than Just A Summer Program: Our Portland Parks and Receptions summer programs do more than just engage in the arts, music, theater, sports, nature, and reading with our dedicated counseling staff. We build friendships and memories with our campers while fostering values of respect, understanding and honesty. We are entering our sixth year at the beautiful Portland High School and Middle School Complex where all of our programs are located.

Kiddie Kamp (*ages 3 to 5*)

Kiddie Kamp: (Ages 3 to 5). This program is a great introduction to our summer playground program. Located at the Portland High School pre-school room, your children are about to embark on a fantastic summer journey. Kiddie Kamp is certain to bring lots of safe, action-packed fun into your child's life! Kiddie Kamp is a place where your child can have fun, be active, make new friends, discover new talents, be under the care of a nurturing staff, and help create a special camp community. On behalf of the entire Kiddie Kamp staff, we would like to personally extend a warm welcome to all our campers and their families! We are looking forward to an exciting and safe season.

Important Kiddie Kamp Notes:

- NEW HOURS: 8:30 to Noon
- Ages 3 to 5 years old (must be toilet trained)
- The program is five – individual weeks operating from June 25 to July 28.
- Program held at Portland High School – Pre-school Room
- Participants must bring a snack and lunch every day.
- Program limited to 24 participants per week.
- No Program July 4th

Summer Quest (*Completed Grades K – 5*)

Our dynamics Summer Quest program provide campers with a variety of physical and social activities based on the week campers join us. Throughout the summer, our young summer questers engage in whole camp and small group indoor and outdoor games and activities. Most of our programming is based around our five specialty areas: Arts and Crafts, Music and Theater, Sports, Nature, and Reading.

In the past we have painted murals, performed plays, talent shows, Olympic competition, learned about nature, created our own town, partner with the Portland Library Summer reading program, and end our summer with a carnival. We hope you join us this summer to see what else we have planned!

Teen Adventure (*Completed Grades 6 – 8*)

Our most independent Group! Teens will get the opportunity to spend time doing what they love to do, whether it is sports, nature, an adventure course, building a robot, producing a TV show, kayaking the Long Island Sound, or making soda. Our goal is to provide opportunities and experiences that most have never had a chance to do. The group will go on trips off campus two to three days a week, depending on the theme week and activities planned.

Counsel in Training Program (C.I.T's)

(Completed Grades 9 and 10)

Our C.I.T program last season was redesigned into a two consecutive weeks so they can learn to engage fully with camp procedures, our staff and campers. We work on everything from teaching C.I.T.'s about professionalism in the workplace to how to run activities for different groups of campers.

Theme Weeks

Week	Dates	Kiddie Kamp	Summer Quest	Teen Adventure
1	June 25 - 29	Superhero and Princesses	Summer Kick Off	Summer is Finally Here!!!
2	July 2, 3, 5, 6	Travel the World	Director's Choice	Adventureland
3	July 9 - 13	Olympic Week	Artful Antics	To the Extreme
4	July 16 - 20	Great Outdoors Week	Olympic Week	Calling all Producers
5	July 23 - 27	Farm and Jungle Week	To many chefs in the Kitchen	Atlantis Week
6	July 30 - August 3		Performing Arts Week	Exploration Week
7	August 6 - 10		Last Blast	Last Blast too!!!!

Something FREE to do this summer in Portland

Summer Annual Music on the Riverfront
Concert Series

Portland Library
Summer Family Show

Portland Fun Runs

For more Details

Portland Parks and Recreation Summer Enrichment Brochure
Portland Library monthly newsletter (Summer Family Show)

www.portland.ct.org

portland.recdesk.com (Concerts and Fun Runs)

Our Policies

Health Exam Record Form Policy

- Your child's Health Form must accompany the Summer Playground Registrations. If it is not submitted before the start of the playground program, the child cannot attend.
- Your physician may complete a copy, or you can obtain a copy from your child's school.
- The form is good for a 3 year period. You may check to see if your child's form is on-file from last year by calling the Parks & Recreation office between 1:30 & 4:30 pm, Monday through Thursday.

Medication

- Parents must fill out the Medication Authorization form.
- For all prescription medications, the Medication Administration Form must be completed and signed by the child's physician.
- All medications must be presented in their original containers.
- All medications must be administered either orally, via injection, topically or via inhalant.

Pick-up and Drop-off

- Parents & Guardians must complete a pick-up/drop off form.
- Parents are responsible for signing their child in and out of the program.
- All parents or designated representatives will be asked to provide identification.
- A note must be provided and the pickup list changed if someone not on the list will pick up the child.

Games, Toys and Electronic Devices

- Games, toys, electronic devices, and personal items of that nature are **NOT permitted at any summer program** (exception will only be made in cases accepted by the Parks and Recreation Director and/or his or her designee).
- We are not responsible for lost, stolen or damaged items.

Photos and Publicity

- Parks and Recreation Staff would like to use pictures from our summer programs in advertising materials (brochure, website, etc.)
- If you wish for your child's photo not to be used please check the appropriate section on the registration form.

Discipline

- It is our goal to make sure that every camper is safe at all times. Our policy follows three guidelines: **take care of yourself, take care of others, and take care of the things around you.**
- Disciplinary issues will be discussed with parents.
- Any violent behavior or serious breach of rules such as physical contact or threatening of other children or staff will result in suspension from Summer Playgrounds.

Questions or Concerns

Any questions or concerns, please contact the Parks and Recreation office at:

265 Main Street, PO Box 71,
Portland, CT 06480
Phone: (860)-342-6757

Registration Form

2018

Participant's Name: _____ Phone Number: _____

Street Address _____ Apt. # _____ Town: _____ Zip Code: _____

Male ___ Female ___ Date of Birth _____ School Grade as of Aug. 2018 _____

Mother's Name _____ Father's Name _____

E-Mail Address _____ E-mail Address _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Weeks Attending Camp _____

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form). _____

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

Shirt Size (Please circle) Youth: Sm. Med. Lg. Adult: Sm. Med. Lg.

Please attach the following forms to this registration page:

- | | |
|---|---|
| <input type="checkbox"/> Rates and Fees- Page 5 | <input type="checkbox"/> Authorization for Non-Prescription Medications |
| <input type="checkbox"/> Emergency Contact Form | <input type="checkbox"/> Authorization of Medications |
| <input type="checkbox"/> Pick Up List | <input type="checkbox"/> Youth Camp Health Exam Record |

Please limit one medication per page on the Authorization of Medication form. If more than one medication is to be administered please make copies and attach.

My child is in good health and has my permission to participate in this program and on field trips. I understand that various activities during camp present a risk of injury. I have read the camp brochure including the registration and refund policies and hereby give my child permission to participate in all program activities. I also agree to provide an updated health and history form with the registration.

Parent or Guardian: _____
(Print Name) (Signature) (Date)

Emergency Contact Form

2018

Participant's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

If a parent is not available:

Emergency Contact #1 _____ Relationship _____

Home Phone # _____ Work Phone _____ Cell Phone # _____

Emergency Contact #2 _____ Relationship _____

Home Phone # _____ Work Phone _____ Cell Phone # _____

Child's Physician _____ Phone # _____

* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Parent or Guardian: _____
(Print Name) (Signature) (Date)

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SUMMERQUEST PICK UP LIST

Please list below the individuals that are allowed to pick up your son/daughter at camp. Please realize that **we request a photo ID** for anyone picking up your child so we can ensure that your child goes home with the correct person.

CAMPER NAME+ _____
(Please print)

1. _____
(Name of person) (Relationship to camper) (Phone)

2. _____
(Name of person) (Relationship to camper) (Phone)

3. _____
(Name of person) (Relationship to camper) (Phone)

4. _____
(Name of person) (Relationship to camper) (Phone)

5. _____
(Name of person) (Relationship to camper) (Phone)

6. _____
(Name of person) (Relationship to camper) (Phone)

7. _____
(Name of person) (Relationship to camper) (Phone)

8. _____
(Name of person) (Relationship to camper) (Phone)

9. _____
(Name of person) (Relationship to camper) (Phone)

10. _____
(Name of person) (Relationship to camper) (Phone)

(Please Print)

(Please Sign)

(Date)

Parent/Guardian Authorization for the Administration of Non-Prescription of Topical Medications by Youth Camp Personnel

To Youth Camp Director, Nurse or Teacher:

I hereby request that a staff member of the Youth Camp administer the following non-prescription topical medications to my child. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription medicated powders.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen lotions/sprays which are free of amino benzoic acid (PABA) or its derivatives.

Name of Child: _____ Date of Birth: _____

Address _____

Medication: Name, method of administration, area of application according to directions on the original container:

Time of administration: _____

Medication to be administered from (date) _____ to (date) _____

Reason for which medication is being administered:

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Date: _____

Signature: _____^(Print) Relationship to child: _____

Address: _____ work phone: _____ home/cell phone: _____

For Camp Staff Use:

Signature of Camp Director: _____ Date: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for a nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER: Date ___/___/___

Name of Child _____ Date of Birth ___/___/___

Street Address _____ City/Town _____ State _____

Condition for which drug is being administered during camp hours _____

DRUG: Name of Drug, Dose and Method of Administration _____

Times of Administration: __, __, __ Medication shall be administered from ___/___/___ - ___/___/___

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, list _____

The authorized prescriber's or Dentist's Name _____ Phone # (____) _____
(type or print)

Street Address _____ City/Town _____ State _____

Authorized Prescriber or Dentist's Signature _____

Authorization by Parent/Guardian for the administration of the above medication: Date: ___/___/___

I hereby request that the above medication, ordered by the authorized prescriber/dentist for my child _____, be administered by the camp personnel with current Medication Administration Training.

I understand that I must supply the Youth Camp with the prescribed medication in the original container dispensed and properly labeled by an authorized prescriber, dentist or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

Name of Parent or Guardian _____ Signature _____
(Print Name)

Relationship to child _____ Street Address _____

City/Town _____ State _____ Zip Code _____ Phone (____) _____

YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years

From Date of Last Examination

Please Return Completed Form To Parks & Recreation Office

Camper

Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Phone _____

Date of Arrival at Camp: _____ Departure Date _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

____ May participate in all camp activities

____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO

If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No	Yes	No
Measles			Hepatitis B	
Mumps			Diphtheria	
Rubella			Pertussis	
Chickenpox			Polio	
Tetanus				

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or AP

Date Form Signed

Telephone Number