

2009 Camp "Fun"shine Registration Form



Child's Information

Name: _____
Last
First
Age
DOB

Address: _____
Number/Street
Apt. No

 City, State, Zip Code

Week 1: June 15 - 19 <input type="checkbox"/>	Week 2: June 22 - 26 <input type="checkbox"/>	Week 3: July 6 - 10 <input type="checkbox"/>	Week 4: July 13 - 17 <input type="checkbox"/>	Week 5: July 20 - 24 <input type="checkbox"/>
Week 6: July 27 - 31 <input type="checkbox"/>	Week 7: August 3 - 7 <input type="checkbox"/>	Week 8: August 10 - 14 <input type="checkbox"/>	Week 9: August 17 - 24 <input type="checkbox"/>	

Circle your selection: Gender: M F T-Shirt size: Child - S M L or Adult - S M L

Contact Information

Mother/Guardian Information

Name: _____
Last
First

Home Address (if different from child's)

Number/Street: _____ Apt. No. _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother/Guardian Employment Information:

Name of Employer: _____

Work Phone: _____ Extension: _____

Father/Guardian Information

Name: _____
Last
First

Home Address (if different from child's)

Number/Street: _____ Apt. No. _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian Employment Information:

Name of Employer: _____

Work Phone: _____ Extension: _____

Additional Information: Please list any information that may assist us in making your child's experience a positive one (For example: comforting tools, fears, etc.)

Allergies (State Allergy, Reaction and Treatment)

Allergy	Reaction	Treatment
1. _____	_____	_____
2. _____	_____	_____

Physician's Information (Please attach or provide us with a business card)

Name: _____ Office: _____

Address (number/street): _____

City/State/Zip: _____

Phone: _____ Extension: _____

Hospital Preference (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Presbyterian (Matthews) | <input type="checkbox"/> Mercy Hospital (Downtown) |
| <input type="checkbox"/> Presbyterian (Downtown) | <input type="checkbox"/> University Hospital |
| <input type="checkbox"/> Carolina Medical Center | <input type="checkbox"/> Other: _____ |

Emergency contact (other than parents/guardians)

1. Name: _____
Last First Relationship to child

Home Address

Number/Street: _____ Apt. No. _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____
Last First Relationship to child

Home Address

Number/Street: _____ Apt. No. _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

MEDICATION AUTHORIZATION FOR CAMP "FUN"SHINE PARTICIPANTS

In order to help protect you child’s health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive prescription and non-prescription medicines while a participant in Matthews Parks, Recreation and Cultural Resource Department’s Camp “Fun”shine. Medications cannot be given to your child at camp until this authorization has been received. A separate form is required for each medicine. New authorization forms are required whenever the dosage or directions change or when a new medicine is prescribed. It is your responsibility to provide all medicines to be given during camp. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider’s office. Most pharmacies will provide an extra container for use upon request. Administration of non-prescription medicine is discouraged.

Parent / Guardian’s Permission: I give permission for my child to receive this medicine during camp operating hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve the Town of Matthews, their agents and employees from any and all liability whatsoever that may result from my child taking this medicine while a participant in Matthews Parks, Recreation and Cultural Resource Department’s Camp “Fun”shine.

Signature of parent or guardian

Date

FOR HEALTH PROFESSIONAL USE ONLY: PLEASE WRITE LEGIBLY USING LAYMAN’S TERMS

Specific Directions

Medication prescribed:_____

Strength/Dosage:_____

Purpose of Medication:_____

Relationship to meals:_____

How often and what time:_____

Expected side effects or adverse reactions (specify):_____

Other Instructions:_____

- Should this participant be allowed to self-administer this medication?_____
- Should this participant carry this medication with him/her at all times?_____
- Is this medication to be used for emergencies only?_____
- Other_____

It is necessary for this student to receive this medication during camp hours in order to maintain or improve health and to benefit from summer camp attendance. Please notify Matthews Parks and Recreation Staff if there are any problems.

Signature of health provider

Date

Telephone#

Fax#

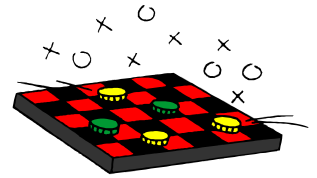
Please print health provider’s name

Practice name and address

For MPRCR Dept. Use
Date received / By_____



Welcome to Camp FUNshine 2009!



Your Goals Are Our Goals!

- ⓐ To have fun! (*always #1*)
- ⓐ To offer safe recreational and educational programs to all participants
- ⓐ To promote character enhancement by encouraging and modeling personal interaction and supervision in a stimulating, flexible environment
- ⓐ To foster positive self-image in each child through an asset and character building framework
- ⓐ To attempt to develop socialization skills through multicultural exposures
- ⓐ To encourage health and fitness as a lifetime goal
- ⓐ To instill appreciation and responsibility for the outdoor world and learn how to take care of it

Expect the Best!

- ⓐ We supervise participants in a safe, structured environment
- ⓐ Participants have the opportunity to interact with staff and specialists
- ⓐ Participants can develop a life-long love of learning through a recreational setting
- ⓐ Participants can discover that learning is fun and knowledge is power
- ⓐ We stress basic skills in character education, reading, arts, science, sports, diversity, conflict resolution, fitness and wellness

What do I need for camp?



Lunch / Snacks

Campers must bring a lunch to camp each day. Each camper will receive a snack two times per day. This will include one drink (usually a box of juice) and one snack item (jello, crackers/cheese, pretzels, etc.) If you think that your child will require any additional snack items, please include it in their lunch.



Activities

Campers will swim at least three days per week weather and field trip permitting. It is asked that all campers bring their swimming apparel each day to camp. We may add swim times that may not be announced ahead of time. Campers must wear tennis shoes each day to camp. Flip-flops or any other open-toe shoes are not permitted. Campers will exercise **each day**. An example would be jogging around a track and/or jumping jacks and stretching exercises inside the facility. Please inform camp staff if a medical or physical condition prohibits participation in these exercises.

Sign in / Pick up

Parents / Guardians must come into the designated area to sign in and drop off campers. Parents must also come into the camp facility to pick up and sign out campers.

Activity Suggestions

Camp “FUN”shine’s camp activity schedule is very flexible. We would like to know if there were any additional activities you would like to see at camp this summer. Please return your suggestions to camp staff, the Matthews Community Center, or email them to Corey King (cking@matthewsnc.com)

Camp FUNSHINE requests that parents....

- Abide by camps posted hours of operation
- Notify camp staff when campers require late drop-off at camp or early pick up from camp, since this may affect scheduled activities
- Make sure they sign their child in and sign their child out each day of camp
- Register for pre and post camp if they wish to utilize the pre-post camp hours
 - A fee of \$1 per minute will be charged for campers that are not registered for pre/post camp, arriving prior to 9AM or leaving after 5PM.
 - A fee of \$1 per minute will be charged to pre/post camp participants that are not picked up by 6PM.
 - Arrival at camp is not permitted prior to 7:30 AM

Camp Funshine Rules

- Be respectful of personal space (no hitting, kicking, biting, etc.)
- Respect Counselors and guests
- When the whistle blows, listen for instructions
- No horseplay (innocent playing around could result in someone being seriously hurt)
- Campers must remain with counselors at all times during camp.
- Be courteous to all:
 - Respect the opinions of others
 - Use appropriate language and tone
- Leave personal computer games at home (Gameboys, etc.)
- Abide by the GOLDEN RULE,
Do unto others..... you know the rest

DISCIPLINE POLICY

Camp FUNSHINE staff anticipates a great summer. Our number one goal is to have fun. In order to ensure that all campers have a great experience in camp, behavior must be regulated. We must establish a boundary where one camper's idea of "having fun" detracts from the experience of others.

First occurrence - verbal warning

Second occurrence - limitation of activities

Third occurrence - Parent notification

Continual incidents of misbehavior will require a meeting with parents and staff. Camp staff will have "Discipline Cards" that they have with them at all times. Incidents that escalate to a *Second Occurrence* will be documented and available for parents, along with parent notification for *Third Occurrences*.

Other Important Information

Evaluations

Parents are asked to complete an evaluation form for each week of camp that their child attends. The forms are available to parents at the camp site. Please complete and return to camp or send to Corey King.

Contact Information

Matthews Parks, Recreation and Cultural Resource Department
Corey D. King, CPRP
Recreation Program Supervisor
704-814-4750
cking@matthewsnc.com

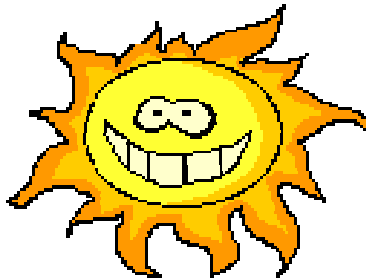
Camp Location: Matthews Elementary School
200 McDowell Street
Matthews, NC 28105

Registration Location: Matthews Community Center
100 McDowell Street, East
(Behind Matthews Elementary School)

MEET THE COUNSELORS
Thursday, June 11, 2009
6:30 PM – 7:30 PM
Matthews Community Center

This will be an opportunity for you to talk to the people that will make Camp FUNshine 2009 better than ever! Come prepared to ask all the questions that you may have. I look forward to working with you and your child this summer.

Camp staff will be issued a cellular phone before the start of camp. The cellular number will be given to parents at the beginning of their week of camp.



We are going to have a GREAT summer!!!

Camp “FUN”shine Weekly Feedback Form

We appreciate your input in making Camp “FUN”shine a great experience for you and your child. Please complete an evaluation of each week that your child attended Camp “Fun”shine. Circle the answer that best describes your/your child’s experience at Camp FUNshine.

1. Please indicate the week that your child attended Camp “Fun”shine

- June 15 – June 19, 2009
- June 22 – June – 26, 2009
- July 6 – July 10, 2009
- July 13 – July 17, 2009
- July 20 – July 24, 2009
- July 27 – July 31, 2009
- August 3 – August 7, 2009
- August 10 – August 14, 2009

2. On-site camp activities

- My child felt that there were a good amount of activities for my child at camp
- My child felt that there were too many activities at camp
- My child expected more activities at camp

3. Variety of camp activities

- My child felt that there was a great variety of activities at camp
- My child felt that there could have been a better variety of activities at camp
- My child felt that there was a lack of variety in camp activities

4. Number of Field Trips

- There were a sufficient number of field trips scheduled the week that my child attended camp
- I would have liked more field trips scheduled the week that my child attended camp

5. Convenience of Camp location

- The location of the camp is great for me
- I am willing to make the drive, but the camp could be in a better location
- The location of the camp was not convenient for me

6. Quality of camp counselors

- The camp counselors operated camp well and were great with my child
- The camp counselors could have done a better job operating camp and dealing with my child
- The camp counselors did a poor job operating the camp and dealing with my child

7. Cost of Camp “FUN”shine

- A great value, considering the benefits of the camp
- Reasonable
- Too expensive

8. Do you utilize pre/post camp hours?

- Yes
- No

Camp “FUN”shine Weekly Feedback Form

9. If you utilize pre/post camp hours, do you feel 7:30AM is early enough?

- Yes
- No

10. What was the best part of camp? _____

11. What is an area(s) that you feel needs improvement? _____

12. What are some things that you would like to see added to camp? _____

Additional Comments (greatly appreciated!) _____
