Summer 2024

Dear Parents/Guardians:

Thank you for registering your child for Famous Artist Camp! ☺ Famous Artist Camp is from 9:00 a.m. – 12:00 p.m., Monday – Friday. Please make sure to fill out each form included in this packet and **bring them with you the first day of camp**. The Camper Information/Waiver and Policy Agreement forms are required for all campers prior to participating in camp, so please be sure to fill these out thoroughly. A medication form is also available if needed. Completing these forms in advance will save time at drop-off on the first of camp. These forms will be emailed and mailed and are also available online or by scanning the QR code at the bottom of this letter. If your child is participating in multiple sessions of art camp over the summer, and no camper information has changed, you do not need to fill out these forms again. Please inform camp staff at check-in that you have already filled out camp paperwork from a previous Famous Artist Camp session.

# *Camp Information & Reminders*

* Camp will take place at the Jaycee Park Center for Arts & Crafts, located at 2000 Cedar Lane. Camper drop-off and pick-up will take place in the Craft Room 207. Children must be walked to the check-in area and signed in each morning between 8:55 a.m. – 9:05 a.m. *No early drop-offs are allowed*. Instructors need this time in the morning to prepare for daily projects. Please have your child checked in prior to 9:10 a.m. to avoid missing out on activities. All campers must be signed out daily, and picked up before 12:10 p.m. Please be on time.
* It is possible that Deputy Chris Curtis and his therapy dog Drifter may be visiting camp during snack-time throughout the summer. If for any reason you would prefer your child not partake in the snack-time presentation & activity with Deputy Curtis & Drifter, please let staff know the first day of camp.
* We encourage parents to send children to camp in “play clothes” that can get dirty. We do have aprons, but participating in art camp may involve a little bit of clay or paint getting on clothing.
* In order to reduce loss, please put your child’s name on all items brought to camp. No electronics are allowed. The Greenville Recreation & Parks Department is not responsible for lost items.
* Please send your child to camp each day with a light snack and drink in a bag labeled with their name.
* If your child requires medication, a Greenville Recreation & Parks Medication Form must be completed before staff will be allowed to administer medication.
* Please list an active email address on your camp forms. With dozens of campers attending Famous Artist Camp each summer, email is the most efficient way to communicate with camp families.
* **Please remember to pick up your child’s pottery project** when you are notified via email or phone call. Campers work very hard on these projects, and it is the favorite of many children. Please pick them up so they can keep them forever! Also, bring your child to help pick out their work. All pottery left over after camp will be donated Friday, September 27.

We are looking forward to a fantastic summer at Famous Artist Camp! If you have any questions, please contact usat (252)329-4567**.**

Text, letter

Description automatically generatedSincerely,



Sara Caropreso

Recreation Supervisor

Jaycee Park Center for Arts & Crafts

Mallory Jennings

Art Assistant & Pottery Coordinator

Jaycee Park Center for Arts and Crafts

[mjennings@greenvillenc.gov](mailto:mjennings@greenvillenc.gov)

Shape

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**2024 Camper Information Form: Famous Artist Camp**

**Participant Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (C): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (W): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

Please list the people that may pick up your child from camp. Please include first & last name as it appears on their driver’s license.

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Emergency Contacts: Please include first & last name and a current phone number

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Name Phone Name Phone

Medical Information & other notes of importance (allergies, medications, accommodations, instructions, etc.)

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**PERMISSION, RELEASE, AND ASSUMPTION OF RISK**

In consideration of my child being allowed to participate in ­Famous Artist Camp\_\_ sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child’s participation including, but not limited to, any injury or accident occurring during transportation related to this program.  I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program. For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them. In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

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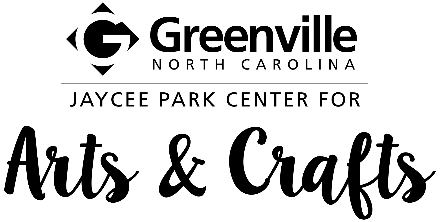
Parent/Guardian’s Name (Please Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

Which session of Famous Artist Camp is your child attending? (Please circle)

1. 6/24 – 28 2) 7/8 – 12 3) 7/15 – 19 4) 7/22 – 26 5) 7/29 – 8/2

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**Greenville Recreation & Parks Department**

**Famous Artist Camp Policy Agreement**

**\*\*\*Please read the entire document and sign the last page\*\*\***

**Purpose**

The overall purpose of our summer camp art programs is to provide opportunities for children to explore creative arts in a way that they are unable to in the typical art classroom setting. The instructors for our art camps are all skilled in creating art as well as teaching art to children. Art camp will provide children with opportunities to learn values including respect for others & their property and interpersonal relationships. Camp experiences will enhance the development of self-confidence and self-concept in our children. Learning will be achieved through an atmosphere of creativity, encouragement, success, fun, and enjoyment!

**Philosophy**

Our belief is that children learn through involvement. Therefore, participation in all activities is imperative. Camp is for those who are willing to learn and experience new activities and events. Our main objective is to provide a fun and safe learning environment for children.

* **Camper Responsibility**
  + Treat yourself and others with respect
  + Participate in camp activities
  + Follow camp rules
  + Respect others – follow the Golden Rule: “Do unto others as you would have them do unto you.”
  + Resect the property of others
  + Be responsible for the items you bring to camp (lunch box, water bottle, jacket, etc.)
  + Stay with your camp group and counselor(s) at all times
  + Use art materials and equipment safely, responsibly, and respectfully

**BEHAVIOR MANAGEMENT**

**Behavior Management and Discipline Policy**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concept, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this program will practice the following Behavior Management and Discipline Policy:

**We Do:**

* Praise, reward, and encourage
* Reason with the set limits
* Model appropriate behavior
* Modify the classroom and camp to attempt to prevent problems before they occur
* Actively listen
* Provide alternatives for inappropriate behavior
* Provide logical consequences for behavior
* Treat each child as a person while respecting needs, desires, and feelings
* Ignore minor misbehaviors
* Explain things on a developmentally appropriate level
* Use short, supervised periods of time-out
* Stay consistent with the behavior management policy
* Communicate with parents/guardians regarding camper behavior (both positive and negative)

**We Do Not:**

* Spank, bite, pinch, or physically punish
* Make fun of, yell, threaten, make sarcastic remarks, use profanity, or use verbally abusive language
* Shame/punish when bathroom accidents occur
* Relate discipline to eating, resting, or sleeping
* Leave a child alone or without supervision
* Allow discipline of a camper by other participants
* Criticize, make fun of, or otherwise belittle the child’s parents, families, or ethnic groups

**Inappropriate camper behavior includes, but is not limited to, the following:**

* Behavior requiring constant attention from staff
* Behavior that may threaten the physical or emotional wellbeing of others
* Behavior abusing the staff and/ignoring or disobeying the rules
* Name calling/threatening
* Physical bullying/fighting such as pushing, spitting, tripping, pinching, pulling, groping, biting, and punching
* Inappropriate exposure
* Foul language
* Stealing
* Not following directions

**Time-Out**

“Time-out” is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space is located away from the program activity but within the program leader/counselors sight.

During “time-out,” the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the program leader discusses the incident and the appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same respect shown to the other children. \*Adapted from the original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

**Discipline and Dismissal**

We feel that in order for a child to feel secure and cared for, certain guidelines need to be set and action taken if the child steps out of these boundaries. A standard discipline procedure has been established so that all children will be treated fairly. If a child is consistently disrupting a group or causing trouble that affects his/her safety or that of another child, the following procedures will be initiated:

1. Quiet reprimand/verbal warning.
2. 3 time outs in one day constitute one day suspension from the program.
3. Child brought to the office; the Camp Supervisor and/or Camp Director will evaluate and handle with the situation. Parent will be telephoned or verbal contact will be made.
4. If problem persists, the child will be asked to leave the program and no refund will be given.

For severe offenses, such as but not limited to: fighting or inflicting bodily harm, theft, vandalism, possession of weapons or drugs, sexual misconduct, the child will be dismissed from the program immediately, effectively bypassing the first 3 steps of this procedure. This will also occur with instances judged unacceptable by the staff. Campers suspended for behavior management problems are not eligible for a refund.

**Pickup Policy**

Only individuals listed on our forms as eligible to pick up your child will be allowed to do so. Picture identification may be necessary if staff does not recognize a person requesting to pick up a child; please be prepared to show identification at *every* pickup. Please understand the seriousness we are placing on this matter and be patient with the camp staff. Your child’s safety is our top priority. Staff is scheduled from 8:30am – 12:30pm daily. No early drop-offs or late pickups will be allowed. Please do not drop your child off prior to 8:55am, as the teachers are getting their rooms ready for art camp from 8:30 – 8:55am. Please pick your child up between 12:00 and 12:10pm. If your child is not picked up by the scheduled end of camp time the following procedure will be followed.

* First time late – a verbal warning will be given and the parent/guardian will have to sign the Parent Communication Log indicating they understand the policy and will be charged accordingly in the event their child is picked up late again.

**Subsequent Late Pick-ups**

* 15 minutes late - $15 fee
* 15 to 30 minutes late - $30 fee
* More than 30 minutes late - Social Services will be called

This late fee must be paid before the child enters camp the following day. The policy is in place to ensure that each child leaves on time and we can keep staffing costs manageable. This enables us to keep our camps at a low weekly rate.

**Medical Emergencies**

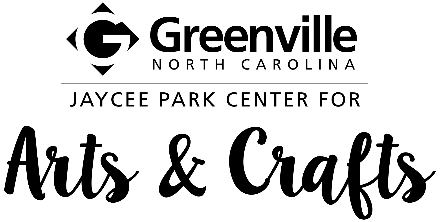
If your child is injured and requires more than basic First Aid, the following steps will be taken:

* Staff will call 911
* Staff will notify parent/guardian
* If parent/guardian is not available, the emergency contact listed on the registration form will be contacted
* If no one on the registration form can be contacted or if it is imperative the child be immediately transported for care, a Recreation staff member will accompany the child
* Paramedics will take the injured child to the nearest hospital
* The Recreation staff will continuously call the parent/guardian/emergency contact until someone is reached

**Illnesses:**

If your child becomes ill during a program, a parent or guardian will be notified and asked to pick up the child. The following procedures are in place regarding contagious conditions:

1. **Bed Bugs:** See Pitt County Schools Bed Bug Protocol for the prevention of bed bug infestations in the school setting. Administration of Medication (Policy 6125). It is the policy of Pitt County Schools that medications should not be administered to a student during school hours or by school personnel unless the health of the student will be adversely affected. If a student is required to take medication during school hours and the parent cannot be at school to administer the medication, school personnel may administer medication with proper documentation from physician and parent. Pitt County Schools defines medication to mean “any prescription or over-the-counter medication or supplement which a medical care source deems essential to be administered during school hours.”
2. **Conjunctivitis (Pink Eye):** Student does not need to be isolated from other students, and treatment is not required in order for the student to return to school. If student is unable to participate in classroom activities or drainage cannot be contained, parent should be notified and consider sending student home.
3. **Diarrhea:** If a student is unable to participate in classroom activities or has accompanying signs of illness such as fever then the parent school be notified. A student with frequent loose stools, especially if the child is unable to control those bowel movements, should be evaluated by a physician as the condition may lead to dehydration.
4. **Fever:** Student is excluded from school when the student is unable to participate in classroom activities and when oral temperature is above 101 degrees F. Student may return to school when fever-free for 24 hours without the use of fever reducing medications.
5. **Impetigo:** Student is considered contagious until treated with antibiotics for at least 24 hours or the crusting lesions are no longer present. If the student is at school when the lesions are discovered, direct contact with other students should be minimized to the extent possible for the rest of the day. The student should remain out of direct contact with other children if he or she has more than three to four sores until seen by a physician for evaluation and treatment. The student may return to school when topical, oral or other systemic antibiotics are started or if the sores can be covered and kept dry.
6. **MRSA (Methicillin-Resistant Staph Aureus):** Student should be referred to his/her healthcare provider and is excluded from school until antibiotic treatment is started or a doctor’s note is provided stating that antibiotic treatment is not necessary. Lesion(s) must be covered with a bandage/dressing that is sealed (taped) on all four sides while at school.
7. **Pediculosis (Head Lice):** Student should be referred for treatment at the end of the school day. Until the end of the school day, avoid any activity that involves the student in head to-head contact with other children or sharing of any headgear. Student can return to school when treatment is completed and proof of treatment (prescription or box top from over-the-counter treatment) is provided to the school.
8. **Ringworm:** For ringworm of the skin, parent/guardian must send the box top of the antifungal medicine with the child when he/she returns to school. For ringworm of the nails or scalp, parent/guardian must send a doctor’s note to school verifying treatment. Students may return to school once treatment begins.
9. **Scabies:** Student is excluded from school until one (1) treatment with prescription medication is completed (usually overnight).
10. **Streptococcal and Staphylococcal Infections:** Student is excluded from school until treated with a prescription antibiotic for 24 hours
11. **Varicella (Chickenpox):** Student is excluded from school until all blisters have formed scabs.
12. **Vomiting:** Student should be excluded from school when vomiting occurs more than 2 times in a 24 hour period, or when there is vomiting with a fever and the child looks or acts ill.

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**Greenville Recreation & Parks Department**

**Famous Artist Camp Policy Agreement**

I have read, understood, and agree to abide by the information and policies in this document.

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Parent/Guardian Name Printed Parent/Guardian Signature Date

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Printed Name of Child #1 Printed Name of Child #2 Printed Name of Child #3

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**Greenville Recreation & Parks Department**

**Administration of Medication Policy**

The safety and well-being of your child participating in a Greenville Recreation and Parks program is of utmost concern. For this reason, policies for the administration of medications have been designed to protect participants. Only those medications, which are medically necessary and cannot be scheduled outside the hours of the recreation program, will be given during the recreation program.

**Recreation and Parks employees only administer medication to children if:**

1. The Permission to Administer Physician Prescribed Medication form is completed and in the possession of the Recreation and Parks staff. These forms are available at your program location and Jaycee Park.
2. The pharmacist or physician’s label, which must be on the bottle, will serve as the physician’s order. A list of possible side effects or contraindications provided by the pharmacist must also accompany the medication.
3. No medication will be given by a Recreation and Parks employee unless it is in a container dispensed by a pharmacy with the camper’s name, name of medication, date the prescriptions was filled and DIRECTIONS CLEARLY MARKED. No expired medications will be administered.
4. If a camper needs a non-prescription (over the counter) medication, a “Permission to Administer Physician Prescribed Medication” form needs to be signed by the physician and the parent specifying the dosage, time, and frequency of time of medication. If the need is short term (less than a week), only a parent’s note is required that states the medication, dosage, time, and frequency of medication. The parent always has the option to visit the summer camp location and administer the medication. In this case, parents should notify camp staff so they are aware.

**It is the Parent/Guardian’s responsibility to:**

1. Sign the Parent Request Form and return to the recreation program staff.
2. Provide medication in a current prescription container, which includes the child’s name, medication name, dose and time to be given, how it is to be administered and the physician’s name. Provide a list of possible side effects or contraindications from the pharmacist.
3. Have the pharmacist label two containers - one for home use and one for use while child is a Recreation Program participant - if a child is to receive medication at both sites (or send the original).
4. Provide new, labeled containers when medication changes are made.
5. Parents/Guardians must transport medication to program site.
6. Medications will not be stored over the weekends and empty containers will be disposed of by recreation employees (unless otherwise instructed).

**Permission to Administer Physician Prescribed Medication**

# Greenville Recreation & Parks Department

We encourage all parents/guardian to administer all physician prescribed medications(s) to their children before or after a Recreation and Parks sponsored program. We understand that an unusual case may arise and the camp’s part-time/full-time supervisor may be requested to administer medication. By completing the information below we will, in some circumstances, authorize the City’s part-time/full-time supervisor to administer physician’s prescribed medication(s) that are stored in current prescription bottle(s).

**Parent Authorization to Administer Physician Prescribed Medication**

|  |  |
| --- | --- |
| **Child’s Name:** | **Name of Medication:** |
| **Dosage:** | **Side Effects:** |
| **Physician’s Name:**  **Physician’s Phone Number:** | **Times to be given:**  **Dates to be given:** |
| **Parent/Guardian Signature: Date:**  **Physician’s Signature (if OTC): Date:** | |

## For Staff Only

Week Of: Week Of:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Time** | **Initials** |  | **Day** | **Time** | **Initials** |
| Monday |  |  | Monday |  |  |
| Tuesday |  |  | Tuesday |  |  |
| Wednesday |  |  | Wednesday |  |  |
| Thursday |  |  | Thursday |  |  |
| Friday |  |  | Friday |  |  |