



Frenchtown Recreation

SUMMER

DAY CAMP

Dates and Time

June 12th - July 20th
9am - 2pm
Monday-Thursday

Address

Kiwanis Park
2775 Nadeau Rd

Camper Ages

5-12

Registration Forms

Forms must be completed and brought to the camp on the first day of attendance. Forms can be obtained at the following:

<https://www.frenchtownmi.gov>

or

Phil@frenchtownmi.gov

or

At the camp on your first day!



Kids may attend all day, half a day or even an hour.
The choice is yours!

For more information emails at: Phil@frenchtownmi.gov



Frenchtown Recreation Day Camp

Registration Forms

Frenchtown Recreation Day Camp

Registration Form

Child's Information

Child's Name: _____ Age: ____ _

Address: _____ City: _____

Child Lives with: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Work Phone Number: _____

Phone Number: _____

Emergency Contacts - Alternate Pick-up/release person

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Phone Number: _____ Work Phone Number: _____

Relationship to Parent: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Phone Number: _____ Work Phone Number: _____

Relationship to Parent: _____

Please circle the Day(s) of the week your camper plans on attending camp and time session(s). You are not making a commitment to these days and times, but it gives the camp an approximate number of campers that will be attending so we are appropriately staffed.

Monday	Morning{9:00am-12:00}	Afternoon{12:00-2:00}
Tuesday	Morning{9:00am-12:00}	Afternoon{12:00-2:00}
Wednesday	Morning{9:00am-12:00}	Afternoon{12:00-2:00}
Thursday	Morning{9:00am-12:00}	Afternoon{12:00- 2:00}

Frenchtown Recreation Summer Day Camp Medical form

Camper Name: _____ Birthday:(MM/DD/YY) _____

Parent/Guardian 1: _____ Relationship to camper: _____

Preferred Phone Number: (-----)

Parent/Guardian 2: _____ Relationship to camper: _____

Preferred Phone Number: (_____)

Additional contact person in the event that the parent(s)/guardian(s) can't be reached

Name: _____ Relationship to camper: _____

Preferred Phones:(_____)
(_____)

Allergies: Yes No known allergies

This camper is allergic to: Food Medications Environmental (bee stings, hay fever, etc.)

(Please describe the allergy, whether the allergy is caused by ingestion, touch or airborne and what the level of allergy is (mild, severe, or anaphylactic)

Does the camper use an inhaler: Yes No if yes, what kind: _____

Does the camper carry an epi-pen: Yes No

Camper Health History- Please circle as appropriate

Has the camper ever had bleeding/clotting disorders? Yes No

Does the camper have a seizure disorder? Yes No

Does the camper have any physical impairments? Yes No

Does the camper have diabetes? Yes No

Does the camper have asthma? Yes No

Does the camper have regular headaches? Yes No

Does the camper wear glasses, contacts or protective eyewear? Yes No

Does the camper have problems with fainting or dizziness? Yes No

Activity Restrictions:

Does the camper have any restrictions to participating in activities, be it physical, mental or behavioral?
Yes No

If so, please explain restriction or adaptation needed:

Camper Medications - Please list any medications the camper is currently taking and dosage:

Medication	Dosage	Reason for taking

Is your child(ren) up to date on their immunizations? Yes or NO

Medical Insurance Information

This camper is covered by health insurance: Yes No

Insurance Company: _____

Policy #: _____

Subscriber: _____

Insurance Co. Phone#: _____

Parent/ Guardian Authorization for Health Care

The camper's medical conditions and information stated on this application is complete and correct. I give permission to the Frenchtown Recreation Day Camp staff to (1) provide appropriate first aid for minor injuries; and (2) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the treating physician to examine, diagnose, and treat or secure proper treatment for the Participant and hospitalize, and to order injection and/or anesthesia and/or surgery for the camper, as the physician shall determine proper and necessary under the circumstances. I agree to assume full financial responsibility for the costs of any evacuation and/or medical treatment that the camper may receive. A photocopy of this consent shall be as valid and may be accepted as the original. I certify that I have completed all sections of this Health Form and accept full responsibility for any errors or omissions. The camper has permission to take part in all program activities except as noted above. I understand the information on this form

will be shared on a "need to know" basis with the Frenchtown Recreation Day Camp staff. I fully understand that the Participant is to abide by all rules governing personal conduct during all activities.

Any violation of these rules may result in the camper being sent home.

Signature of

Parent/Guardian: _____ Date: _____

Name (please print): _____

Camp Behavior Expectations and Consequences Agreement

All campers are expected to show respect, kindness, cooperation, and helpfulness towards their peers and Camp staff. Camp Staff are held to the same expectations towards the camper.

If a behavioral issue should arise, the following steps will be used but not limited to:

1. The activity will be stopped using a stern look and firm voice, this will allow the camper(s) to know the behavior is wrong.
2. If the behavior is repeated, the activity will be stopped. The camper(s) involved will be pulled aside and the responsibility will be put on them to change their behavior. A staff lead discussion with the camper identifying the bad behavior, stating the broken rule, stating the consequences, and a last warning issued.
3. If behavior persists a consequence will be handed out
4. If child refuses to adhere to the stated rules after warnings and consequences have been issued further discipline will be handed out according to the list below.

Frenchtown Recreation Day Camp will use a positive approach when dealing with any behaviorally issue. If a consequence must be given for inappropriate behaviors the following will be a guideline/consequence(s) for addressing said behavior:

- Remove child away from his/her peers and discuss the problem at hand
- Quiet time in designated spot that can be supervised at all time
- Restriction from activity
- Parent conference with child
- Restricted from Camp for a number of days determined by the Camp Director
- Restricted from camp for the season.

Anytime a consequence is giving for an inappropriate behavior, the parent/guardian will be contacted and behavior will be inputted to the log book.

FRENCHTOWN RECREATION DAY CAMP WILL NOT DEPRIVE ANY CHILD: FOOD or WATER, PLACE A CAMPER ALONE WITHOUT STAFF SUPERVISION, OBSERVATION, AND INTERACTION. SUBJECT A CAMPER TO: HAZING, RIDICULE, THREAT, CORPORAL PUNISHMENT, EXCESSIVE PHYSICAL EXERCISE, OR EXCESSIVE RESTRAINT

I have received and read the behavior expectations/consequence policy with me child and fully agree to adhere to the policy as stated.

Parent's Signature _____

Camper's Signature _____