

# SUMMER 2018

Silver Springs Heritage Barn

# CAMP



**WEEK 1** **Fiesta!**  
June 11-15: Break out the sombreros and maracas as we smash some piñatas!  
Activity: Moe's Southwest Grill & Jungle Terry

**WEEK 4** **Party in the USA**  
July 2-3: Better put your hands up, 'cause we'll be partying all week long!  
Activity: Cook-Out

**WEEK 7** **Sports Extravaganza!**  
July 23-27: Be ready to play like a champion!  
Field Trip: Rubber Ducks

**WEEK 2** **Where the Wild Things Are**  
June 18-22: Join us as we discover the animal world!  
Field Trip: Cleveland Zoo

**WEEK 5** **Splish, Splash!**  
July 9-13: Nothing like soaking up the sun with some water fun!  
Activity: Water-Palooza

**WEEK 8** **Mad Science!**  
July 30-Aug 3: Get your Frankenstein on as you discover the fun of science!  
Field Trip: Great Lakes Science Center

**WEEK 3** **Ooey-Gooey**  
June 25-29: Enjoy a week full of slippery slime and other sticky situations!  
Field Trip: Chuck-E-Cheese

**WEEK 6** **Lights, Camera, Action!**  
July 16-20: Get ready it's your time to shine in our talent show!  
Field Trip: Movie Theater

**WEEK 9** **OLYMPICS**  
Aug 6-10: Let the games begin! Help your team go for gold!  
Activity: Olympic Games and Pizza Party

## DAILY

## SCHEDULE

9:00am	Campers Arrive
9:05am	Opening Ceremonies
9:15-12:00pm (1 of 3 options)	1.) Sport, Craft, & Counselor Time 2.) Court Games, Archery, & Group Games 3.) Fishing, Cooking, & Canoeing
12:00pm	Lunch
12:45-1:00pm	Clean Up
1:00pm	Swimming at LifeCenter Plus (outdoor pool)
3:00pm	Clean Up & Change
3:30-4:00pm	Snack & Camper of the Day
4:00pm	Campers Leave

For more information and how to register, please visit:

[StowOhio.RecDesk.com](http://StowOhio.RecDesk.com)

Stow Parks and Recreation 3760 Darrow Rd., Stow, OH 44224  
Phone: (330) 689-5100; Fax: (330) 689-2895



# DAY CAMP PARENT INFORMATION PAGE



## AGES

For children going into 1st grade through 6th grade. Children **MUST** be at least 6 years of age to attend. **NO exceptions will be made.**

## CAMP FEES

### Resident

First Child: \$160.00 (\*\$64)

Second Child: \$140.00 (\*\$56)

\*Week 4 (No camp 7/4-7/6)

### Non-Resident

First Child: \$165.00 (\*\$66)

Second Child: \$145.00 (\*\$58)

\*Week 4 (No camp 7/4-7/6)

Camp fees **do not** include field trips or extended care

### Extended Care Fees/Week:

AM -OR- PM Care: \$20.00

AM -AND- PM Care: \$25.00



## CAMP TIMES

**Before Camp\*:** 7:05-9:00am

**Camp:** 9:00-4:00pm

**After Camp\*:** 4:00-5:45pm

\*Additional fees apply

## HOW TO REGISTER

**Online—**[Stowohio.recdesk.com](http://Stowohio.recdesk.com)

Pay by credit card (installment plan is NOT available online)

**In-person—**Stow City Hall

Credit Card, cash, or check made payable to City of Stow

**By Mail—**Check made payable to City of Stow

Stow Parks and Recreation, 3760 Darrow Rd., Stow, OH 44224



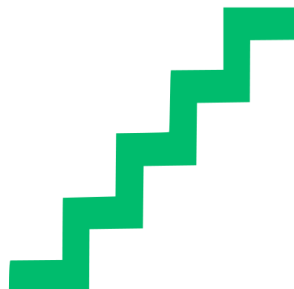
## INSTALLMENT PLAN

If you are registering for Day Camp for the full summer (all 9 weeks), you may pay in installments:

**Payment #1:** For weeks 1-3, due at registration

**Payment #2:** For weeks 4-6, Due on June 25

**Payment #3:** For Weeks 7-9, Due July 16



## WHAT TO BRING

- Tennis Shoes (No Sandals)
- Play Clothes
- Swim Suit & Towel
- Lunch & Snack
- Water Bottle
- Sunscreen
- Insect Repellent



## DATES TO REMEMBER

**First Day of Camp:** June 11

**Last Day of Camp:** August 10

**Open House:** June 7, 2018

From 6:00-7:30pm @ Heritage Barn in Silver Springs Park



## WHO TO CONTACT

Stow Parks and Recreation Department  
3760 Darrow Rd., Stow, OH 44224

Phone: (330) 689-5100

Fax: (330) 689-2895



Please Print:

CAMPER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE NEXT FALL: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN 1 NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN 2 NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please circle T-Shirt size: YTH-M YTH-L YTH-XL ADLT-S ADLT-M ADLT-L ADLT-XL

EMERGENCY MEDICAL AUTHORIZATION, PICK-UP AUTHORIZATION, and MEDICATION AUTHORIZATION forms must be signed and on file with the Parks and Recreation office prior to the first day of camp. These forms can be found in this packet.

## CAMP FEES PER WEEK

### Resident:

First Child: \$160.00 (\*\$64)

Second Child: \$140.00 (\*\$56)

\*Week 4 (No Camp 7/4-7/6)

### Non-Resident:

First Child: \$165.00 (\*\$66)

Second Child: \$145.00 (\*\$58)

\*Week 4 (No Camp 7/4-7/6)

**Camp fees do not include field trips or extended care**

### Extended Care Fees Per Week

AM -OR- PM Care: \$20.00

AM -AND- PM Care: \$25.00

**Pay by credit card, cash, or check made payable to City of Stow**

Below, please "X" each camp session child is signed up for, as well as extended care.

Camp Sessions	AM Care	PM Care	Amount
<input type="checkbox"/> Week 1: June 11-15	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 2: June 18-22	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 3: June 25-29	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 4: July 2-3*	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 5: July 9-13	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 6: July 16-20	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 7: July 23-27	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 8: July 30-Aug 3	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 9: August 6-10	<input type="checkbox"/>	<input type="checkbox"/>	
			<b>Total:</b>

We, the undersigned, do hereby consent to our child's participation in the SILVER SPRINGS DAY CAMP PROGRAM in consideration of services to be performed by the Stow Parks and Recreation Department. We do further release its agents and employees from any and all claim or liability to use for any damage or injuries which may be sustained by said child in connection therewith. We are aware that the registration fee for the camp does not include insurance.

PARENT/GUARDIAN SIGNATURE REQUIRED

DATE

## EMERGENCY MEDICAL AUTHORIZATION

Child's Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Other Parent/Guardian Phone: \_\_\_\_\_

Physician Name &amp; Phone: \_\_\_\_\_

Dentist Name &amp; Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

**Grant of Consent**

In the event reasonable attempts to contact me at the above number(s) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above doctor or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity of such surgery are obtained before the surgery is performed. Please provide facts concerning the child's medical history including: allergies, medications being taken and any physical impairments to which a physician should be alerted:

Allergies: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Refusal of Consent**

I DO NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## MEDICATION AUTHORIZATION

- 1.) All children needing medication are encouraged to receive the medication at home, either before or after the program.
- 2.) The Director of the program (or other person designated by the Recreation Supervisor of Stow Parks and Recreation) must have a written request, signed by the parent, guardian, or other person having care or charge of the child, that the medication be administered to the child.
- 3.) All medications MUST be in their original prescribed bottle or container and given to the Director on the first day of the program (or when a prescription becomes necessary).
- 4.) All medications shall be kept in a cool, dry place, unless otherwise specified by the parent.

ALL MEDICATION MUST BE BROUGHT TO THE PROGRAM BY THE PARENT

Child's Name (Required): \_\_\_\_\_

Check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Nonprescription medication | <input type="checkbox"/> Topical product or lotion |
| <input type="checkbox"/> Refrigeration needed    | <input type="checkbox"/> Food supplement            | <input type="checkbox"/> Modified diet             |
|  |   | <input type="checkbox"/> N/A                       |

Name of medication and dosage: \_\_\_\_\_

Administration times: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Any severe reactions to be reported to a physician: \_\_\_\_\_

I have read the above stated procedures and understand and agree that the City of Stow, its offices, employees, agents, and representatives have no responsibility for the content, refilling, safeguarding of said medications. I further agree to hold the City of Stow, its offices, employees, and representatives harmless from all liability arising out of the dispensation of said medication. Since administration of the medications for the child listed cannot be scheduled for other than the program hours, I understand that the medication as indicated be administered by personnel, who may be medically untrained. I understand the personnel are not legally obligated to administer medication and therefore, agree not to hold the City of Stow Parks and Recreation, or its employees responsible for the results of such medication or the manner in which it is administered. This authorization shall remain in force until revoked by the undersigned in writing or until superseded by another authorization of later date.

Signature (Required): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date/Phone Number: \_\_\_\_\_

## PICK-UP AUTHORIZATION

Your child will only be released to a parent/guardian or persons listed in this section. Staff will require government issued identification before releasing your child.

**Child's Name:** \_\_\_\_\_

**Authorized Person(s) for child pick-up:**

**Name (Required):** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

**Name (Required):** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

**Name (Required):** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

Please note: If there are any custody issues involved with your child, you must provide the Parks & Recreation Director/Supervisors with full court documentation including who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

**Signature of Parent (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_