

# SUMMER 2019

Silver Springs DAY CAMP  
Heritage Barn

# CAMP



**WEEK 1** **Fiesta!**  
**June 10-14:** 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 1-3:** Better put your hands up, 'cause we'll be partying all week long!  
**Activity:** Cook-Out

**WEEK 7** **Candy Craze**  
**July 22-26:** Tour a chocolate factory and work off the sugary goodness!  
**Field Trip:** Harry London Chocolate Factory & Boettler Park

**WEEK 2** **Where the Wild Things Are**  
**June 17-21:** Join us as we discover the animal world!  
**Field Trip:** Cleveland Zoo

**WEEK 5** **Strike! Split! Gutter Ball!**  
**July 8-12:** Enjoy some bowling fun!  
**Field Trip:** Sto-Kent Family Entertainment

**WEEK 8** **Mad Science!**  
**July 29-Aug 2:** Get your Frankenstein on as you discover the fun of science!  
**Field Trip:** Great Lakes Science Center

**WEEK 3** **Ninja Warrior**  
**June 24-28:** Enjoy physical activity the ninja way! Obstacle Courses & Ninja Zone.  
**Field Trip:** Functions of Life Gym

**WEEK 6** **Lights, Camera, Action!**  
**July 15-19:** Get ready it's your time to shine in our talent show!  
**Field Trip:** Movie Theater

**WEEK 9** **Zippity Do-Dah**  
**Aug 5-9:** Zip and bounce til your heart's content! Olympics: Let the games begin and go for the GOLD!  
**Field Trip:** Zip City  
**Activity:** Camp Olympics

## SCHEDULE

## DAILY

9:00am	Campers Arrive
9:05am	Opening Ceremonies
9:20-11:20am	<i>Rotations (1 of 3 options)</i> 1.) Sport, Craft, & Counselor Time 2.) Archery, & Group Games 3.) Fishing, Cooking, & Canoeing
11:45-12:30pm	Lunch
12:30pm	Travel to Swim!
1:00-3:00pm	Swimming at LifeCenter Plus (outdoor pool)
3:00pm	Travel to Camp
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

Fun in **Stow**

# 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 TIMES

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

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

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

\*Additional fees apply

## HOW TO REGISTER

**Online**: [Stowohio.recdesk.com](http://Stowohio.recdesk.com)  
Pay by credit card

**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

**REGISTRATION IS ON A FIRST-COME, FIRST-SERVED BASIS**



## CAMP FEES

### Resident

**First Child:** \$175.00

**Second Child:** \$155.00

*Field Trips Included in Fee*

### Non-Resident

**First Child:** \$180.00

**Second Child:** \$160.00

*Field Trips Included in Fee*

**\*Week 4 Only**  
**July 1-3**  
(No camp 7/4-7/5)

RESIDENT RATES  
First Child: \$105\*  
Second Child: \$93\*

NON-RESIDENT RATES  
First Child: \$108\*  
Second Child: \$96\*



Camp fees do not include extended care

Extended Care Fees/Week:

AM -**OR**- PM Care: \$20.00

AM -**AND**- PM Care: \$25.00

## WHAT TO BRING

- Tennis Shoes ONLY - Required
- Play Clothes
- Swim Suit & Towel
- Lunch & Snack (no fridge)
- Water Bottle
- Sunscreen
- Insect Repellent



## DATES TO REMEMBER

**First Day of Camp:** June 10

**Last Day of Camp:** August 9

**Open House:** June 6, 2019

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



## INSTALLMENT PLAN

You may pay in full for all weeks you are registered for or use the below Installment Plan. **(INSTALLMENT PLAN IS NOT AVAILABLE ONLINE)**

### Payment #1

Weeks 1-3, Due at registration

Week 1 (June 10-14)

Week 2 (June 17-21)

Week 3 (June 24-28)

### Payment #2

Weeks 4-6, Due on June 24

\*Week 4 (July 1-3)

Week 5 (July 8-12)

Week 6 (July 15-19)

### Payment #3

Weeks 7-9, Due July 15

Week 7 (July 22-26)

Week 8 (July 29-Aug. 2)

Week 9 (Aug. 5-9)



## 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

## CAMP FEES PER WEEK

### **Resident:**

First Child: \$175.00

\*Week 4 \$105.00

Second Child: \$155.00

\*Week 4 \$ 93.00

(\*Week 4-No Camp 7/4-7/5)

**Field Trips included in Fee**

### **Non-Resident:**

First Child: \$180.00

\*Week 4 \$108.00

Second Child: \$160.00

\*Week 4 \$ 96.00

(\*Week 4-No Camp 7/4-7/5)

**Field Trips included in Fee**

**Camp fees do not include  
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**

**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.

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"/> <b>Week 1:</b> June 10-14	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 2:</b> June 17-21	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 3:</b> June 24-28	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 4:</b> July 1-3*	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 5:</b> July 8-12	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 6:</b> July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 7:</b> July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 8:</b> July 29-Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <b>Week 9:</b> August 5-9	<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: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

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

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

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**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, 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: \_\_\_\_\_

**Medication**

We do not allow campers to bring prescription or over-the-counter medication to camp. We do not provide a secure area to store medication. Any camper that requires medication must have a parent or guardian at camp administer the medication.

At the current time of registration, will the camper be required to take any medication while attending camp?

☐ Yes ☐ No

If yes, please confirm that a parent or guardian will be at camp to administer the medication.

☐ Yes

Does your child have a severe food allergy that requires an EpiPen or Benadryl?

☐ Yes ☐ No

Please explain: \_\_\_\_\_

**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: \_\_\_\_\_



## 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): \_\_\_\_\_

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):** \_\_\_\_\_