

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

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

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

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

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 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

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



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



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

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



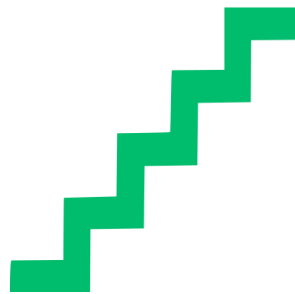
INSTALLMENT PLAN

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



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"/>	
Total:			

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 & Phone: _____

Dentist Name & 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:

- Prescription medication Nonprescription medication Topical product or lotion
 Refrigeration needed Food supplement Modified diet 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): _____