

Stow Parks and Recreation



*Silver Springs
Summer
Day Camp*

330-689-5100

2022

Summer Day Camp Registration Packet

**Camp registration begins
March 15, 2022**



Camp dates:

June 13-August 5, 2022

Register at:

StowOhio.RecDesk.com



**Stow Parks & Recreation
3760 Darrow Rd., Stow, OH 44224
330.689.5100 | parks@stow.oh.us**

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Silver Springs
Summer
Day Camp

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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 & LOCATION

Camp: 9:00am-4:00pm

Before Camp*: 7:05am-9:00am **After Camp*:** 4:00pm-5:45pm

***Additional fees apply**

Location: Drop off and pick up at Heritage Barn
at Silver Springs Park - 5238 Young Rd., Stow

WHAT TO BRING

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

DATES TO REMEMBER

Camp Weeks: June 13 - August 5

Open House: Thursday, June 9, 2022 (6pm)

Registration Required

Heritage Barn in Silver Springs Park

WHO TO CONTACT

Stow Parks and Recreation Department

3760 Darrow Rd., Stow, OH 44224

Phone: (330) 689-5100

Parks@stow.oh.us

**IF YOU ARE REGISTERING ONLINE,
YOU DO NOT NEED TO COMPLETE THIS FORM.**

CAMP FEES

	Resident Rate (Stow-Munroe Falls)	Non-Resident Rate
First Child:	\$185.00	\$190.00
*Week 4	\$115.00	\$120.00
Second Child:	\$165.00	\$170.00
*Week 4	\$95.00	\$100.00

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

Installment Plan

You may pay in full for all weeks you are registered for or use the Installment Plan. *Installment Plan is not available online.*

Payment #1 - Weeks 1-3, Due at registration

Payment #2 - Weeks 4-6, Due on June 24

Payment #3 - Weeks 7-8, Due on July 15

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

We are taking registration, and at this time, plan to hold camp. Please note - Camp is not guaranteed to occur. We will monitor the pandemic and make adjustments as necessary.

RESIDENCY REQUIREMENT: The resident rate is for Stow and Munroe Falls residents ONLY, which means at least one parent (not grandparent, unless they are the child's guardian) must RESIDE in Stow or Munroe Falls. If we determine that you have falsely used a Stow or Munroe Falls address to enroll your child, at the resident rate, your child will be unenrolled and portion of your registration fee will be held for an administrative fee.

REFUND POLICY: There are no refunds for this program. If the City of Stow has to cancel any portion of this program due to the pandemic, that portion of your fees will be refunded.

HOW TO REGISTER

Online: 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**





Silver Springs DAY CAMP

2022 SUMMER CAMP

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SCHEDULE

DAILY

9:00am	Campers Arrive
9:05am	Opening Ceremonies
9:20-11:20am	Rotations (1 of 3 options) 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



WEEK 1
June 13-17

Activities: *Wagon Trails & Fiesta Lunch*

WEEK 2
June 20-24

Activity: *Cleveland Zoo*

WEEK 3
June 27-July 1

Activity: *Movie*

WEEK 4
July 6-8

****No camp July 4-5****

Activities: *Splash Day & Cook Out*

WEEK 5
July 11-15

Activity: *Sky Zone*

WEEK 6
July 18-22

Activities: *Bowling*

WEEK 7
July 25-29

Activity: *Great Lakes Science Center*

WEEK 8
August 1-5

Activities: *Jungle Terry, Olympics, Pizza & Ice Cream Party*

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DAY CAMP REGISTRATION PACKET 2022

Please Print:

CAMPER'S NAME: _____

ADDRESS: _____

DOB: _____ 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 and online.

We are taking registration, and at this time, plan to hold camp. Please note - Camp is not guaranteed to occur. We will monitor the pandemic and make adjustments as necessary.

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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

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

Camp Sessions (9am-4pm)	AM Care (7:05-9am)	PM Care (4-5:45pm)	Amount
<input type="checkbox"/> Week 1: June 13-17	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 2: June 20-24	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 3: June 27-July 1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 4: July 6-8*	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 5: July 11-15	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 6: July 18-22	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 7: July 25-29	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 8: August 1-5	<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

CAMPER'S NAME: _____ AGE: _____

PARENT OR LEGAL GUARDIAN 1 NAME: _____ CELL# _____

PARENT OR LEGAL GUARDIAN 2 NAME: _____ CELL# _____

PHYSICIAN NAME: _____ PHONE# _____

DENTIST NAME: _____ PHONE# _____

HOSPITAL OF CHOICE: _____

HEALTH INSURANCE COMPANY: _____ POLICY #: _____

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.**

Camper'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): _____