

# Stow Parks and Recreation

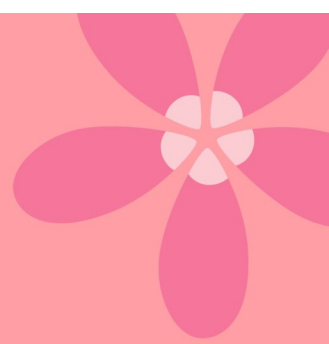


Silver Springs  
Summer  
Day Camp

330-689-5100

2024

## Summer Day Camp Registration Packet



**Camp dates:**

June 10 - August 2, 2024

**Register at:**

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

Stow Residents: 3/20/24

Open Registration: 3/21/24



Stow Parks & Recreation

3760 Darrow Rd., Stow, OH 44224

330.689.5100 | [parks@stow.oh.us](mailto:parks@stow.oh.us)



# Stow Parks and Recreation



Silver Springs  
Summer  
Day Camp

330-689-5100

## 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:** 9:00 AM - 4:00 PM

**Before Camp\*:** 7:05 AM - 9 AM

**After Camp\*:** 4 PM - 5:45 PM

**\*Additional fees apply**

**Location:** Drop off and pick up at Heritage Barn

## WHAT TO

### WEAR

- Tennis Shoes **ONLY** (No Sandals)
- Play Clothes
- Sunscreen - spray is preferred

### BRING

- Water Bottle
- Swim Suit & Towel
- Sunscreen
- Lunch (no fridge)

## DATES TO REMEMBER

**Camp Weeks:** June 10 - August 2

**Open House:** Thurs., June 6, 2024 @ 6 PM

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

## CAMP FEES

	Resident Rate (Stow Only)	Non-Resident Rate
First Child:	\$205.00	\$235.00
*Week 4	\$123.00	\$141.00
Second Child:	\$185.00	\$215.00
*Week 4	\$103.00	\$121.00
(*Week 4 - No Camp 7/4 - 7/5)		

**Installment Plan** is available to those registering for all 8 weeks. *Installment Plan is not available online. There is a mandatory One Week deposit for the installment plan. If you cancel a week not paid for yet, it will be used to pay for that week. If you do not cancel any weeks, the deposit will be credited to Payment #3.*

Payment #1 - Weeks 1-3 + One Week Deposit\*, Due at registration

Payment #2 - Weeks 4-6, Due on June 21

Payment #3 - Weeks 7-8\*, Due on July 12

\*Deposit will be credited, if still available for week 8.

**Camp fees do not include extended care**

### Extended Care Fees Per Week

AM **OR** PM Care: \$27.00

AM **AND** PM Care: \$40.00

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

**CAMPER ELIGIBILITY:** Summer Camp is available to, and designed for, children going into 1st grade through 6th grade. Children must be at least 6 years of age to attend. Campers may attend or continue to attend if they will be within this age range during the 2024 camp season (June – August). In addition to the age requirement, campers must also be able to care for themselves independently in regards to using the restroom, changing clothes, eating lunch, and notifying the staff when needed. Within reason, each camper must be able to understand and communicate with our counselors in order to follow major directions and guidelines. If accommodations are needed, please communicate in advance with the Parks & Recreation Department.

**RESIDENCY REQUIREMENT:** The resident rate is for Stow residents ONLY, which means at least one parent (not grandparent, unless they are the child's guardian) must RESIDE in Stow. If we determine that you have falsely used a Stow address to enroll your child at the resident rate, your child will be unenrolled and there will be no refunds.

**REFUND POLICY:** There are no refunds for this program.

## HOW TO REGISTER

**Online:** [Stowohio.recdesk.com](https://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

**By Phone:** You must fill out,

sign and send via email all

required forms in the Day Camp

Packet to [parks@stow.oh.us](mailto:parks@stow.oh.us)

prior to calling to register.

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





# Silver Springs DAY CAMP

## 2024 SUMMER CAMP

### SCHEDULE

### DAILY

9:00am	Campers Arrive
9:05am	Opening Ceremonies
9:20-11:20am	Rotations (1 of 4 options) 1.) Sport, Craft, & Counselor Time 2.) Archery & Group Games 3.) Fishing, Cooking & Canoeing 4.) Court Games
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



Fieldtrips listed are subject to change.

<b>WEEK 1</b> June 10 - 14  <b>Activities:</b> Rookie Sports PE Panchos and Lefty's	<b>WEEK 2</b> June 17 - 21  <b>Activity:</b> Sky Zone Library Special Program	<b>WEEK 3</b> June 24 - 28  <b>Activities:</b> Talent Show Kent Movie Theater "Inside Out 2"	<b>WEEK 4</b> July 1 - 3  <b>**No camp July 4 - 5**</b>  <b>Activities:</b> Cook Out COSI at Camp
<b>WEEK 5</b> July 8 - 12  <b>Activity:</b> Great Lake Science Center	<b>WEEK 6</b> July 15 - 19  <b>Activity:</b> Cleveland Zoo	<b>WEEK 7</b> July 22 - 26  <b>Activity:</b> Kent Lanes Glow Bowling	<b>WEEK 8</b> July 29 - August 2  <b>Activities:</b> Camp Olympics Pizza & Ice Cream Party

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

# DAY CAMP REGISTRATION PACKET 2024

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.

**CAMPER ELIGIBILITY:** Summer Camp is available to, and designed for, children going into 1st grade through 6th grade. Children must be at least 6 years of age to attend. Campers may attend or continue to attend if they will be within this age range during the 2024 camp season (June – August). In addition to the age requirement, campers must also be able to care for themselves independently in regards to using the restroom, changing clothes, eating lunch, and notifying the staff when needed. Within reason, each camper must be able to understand and communicate with our counselors in order to follow major directions and guidelines. If accommodations are needed, please communicate in advance with the Parks & Recreation Department.

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## CAMP FEES PER WEEK

### Field Trips & Special Activities Inc.

	Resident Rate	Non-Resident
First Child:	\$205.00	\$235.00
*Week 4	\$123.00	\$141.00
Second Child:	\$185.00	\$215.00
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Payment #1 - Weeks 1-3 + One Week Deposit, Due at registration

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Payment #3 - Weeks 7-8, Due on July 12

**Camp fees do not include extended care**

### Extended Care Fees Per Week

AM **OR** PM Care: \$27.00

AM **AND** PM Care: \$40.00

**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 (9 AM - 4 PM)	AM Care (7:05-9 AM)	PM Care (4 - 5:45 PM)	Amount
<input type="checkbox"/> Week 1: June 10 - June 14	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 2: June 17 - June 21	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 3: June 24 - June 28	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 4: July 1 - July 3*	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 5: July 8 - July 12	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 6: July 15 - July 19	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 7: July 22 - July 26	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week 8: July 29 - August 2	<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

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: \_\_\_\_\_

#### Medical Information and Special Consideration

Does your child have a diagnosed medical condition that we should be aware of?

( ) Yes ( ) No

If yes, the Parks & Recreation Department will reach out to you and send you forms that will need to be filled out, signed, and returned 14 days prior to the first day of camp.

#### 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 (Req.): \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_ Phone (Req.): \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_ Phone (Req.): \_\_\_\_\_

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

**Consent to Photograph & Publish**

The parent/legal guardian of (minor), does hereby consent to have the City of Stow, through the Stow Parks & Recreation Summer Day Camp Program photograph my child for Stow Summer Day Camp promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by refusing to sign this document my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published or used for any promotional or commemorative purpose.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_