



2019 Barstow Acres Children's Center Therapeutic Summer Day Camp Registration Packet

590 Main Street
Prince Frederick, Maryland
410 414 9901

"Helping Children and Families Feel Their Best"

Camp dates: JUNE 17 – JULY 12, 2019
Mondays through Fridays, from 9 a.m. to 4:30 p.m.
THERE WILL BE NO CAMP ON INDEPENDENCE DAY.

Rates: \$50.00 Non-refundable Registration Fee
\$225.00 Tuition per week per child

Individual or group mental health services for current clients will be charged to behavioral health insurance if needed.

We accept youth ages 5 to 13 years old with adjustment disorders, social/emotional challenges and self-esteem and confidence issues. These children will benefit from daily supports such as anger and stress management, social skills training, character building exercises, positive redirection and role modeling.

Therapeutic activities are coupled with fun summer camp activities including but not limited to: drama, arts and crafts, psycho-educational groups, storytelling, reading and journaling, singing, and swimming.

CAMPERS WILL BE REQUIRED TO BRING BAG LUNCH EACH DAY. WE HAVE LIMITED ROOM FOR REFRIGERATION. WATER AND HEALTHY SNACKS WILL BE PROVIDED.

*****ATTENTION PARENTS/GUARDIANS*****

Please read carefully through the **ENTIRE CAMP REGISTRATION PACKET**. Fill out all information which may apply to you and/or your child. All information collected is kept confidential and used to maintain the safety of your child and to ensure your child's camp experience is tailored to fit his/her needs.

NOTE TO PARENTS/GUARDIANS:

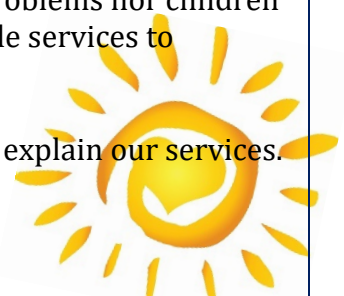
Thank you for your interest in our summer camp. We have an exciting program planned for your child, aiming to be fun and educational while also boosting your child's self-esteem and confidence.

Please note, Barstow Acres Children's Center aims to provide a therapeutic component to our camp services which includes character building, anger management and social skills training. However, we are not equipped to handle children with severe emotional or behavioral problems nor children who require physical, mechanical or chemical restraints. We are able to provide services to children who respond to kindness, redirection and structure.

In order to meet the needs of your child, we will conduct an intake session and explain our services.

Please call me if you have any questions at (410) 414-9901.

Senia Hinds
Executive Director
Barstow Acres Children's Center





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Dear Parents and Guardians,

We understand filling out paperwork can be overwhelming.....



Barstow Acres Children's Center encourages parents/guardians to contact our staff with any further questions or to set up an appointment with Susan Layer-Whelan, our Director of Special Programs. Our staff is always happy to help!

Parent's to Read, Complete, and Sign List!

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2019 Barstow Acres Children's Center Therapeutic Summer Day Camp Registration Packet CAMPER/FAMILY INFORMATION FORM

(To be completed by Parent/Guardian)

****Please check off which weeks your child will be attending camp****

- | | |
|--|---|
| <input type="checkbox"/> WEEK 1 June 17th – June 21st | <input type="checkbox"/> WEEK 2 June 24th -June 29th |
| <input type="checkbox"/> WEEK 3 July 1st – July 5th
(No Camp July 4th) | <input type="checkbox"/> WEEK 4 July 8th – July 12th |

Child's Information

CHILD'S FULL NAME:	Date of Birth:	Age:	School Grade:
School child is currently enrolled in:			
If you have other children that will be attending camp, please list their full names below:			
1)		2)	
Please briefly state the reason you are sending your child to this camp.			

Parent/ Guardian Information

PARENT/GUARDIAN	Address:
Cell Phone:	Work Phone:
Email Address:	
PARENT/GUARDIAN	Address:
Cell Phone:	Work Phone:
Email Address:	

Two Emergency Contact Information

1) EMERGENCY CONTACT:	Address:
Cell Phone:	Work Phone:
2) EMERGENCY CONTACT:	Address:
Cell Phone:	Work Phone:



2019 Barstow Acres Children's Center Therapeutic Summer Day Camp Registration Packet INSURANCE INFORMATION

ALL CHILDREN MUST HAVE INSURANCE IN ORDER TO ATTEND CAMP

Medical Professional Information

Primary Care Physician Name and Phone Number

Psychiatrist's or Therapist's Name and Phone Number

Medicaid Information

Is the child covered by Medicaid Insurance through the State of Maryland? Yes No

If applicable, please provide Medicaid insurance identification information here.

Private Insurance - Primary

Is the child covered by family medical/hospital insurance? Yes No

If applicable, please provide the following private insurance identification information

Carrier Name and Plan _____

Carrier Address _____

Group # _____ Insurance Identification Number _____

Policy Holder Name _____

Relationship to child _____

Policy Holder Address _____

Do you have a Copay or deductible? Yes No If so, how much?

Private Insurance - Secondary

If applicable, please provide the following private insurance identification information

Carrier Name and Plan _____

Carrier Address _____

Group # _____ Insurance Identification Number _____

Policy Holder Name _____

Relationship to child _____

Policy Holder Address _____

Do you have a Copay or deductible? Yes No If so, how much?



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HEALTH INFORMATION

<p style="text-align: center;">***HEALTH INFORMATION***</p> <p>Allergies(Bees, Insect Sting, Pollen):</p> <hr/> <hr/> <p><i>If your child requires an Epi-Pen, you must complete another form available upon request.</i></p> <p>Food allergies:</p> <hr/> <hr/> <p>History of Physical Impairments: (Please circle those that apply) Diabetes Asthma Epilepsy Other:_____</p> <hr/> <p>For campers who currently reside within the United States, a United States territory, or the District of Columbia:</p> <p>Is your child up to date with all required immunizations? Y/N</p> <p>Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? Y/N If "Yes," please list:</p> <hr/> <p>For campers who reside outside the United States, a United States territory, or the District of Columbia please attach record of vaccination or immunity on Department form MDH-896.</p>	<p style="text-align: center;">***Mental Health/Behavioral Health Issues***</p> <p>What are your child's strengths?</p> <hr/> <hr/> <p>Please list any mental health and/or behavioral problems your child may have:</p> <hr/> <hr/> <hr/> <p>If any, please write your child's current psychiatric diagnosis (es).</p> <hr/> <hr/> <p>Is your child currently receiving individual or group therapy, or being seen by a psychiatrist? Y / N</p> <p>Is your child currently take any prescription or over the counter medications on a daily basis? Y/N</p> <p>If Y, please list name, dosage and time of day taken, and for what conditions (ie, Flonase -2 times a day am and pm for allergies)</p> <hr/> <hr/> <p><i>If your child must take medication at camp, you must complete another form available upon request.</i></p>
<p>Has your child been suspended from school or previous summer camps during the past year? Y / N If Y, please summarize incidents.</p>	
<p>If your child has an IEP, a 504 plan, or a Behavioral Support Plan, please provide a brief summary of services provided, supports that work, and current goals.</p>	
<p>How do your child's challenges present with others? (ie, shuts down, hits others, runs away)</p>	
<p>What helps your child calm down or helps them get into an activity again? Include things you have seen them do or coping skills taught by others. (ie, deep breathing, frequent breaks, etc.)</p>	



2019 Barstow Acres Children's Center Therapeutic Summer Day Camp Registration Packet TERMS OF AGREEMENT

Consent

By completing and executing this registration form, I specifically consent to the above-named child's participation in activities offered by Barstow Acres Children's Center, including, but not limited to camping, swimming, horseback riding, ropes course, hiking, and sporting events for the date(s) set forth above. I understand that I might receive future permission slips and release of liability forms for specific activities as they come up through the summer.

I specifically do not want the above-named child to participate in the following activities (if excluding none, please indicate "NONE"):

Initial _____

Liability Release

In connection with the foregoing granted consent, I, being 18 years of age or older, do on behalf of my child-participant, if said child is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless Barstow Acres Children's Center and the directors, employees, leaders, and agents thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well a property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said person is participating in any trip or activity sponsored by the same . Furthermore, I (or on behalf of my child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, leaders, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Initial _____

I have had sufficient opportunity to read this entire document, and by my signature hereto, I agree, on behalf of myself and the above-named child to be bound by its terms.

Signature of Parent or Guardian: _____

Print Name: _____

Date: _____



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AUTHORIZED PERSONS FOR PICK-UP

Barstow Acres Children's Center might ask for proof of I.D to verify identification.

NAME	RELATIONSHIP TO FAMILY	PHONE NUMBERS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

UN-AUTHORIZED PERSONS

Please provide copies of protective orders if in place.

NAME	RELATIONSHIP TO FAMILY	PHONE NUMBERS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If someone, other than who is already listed above is scheduled to pick-up your child, please notify our office manager or camp director in writing at least 2 days in advance.

Print Parent/Guardian

Parent/Guardian Signature

Date



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PHOTOGRAPY WAIVER

We are requesting permission to use photos of your child. With your permission; pictures we take throughout the week may appear on our website as well as brochures distributed to our clients and public. These photos will be put into an album that will be shown to families interested in such services.



Some photos may also be used in featured newspaper articles highlighting Barstow Acres Children's Center Therapeutic Summer Camp's annual play. Pictures will **ONLY** be submitted upon receiving permission from a Parent /Guardian.

As a rule, we do not identify individuals in a picture.

We will NOT include pictures of your child without your permission. If you do not wish to have your child's picture in the brochure or any other media publications, please mark the appropriate box on the form.

I give Barstow Acres Children's Center permission to use unidentified photos of my child in future camp brochures and other promotional materials.

YES

NO

I give Barstow Acres Children's Center permission to use unidentified photos of my child on their website for promotion.

YES

NO

I give Barstow Acres Children's Center permission to use unidentified photos on their business social media pages including, but not limited to, Facebook, LinkedIn, and Go Fund Me.

YES

NO

I give professional organizations, specialists, or volunteer organizations approved by Barstow and directly involved in camp programming permission to use unidentified photos in the same manners listed above or to report their event with our campers. (ex. Calvert County Sheriff's Department, Pets on Wheels, etc.)

YES

NO

Additional Comments/ Concerns:

I have read and understand the Photography Waiver form; I understand to what type of use I either gave or prohibited.

_____ **Print Parent/Guardian**

_____ **Parent/Guardian Signature**

_____ **Date**



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WAIVER AND PERMISSION TO TRANSPORT CHILD

I, _____, hereby give permission to Barstow Acres Children's Center to transport my Child
_____ in a motor vehicle driven by a member of the Barstow Acres Children's Center
Summer

Camp Staff for the following:

- Local field Trips and outing that do not require public transportation or contracted bus service.
- In the case of inclement weather and public transportation or a contracted bus is not available.
- Any other instance the director deems necessary.

I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to abide by the directions provided by the bus driver and/or other adults.

Please discuss with children the following:

1. Riding in any motor vehicle whether driven by a parent/guardian, friend, camp counselor, or other bus driver; may be involved in a collision or wreck
2. When your child(ren) rides in any motor vehicle driven by an adult they are to wear their safety belt AT ALL TIMES.
3. Children are to remain in their seats and not be disruptive to the driver of the motor vehicle.
4. The child(ren) are expected to respect each other, the motor vehicle, and the people they travel with during the trip.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may obtain mild to life threatening injuries or loss of life. I hereby attest and verify that I have been advised of the potential risks and have full knowledge of the risks involved in allowing my child to participate in this activity.

I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expenses.

As a condition for the transportation received for myself or my child, I further agree to release and forever discharge Barstow Acres Children's Center's staff from any claim that I have myself or that I could bring on my child's behalf with regard to any damages, demands or actions, whatsoever, including those based on negligence in any manner arising out of this transportation.

I have read, understand, and discussed the Waiver and Permission to Transport Child with my child and agree to be legally bound by its terms.

Parent/Guardian Name (please print)

Parent/Guardian Signature Date





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ELECTRONICS/CELL PHONE POLICY



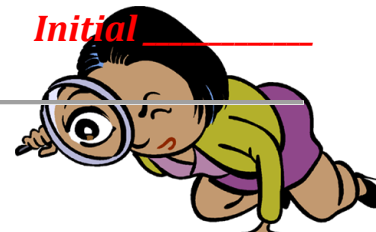
Electronics can be useful or distracting to the educational/ therapeutic environment. In general, Barstow Acres Children's Center discourages campers from bringing electronics to camp due to risk of theft etc. Students who choose to bring cell phones and/or other electronics to camp do so at their own risk.

Barstow Acres Children's Center will not be held liable for any damage, loss, or theft of electronic devices.

Cell phones/electronic devices may be used during free time and/or under supervision by a designated counselor; however, the personal use of electronic devices must not disrupt camp activities. Counselors may collect devices before activities in order to prevent any disruptions. Students whose electronics are seen or heard during instructional time, scheduled activities, presentations, or group will have their devices confiscated for the duration of that activity.

I have read, understand, and discussed the Electronics/Cell Phone Policy with my child and agree to abide by its terms.

Initial _____



LOST & FOUND POLICY

Please make sure your child's name is on all of his/her belongings.

We have a Lost and Found box which will be located in the annex building. At the end of each day counselors will show lost items to children and/or parents/guardians. Any items left in Lost & Found will stay for the duration of camp. Any unclaimed, unlabeled items will be donated or discarded.

Barstow Acres Children's Center is not responsible for any items lost or damaged at camp.

Please leave valuable or cherished items at home to avoid disruptions. This would particularly include any electronics, stuffed animals, and special card/toy collections.

have read, understand, and discussed the Lost and Found Policy with my child and agree to abide by its terms.

Initial _____



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BEHAVIOR EXPECTATIONS & MANAGEMENT POLICY

Parents,

Please review the following expectations for campers with your child.



- I will arrive and remain at **Behavior Expectations for Camp** camp with a smile.
- I will work with my counselors and fellow campers to keep camp a safe place for our feelings, bodies and belongings.
- I will try to work at problems myself. If I can't, I understand counselors are always ready to help but can only do so if I'm willing to share my feelings with them.
- I will remain with my counselor and participate in group as required.
- I will use nice language which means no name calling, cursing, threatening or wishing harm upon others.

Disciplinary Policy



Barstow Acres Children's Center operates on a three-strike policy.



- Strike 1* The first infraction of the behavior expectations & management form will result in a verbal warning between staff and camper(s).
- Strike 2* The second infraction will result in a time-out/loss of field trip privilege, and notification of the parent at the end of the camp day.
- Strike 3* A third infraction will result in a conference between the camper(s), parent(s), and Camp director. This third infraction can also result in the removal from the camp program.

Immediate Action

The following will result in an immediate parent conference, suspension, or expulsion from camp.

- Offensive name calling, physical harm, or theft.
- Possession of any smoking materials, lighters, matches, illegal drugs, alcohol or weapons of any kind will result in **IMMEDIATE** expulsion from camp.

Partial refunds are given to any camper who is sent home/removed from the program for disciplinary reasons.

I have read and agree to the policies in the Behavior Expectations and Management Policy. Furthermore, I certify that I have discussed all the policies, consequences, and their meanings with my child(ren).

Parent/Guardian Name (please print)

Parent/Guardian signature

Date



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DATA RELEASE FORM

To keep our camp person-centered, improve programming, and report our successes to the community; BACC needs to collect data from employees, campers, parents, and community partners. How we do this is explained below, but first understand that all identifying information is removed from data (de-identified) by one staff person, and a very limited number of staff members have access to that unidentified data.

For children, the data comes from counselor observations, daily behavior charts, child self-assessments about feelings and stress. Any assessment used is very short and folded into a day's programming. A sample question from a past 10-question self-survey asked, "In the past week I felt happy." Children rated the truthfulness of the statement on a rating scale. All child self-assessments, besides satisfaction surveys, are evidence-based and appropriate for age groups and purpose; furthermore, these assessments have been used for years in the child mental health field.

For parents, data comes from anecdotal reports, satisfaction surveys, and formal assessments about their children's behaviors. All assessments, besides satisfaction surveys, are evidence-based and appropriate purpose; furthermore, these assessments have been used for years in the parenting and child mental health fields. We are willing to share our findings, de-identified, of course, with anyone who asks.

We will discuss and show any assessments chosen for children before used.

Parents can retract authorization at any time.

I understand that any survey I complete will be de-identified by personnel who follow strict rules to prevent unauthorized persons from identifying information. I understand that only authorized personnel will have access to de-identified data. I give permission for having my responses de-identified and used for reporting.

Signature

Date

I understand that any survey or data my child completes will be de-identified by personnel who follow strict rules to prevent unauthorized persons from identifying information. I understand that only authorized personnel will have access to de-identified data. I give permission for my child to participate in data collection, including any information gathered by counselors; and to have responses de-identified and used for reporting.

Signature

Date