

MUNSON SUMMER CAMP NEWSLETTER 2024

Dear Parents,

Welcome to Munson Summer Camp! We are so excited to open for another amazing summer! We have many staff returning and are looking forward to a fun filled summer with your child. Camp will begin Monday, June 10th and end Friday, August 16th. Camp will be held at St. Francis High School, 123 E. Eleventh Street. **Hours are 6:45 am – 5:15 pm.** If you have any suggestions, special talents you would like to share as a camp guest, or questions please email us at bwilson@mhc.net.

ALL CHILDREN NEED TO BE UP TO DATE AND FULLY IMMUNIZED IN ORDER TO PARTICIPATE IN OUR PROGRAM. WE DON'T ACCEPT THE IMMUNIZATION WAIVER. CHILDREN HAVE TO BE FIVE AND GOING INTO KINDERGARTEN TO ATTEND THE SUMMER CAMP. THIS DOES NOT INCLUDE THE COVID VACCINE.

TO SIGN UP FOR THE FIRST WEEK OF CAMP, PLEASE CALL/TEXT YOUR CHILD'S NAME, GRADE THEY ARE GOING INTO, AND DAYS AND HOURS TO 231.590.3806 (No email will be accepted).

REMINDERS:

- Please bring in sunscreen, water bottle and extra clothes with their names on it!
- Any day can be a water day, bathing suits and beach towels are needed.
- Please do not send extra money with your child, unless specified by the teacher. Please keep all toys from home at home and no hand held games at Summer Camp.

Please call 590-3806 for all questions and concerns.

Thank you,

Brigid Wilson, Program Manager

Munson Summer Camp Handbook 2024

Munson Summer Camp Philosophy Statement

Munson summer Camp has as its first priority meeting the needs of the children in its care and the needs of their parents.

For the parents, we provide convenient, consistent, high quality care. Our goal is to provide a secure environment where parents will feel comfortable and confident leaving their child. We also maintain an open environment where parent visits and involvement during the day are highly encouraged.

For the child we provide a program that is developmentally appropriate which focuses on each child as an individual and supports their development. By using age appropriate activities, and through caregivers who provide a safe, loving, caring, happy environment, your child will be nurtured as he/she grows intellectually and socially.

Our staff offers many years of professional experience and training. On-going education, which challenges us to strive to improve our skills and knowledge base, keeps us current in the child Development field. Our major objective is the desire to help your child reach his/her potential through love, concern, compassion and appropriate practices.

Some of our other goals include: building your child's self-esteem, encouraging exploration, providing quality individual and group care, encouraging appropriate social interactions, and providing you as the parent with a sense of security that your child is safe and well cared for.

ADMISSION

Munson Summer Camp is open to all children of Munson Healthcare employees, Kids Club Families and GTACS students. Munson Healthcare employees must be employed 30 hours or more each week. (.75 FTE or greater). Your employment FTE will be verified by human resources. You must receive an MHC paycheck that covers the amount of your childcare deduction to receive the employee rate.

Enrollment is also available on a limited basis to individuals (referred to herein as "affiliates") employed by Sodexo, Mary Free Bed, CPS Solutions, and Huron Consulting whose roles require them to be onsite within an MHC facility.

We will accept children ages five years (attending Kindergarten in the fall) through 12 years. Children are admitted on a first come first serve basis, and will not be discriminated against due to race, religion, sex, or national origin.

Children must be current on ALL immunizations in order to enroll at camp. A copy of the child's Immunization Record must be on file in their school office. We do NOT accept immunization waivers. Kindergarten children need to have a copy of their health appraisal turned in before you can sign up for the first week.

SUMMER CAMP PHONE NUMBERS

Summer camp cell phone 231-590-3806

Emily Robbins, Site Coordinator erobbins@mhc.net

Brigid Wilson, Manager 935-7990 Bwilson@mhc.net

SCHEDULE OF OPERATIONS

Summer camp is open Monday through Friday from 6:45 a.m. to 5:15 p.m.

SIGN UP BOARD

It is the responsibility of the parent to sign up their children each week. The parent will sign a sheet for each day and time the child is attending. Children must be signed up by 5:15 p.m. on Wednesday prior to the week their child is to attend camp. **Children who show up who are not signed up, or add-on after 5:15 P.M. on Wednesday will be charged an extra \$15.00 per day per child, or will be sent home if we cannot accommodate them.**

It is required that parents sign in/out with the exact time their children are dropped off and the time they are picked up. All sign in and out sheets will be found at the check in table.

DROP OFF AND PICK UP PROCEDURES

Drop off at the main entrance of St. Francis High School located on 11th street. Parents can park in the student parking lot across the street (it is labeled).

Pick up, unless it is raining, will happen from the playground with parking in the parking lot on Cass and 11th. We will have your child ready at the time you sign up to pick them up. Please be respectful and be on time.

The Camp personnel will only allow the parent or designated escort person to pick up your child. If you are sending an escort person (someone listed on your child's info form) to pick up your child, ask them to have identification ready so that the staff members can verify their identity. The first few weeks of camp bring your ID daily.

WE WILL NOT UNDER ANY CIRCUMSTANCES LET ANY CHILD GO WITH ANYONE OTHER THAN HIS/HER PARENT OR LISTED ESCORT PERSON.

LATE PICK UP

The staff at camp is scheduled to arrive and leave from work based on the children’s arrival and departure times. If you are late to pick up your child, this often causes overtime for staff, or causes us to be over our licensing ratio limits. ***A late fee of \$1.00 per minute after the first 15 minutes after your child’s sign out time, without prior approval will be added to your childcare bill. If you pick up after 5:15 pm there is no grace period, you will be charged \$1.00 a minute.***

FEES

The summer camp fees are listed below via the graphed. The fee for non-Munson employees is \$6.50 per hour. There is also a onetime enrollment fee of \$35.00, taken out at the time of enrollment. Summer camp payments are made by payroll deduction or if non-Munson, check or cash.

	MHC Employee <\$100K	MHC Employee \$100K + Or Affiliate
Summer camp	\$6.00	\$6.50

GTACS parents will be billed bi-weekly. Bills are due in full by Thursday at 5pm for the child to continue to attend camp. (ex. If you get a bill on Friday, July 12th, your payment is due by July 25th at 5pm.) **If your bill is not paid in full by the next billing period, you will not be aloud to sign up or bring your children until it is paid in full. A \$10.00 late payment fee will be added to delinquent accounts every two weeks, until payment is made. Your child will not be aloud to attend during this time. If your account becomes delinquent, and is turned over to the collection agency, a surcharge will be added to your account and you will no longer be eligible to register for summer camp.**

Parents will be billed for all days signed up for including sick time, call-outs, no shows and also hospital requests. **Parents will be billed for the hours they have signed their child up for**

(example: if you signed up for 8-4 and get out of work at 1:00 – you will still be charged until 4:00). All hours signed-up for will be billable hours regardless. If you do not sign in or out you will be charged for the full hours. (example: If you are signed up 7-4 and you sign in at 7:00 but do not sign out you will be charged from 7-5:15).

WITHDRAWAL

Our camp strives to meet the needs of all our children. If a concern arises, communication with your child's teacher or the manager is essential. Likewise, our staff will discuss with you any concerns they might have regarding your child. The manager reserves the right to remove any child from the center if documented evidence shows that the child's behavior poses a threat to the other children, or to staff members. **Such a request will only be made after three parent/teacher conferences or a two-week probationary period.**

Please advise the manager of withdrawal for any reason.

Any post on social media regarding our camp in a negative connotation will result in disenrollment of your child(children).

RATIO

The Michigan Department of Licensing and Regulation has set policies regarding staff to child ratio. Our ratio at summer camp with school aged children is 1: 18 this summer.

FOOD SERVICES

Meals are provided through GTACS Life Balance Initiative. Menus will be posted in all rooms. Meals will be served on a set schedule and only children at the camp at the time of service will eat that meal.

**All meals will meet the meal pattern requirements for the Department
of Michigan Department of Education
Child and Adult Care Food Program**

Where Healthy Eating Becomes a Habit
Parent Information Sheet

This child care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The

CACFP provides cash reimbursement to child care centers for nutritious meals and helps children develop healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the Child and Adult Care Food Program you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life.

As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below.

Breakfast	Lunch and Supper	Snack (serve 2 from the 5 food groups below)
Milk	Milk	Milk
Fruit, Vegetable, or combination of both	Vegetable serving Fruit serving (or second vegetable serving)	Vegetable Fruit
Grain	Grain	Grain/Bread
	Meat or Meat Alternate	Meat or Meat Alternate

Children less than one year old: Foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child's participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

*Munson Children Educational Services
1105 6 th St TC 49684
231-935-7990*

or

Child and Adult Care Food program
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909
517-373-739

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited

from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

is an equal opportunity provider and employer.



S:CACFP/FORMS/PARENT INFORMATION SHEET CENTERS
8/2014

REV

Education Food Program.

Did you know?

Children in WIC receive milk, cereal, eggs, juice, bread, beans, peanut butter, and fresh fruit and vegetables, saving you hundreds of dollars on healthy food each year

FIVE REASONS TO STAY ON WIC

1. Children have better growth and development
2. Promotes Healthy weight
3. Children are better prepared for school
4. Pays for milk, fresh fruits and vegetables and other healthy food
5. Eating healthy helps children focus and behave better

Call us at 800-225-5942 Visit us at www.michigan.gov/wic

USDA is an equal opportunity provider and employer

WIC ...MAKING LIFE BETTER

DISCIPLINE

Effective discipline offers opportunities to teach responsible behavior. We practice “preventive discipline” by providing children with challenging and stimulating activities, by treating them with warmth and respect, and by communicating clear and realistic rules and expectations. Emphasis is placed on positive philosophy-enforcing limits in a positive way.

All of the following means of punishment are prohibited:

- Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
- Placing any substances in a child’s mouth, including but not limited to, soap, hot sauce, or vinegar.
- Restricting a child’s movement by binding or tying him or her.
- Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
- Depriving a child of meals, snacks, rest, or necessary toilet use.
- Excluding a child from outdoor play or other gross motor activities.

We have a violence free campus. Weapons of any kind are not permitted. Weapons will be confiscated, and parents will be called to pick up their child. Bringing a weapon to camp may result in the child being asked to leave camp for the rest of the summer. Bullying of any kind will not be permitted at camp. Any bullying issues will be addressed in the following manner

-1st warning to the child, parents are called.

-2nd warning parents will be required to pick up their child.

Summer camp staff is well trained in how to handle all discipline situations. Our number one priority is keeping the children safe at camp! When unsafe behavior occurs the staff will handle it with the following plan:

Discipline Plan

- Tally system
 - On clipboard the staff will give a tally if there is a warning or conversation about a behavior that is not camp appropriate
- 1st warning
 - Chat with the teacher about behavior and what needs to happen to change that behavior. What might be the root that is causing the behavior?
- 2nd warning
 - Chat with the coordinator and sit out to calm down/ recenter
 - Call home to chat with family about behavior and sit out remainder of activity
- 3rd warning
 - Call home to be picked up for the day → if severe, the coordinator deems that the camper cannot come the next day or go on field trip

When Parents are called with the 2nd warning they must begin to be prepared to make a plan for their child to be picked up because when the 3rd warning is given and the parents are called, your child must be picked up within 30 minutes for safety purposes.

If a child receives a 3rd warning three times, they will no longer be welcomed to attend Munson Summer Camp for the year of 2024.

OUTDOORS PLAY

Outdoor play will occur daily, weather permitting. Please dress your child appropriately for outside play. **It would be helpful to have extra outdoor clothing left at camp for your child. Label all personal items brought into camp.** If your child is too sick to go outdoors, he/she is too sick to be at camp. Water days can be at any time. It is important to have a swimsuit, towel, and sunscreen at all times. Please provide a bottle of sunscreen with your child's name on it to leave at camp. It would be very helpful to have your child apply sunscreen before they come to camp every day.

QUIET TIME

All classes will have a 20/30 min rest/quiet time during the day. The children will have the choice of sleeping and or quiet activities such as reading, drawing etc.

HEALTH POLICIES

All children in the summer camp must meet local, state, and Michigan Department of Education Health requirements for school entry. At the time of registration, a copy of the child's immunization records must be on file at their home school's office. Proof of DPT, Polio, MMR, and Hepatitis B immunizations are required.

All Kindergartners will need a health appraisal filled out and signed by their primary care dr. along with proof of their immunizations BEFORE THEY CAN START CAMP.

OTHER HEALTH CARE POLICIES

Staff and children are required to wash their hands at appropriate times during the day. Hand washing guidelines are posted in each room. All staff are required to complete blood borne pathogens training annually. Universal precautions are used each day to control infection.

Toys and surfaces are sanitized, several times during the day to reduce the spread of germs. Questions regarding health care policies may be directed to the Infection Control department at Munson Medical Center.

ACCIDENT AND INJURY NOTIFICATION-

Parents will be notified if their child is ill and needs to be picked up. If an injury occurs at camp a written report will be completed, and you will be asked to sign. If the injury is more serious parents will be called immediately, and if needed 911 will also be called.

Neither the Center nor Munson Healthcare are responsible for any out-of-pocket expenses incurred related to medical attention required due to an accident, injury, emergency or other medical situation involving a child attending the Center. Neither the Center nor Munson Healthcare will provide reimbursement for such costs; they shall be the sole responsibility of the parent/guardian of the child.

DISEASE PREVENTION AND CONTROL

We want to provide a safe, healthy environment for your child. To protect your child and other children in the program, we must ask you not to bring your child if they are sick.

If your child has one of the following symptoms, you will be contacted to pick up your child and take him/her home.

*FEVER – fever is 100F or higher

*DIARRHEA – more than one abnormally loose stool.

*SEVERE COUGHING – child gets red or blue in the face; child makes high-pitched croupy or whooping sound after they cough.

*DIFFICULT OR RAPID BREATHING

*PINKEYE- tears, redness or eyelid lining, irritation, followed by swelling.

*SEVERE ITCHING- itching of body; scalp or scratching of the scalp (these may be signs of lice or scabies).

***HEAD LICE – if your child has head lice our policy reads, your child needs to be nit-free and double checked by a staff member before they may be allowed back at summer camp.**

*SORE THROAT OR TROUBLE SWALLOWING

*VOMITING

*COVID Children who test positive may return on Day 5 if they can wear a mask the entire day (outside of eating or sleeping). All children must be symptom free before returning to childcare.

A child may return to camp **24 hours** after symptoms are gone and/or the physician indicates, in writing, the child is not contagious.

If your child comes down with any contagious diseases such as Chicken Pox, Measles, etc., please inform the Manager so we can inform other parents, all names will ALWAYS be confidential. We are also required by the State of Michigan to report all infectious diseases.

MEDICATION

- Medication, prescription or nonprescription, will be given to the child by a child care staff member only.
- The staff will only give or apply medication with prior written permission from a parent.
- All medication must be in its original container, stored according to instructions, and clearly labeled with the child's name.
- Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, name and strength of medication, and must be given according to those instructions.
- All medications will be out of reach of the children and will be returned to parents when it's no longer needed or expired.
- A staff member will not add medication to the child's beverage or food unless indicated on the prescription label.
- Topical non prescription medication, including but not limited to triple antibiotic ointment or sunscreen requires written parental authorization.
- The Camp will maintain a record as to the time and the amount of medication given or applied, with the exception of Sunscreen and Triple antibiotic. One Medication release form is required per medication. The signature of the staff member administering the medication will be included.

YOUR RESPONSIBILITY

Our goal is to maintain good communication between parents, children, teachers and the manager. You are welcome to visit your child at any time.

Some specific things you must do include:

1. Complete all enrollment forms.

2. If necessary, be available for a conference concerning your child's behavior.
3. Personally escort your child into and out of the building each day, and sign him or her in and out.
4. Notify the staff in writing if anyone other than a parent will be picking up your child. Ask that person to bring identification.
5. Bring your questions to the program coordinator or any staff member at any time.
6. By signing the acknowledgement that you have read this document, you agree to not hold Munson summer camp and their staff liable for injuries that may occur while your child is attending camp. Please be sure your insurance information is current on your emergency card.

THE CENTER RESPONSIBILITIES

We are required by the Department of Licensing to:

1. Report all suspected cases of child abuse or neglect.

Parent Notification of the Licensing Notebook requirement

Child Care Organization Act, 1973 Public Act 116

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- *This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans for the last 5 years.*
- *The notebook will be available to parents for review during regular business hours.*
- *Licensing inspections and special investigation reports from the past 3 years are available on the Bureau of Children and Adult licensing website at www.michigan.gov/michildcare.*

*******LAST DAY*******

Reminder to all parents: Collect all your child's belongings on their last day and check the lost and found box. Any items left on the program's last day will be donated to a local charity.

Licensing will be notified when:

- **A staff member or volunteer person is suspected by a colleague, parent, or community member of abuse or neglect of a child in our care.**
- **A child is suspected of abusing another child while in our care.**

Child Protective Services will be notified when:

- **A staff person suspects a parent or other individual has abused or neglected a child in our program. To make a report to Child Protective Services contact the DHS Central Intake office at 855-444-3911.**

Mandatory reporting training is provided to staff annually.

Munson Summer Camp Daily Schedule

6:45 - 7:45 a.m.

Children arrive



Free play

7:45 - 8:00 a.m.

Getting ready for breakfast

Hand washing/bathroom

8:00 - 8:30 a.m.

Breakfast

8:30 - 11:15 a.m.

Art projects

Outside Play

Science

Field trips/special visitors

11:30 - 11:45 a.m. Bathroom/Hand washing

11:45 - 12:30 p.m. Lunch

12:30 - 1:30 p.m.

Quiet choices for the camp

Quiet reading

Quiet games

1:30 - 2:30 p.m.

Children's choice

Outdoor play

Art

Special guest

2:30 - 3:00 p.m.

Snack time

3:30 - 4:30 p.m.

Outdoor play/Free Play

5:00 - 5:15 p.m.

Light snack & Clean up

Getting

ready to go



home



Munson Summer Camp Sign Up
(5 Years- 12 Years old)

Parents Name _____ Cell Phone _____ Work
 Phone _____
 Address _____ Email _____

CHILD'S NAME	GRADE GOING INTO	T-shirt Size	Bowling Shoe Size

- Are you a Munson Employee? See Handbook for qualifications. This will be verified by Human Resources. _____
- Are you enrolled in GTACS? This will be verified by GTACS administrator. _____
- Do you have younger children in Munson's Child Development Center? _____

DEDUCTION AUTHORIZATION

I hereby authorize Munson Medical Center to deduct from my paycheck the full cost of any services provided by the School Age Program.

The cost for these services will be deducted from the pay period in which they are incurred. The amount will be deducted based on the hours of service signed up for in the program. I also authorize Munson Medical Center to deduct a one time fee of \$35.00 per child. I understand that by turning this form in today the enrollment fee will be taken out of my paycheck even if my child/ren does not attend the Summer School Age Program.

Employee Signature _____ **Date** _____

Work Department _____ **Employee ID Number** _____ **E-mail Address** _____

PARENT AGREEMENT

*I have completely read the Munson Summer Camp Handbook for this program, and I am in Agreement with the policies and procedures set forth.

*I understand that it is my responsibility to physically pick up my child and to sign them out daily, to pay for all hours signed up for, and return all the enrollment forms before my child can attend the program.

*I have provided the program with the following necessary information:

- 1. Schedule 2. Consent to photograph 3. Signed parent agreement 4. Emergency cards per child enrolled 5. Health form filled out with a copy of child's immunizations (ONLY 5 year olds need Health Appraisal from their physician).**

Parent's Signature _____ **Date** _____

Please fill in a SAMPLE of your child's hours for each day & below each day CIRCLE the MEALS your child will be eating.

MON: _____ **TUE:** _____ **WED:** _____ **THUR:** _____ **FRI:** _____
 B L S B L S B L S B L S B L S

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

Health Statement

Child's Name: _____ DOB: _____

All children enrolled in Munson's School Age Program must meet local, state, and Michigan Department of Education Health requirements for school entry. Please turn in a health appraisal if your child is going into kindergarten. **All shots need to be filled in. If you have a five-year-old enrolled, the Health Appraisal must be filled out and signed by a physician. If your child has none please right none, N/A will not be accepted per state regulations.**

Please list any past serious illnesses your child has had: _____

Please list any chronic illnesses your child currently has: _____

Please list any surgeries your child has had: _____

Does your child have any physical limitations? YES NO

Please explain: _____

Does your child take any medications regularly? _____

If so, what are they: _____

This is to verify that my child _____, enrolled in Munson's School Age Program is in good health, up to date on immunizations and may fully participate in the Program. I also understand that I am responsible for my child's health while he/she is at the Program. My child's Immunizations are on record at his/her school.

Parent/Guardian Date

Discipline Addendum:

Summer camp staff is well trained in how to handle all discipline situations. Our number one priority is keeping the children safe at camp!

When unsafe behavior occurs the staff will handle it with the following plan:

Discipline Plan

- Tally system
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- 1st warning
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If a child receives a 3rd warning three times they will no longer be welcomed to attend Munson Summer Camp for the year of 2024.

Parent Signature

Date

MUNSON SUMMER CAMP HANDBOOK ADDENDUM

FEES

The summer camp fee for Munson employees is as follows on the graph below. The fee for non-Munson employees is \$6.50 per hour. There is also a onetime enrollment fee of \$35.00, taken out at the time of enrollment. Summer camp payments are made by payroll deduction or if non-Munson, check or cash.

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Summer camp	\$6.00	\$6.50

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Parents will be billed for all days signed up for including sick time, call-outs, no shows and also hospital requests. **Parents will be billed for the hours they have signed their child up for (example: if you signed up for 8-4 and get out of work at 1:00 – you will still be charged until 4:00). All hours signed-up for will be billable hours regardless. If you do not sign in or out you will be charged for the full hours. (example: If you are signed up 7-4 and you sign in at 7:00 but do not sign out you will be charged from 7-5:15). Any changes after the Wednesday prior at 5:15 may not be honored or will include a change fee.**

When signing up children weekly, please do so by Wednesday at 5:00 pm.

Children who show up that are not signed up or added after 5 pm Wednesday will be charged \$15.00 per day per child if we can accommodate them.

Parent Signature _____ Date _____



Childs Name _____ Grade _____

Parents Name (Printed) _____

- I give my permission for sprinkler and splash pad play during the time frame of June – August.
- I give permission to Munson Summer School Age Camp to administer sunscreen to my child while attending camp.
- I give permission for my child to go on **walking field trips** with the staff of Munson Summer School Age Camp.
- I give Munson Summer Camp permission to watch G/PG rated movies.

Parent/Guardian Signature

Date

- I do hereby give and grant Munson Summer camp permission to take, use, and display photographs of my child.
- I do **NOT** give permission to Munson Summer camp to take, use and or display photographs of my child.

Parent/Guardian Signature

Date