



## GREENFIELD RECREATION DEPARTMENT

20 Sanderson Street, Greenfield, MA 01301  
PHONE (413) 772-1553 ☎ FAX (413) 773-0115  
[www.greenfieldrecreation.com](http://www.greenfieldrecreation.com)



March 1, 2023



Hello Campers and Parents!

A big welcome back to returning families and a warm welcome to new families that are considering our camp for the first time! The Greenfield Recreation Department is committed to providing a fun, safe, and memorable experience for all campers. We are looking forward to another unforgettable summer with memories that will be sure to last a lifetime.



We welcome your family to join us for one or all eight of our one-week sessions. Please review this parent handbook for complete details of session dates, times, themes, field trips, special guests, registration information, and policies and procedures.

Registration will **open Monday, April 3rd**. We will **not** accept registrations before this date. A non-refundable deposit of **\$25 per child per week** is required at the time of registration to secure your camp space. We are also offering our special full summer 8 week camp discount where families registering for all 8 weeks paying in full by June 1<sup>st</sup> will receive one week free. **Your registration will not be considered complete and a spot for your camper will not be reserved until all required forms are submitted.** Please see page 6 for a list of all forms needed to register. These forms are available at the end of this information packet. Completed registrations may be dropped off or mailed to 20 Sanderson Street.

Please feel free to contact us with any questions. We are looking forward to being back in action this summer.

Sincerely,

Christy Moore  
Recreation Director

Kelly Jenkins  
Assistant Director

Shayla Demers  
Program Supervisor

**We Create Community Through People, Parks, & Programs!**

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## GREENFIELD RECREATION SUMMER CAMP THEMES 2023

*Each themed session helps to guide the week's activities, games, arts & crafts, special guests, and field trips. Please see our descriptions below for the different themes and activities planned for each session.*

### **Session A ✨ June 26- June 30- Ships Ahoy**

Yo ho, yo ho, and a bottle of...water! Calling all scoundrels and scallywags as we set sail on the high seas on a swashbuckling adventure in the search of the legendary hidden treasure of the Green River. Do you have what it takes to find the gold, or will you end up walking the plank?

*Special Guest: Dan the Pirate Man*

### **Session B ✨ July 5-7\* – Blizzard Beach- \*No Camp July 3<sup>rd</sup> or 4<sup>th</sup> (Pro-rated Week)**

Brrrrr....it's cold out there! Bundle up for the beachiest blizzard you have ever seen! Sun bathing snowmen? Sand angels? What else does this wacky weather week have in store? Prepare to chill during the coolest week of the summer.

### **Session C ✨ July 10-14: It's Showtime**

Everyone take your seats and grab your popcorn because it's show time! Lights, campers, action! Campers will create their own skits, musical acts, dance routines, or comedy shows to perform in a camp-wide performance showcase. We will be rolling out the red carpet for this extravaganza.

*Field Trip: Garden Cinema, \$25 Field Trip Fee*

### **Session D ✨ July 17-21: Gross Out**

The week that will make you want to yak is back! Pull up your sleeves and get ready for a disgustingly fun week at camp. If you like eww and goo, then this week is certainly for you! From boogers, fake blood, and mud to smelly feet and gross things we eat, camp goes all out for Gross Out!

*Special Guest: Michelle Adams, Expert Grossologist*

### **Session E ✨ July 24-28: Splish Splash Water Bash**

Get ready, get set, get wet! Join us for a week-long pool party filled with wacky water games. It is sure to be a wonderfully wet week of water. This will be an action-packed week sure to cool us off in the summer heat!

*Field Trip: Mystic Aquarium, \$25 Field Trip Fee*

### **Session F ✨ July 31-August 4: Enchanted Forest**

Let the magic surround you on this adventurous week of fantasy fun! Create a potion, cast a spell, or throw some coins in a wishing well. The forest is a place full of mystical wonder, and you never know what toadstool a fairy or gnome may be hiding under.

*Special Guest: Ed the Wizard*

### **Session G ✨ August 7-11: Animal Planet**

Lions and tigers and bears, oh my! Things are about to get wild at camp as we discover all sorts of furry, feathered, and four-legged friends and their habitats. It's sure to be a roaring good time!

*Special Guest: Animal Adventures*

### **Session H ✨ August 14-18- Summer Send Off**

It may be a bummer that it's the end of summer, but we have one last week with more adventures to seek. This is the session where all of the summer favorites are re-played, creating lasting memories that are unlikely to fade.

*Field Trip: Fun Hub, \$25 Field Trip Fee*

## **GREENFIELD RECREATION SUMMER CAMP PARENT HANDBOOK 2023**

*Please read the following important information regarding the Greenfield Recreation Department Summer Camp and go over the important details with your child or anyone who may be caring for your child.*

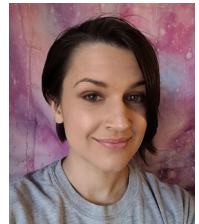
### **GENERAL INFORMATION**

#### **Discovery (Grades K-2)**

Every day is an adventure for our Discovery campers! These young campers have a very active imagination, are full of creativity, and love to play. Your child will meet new friends, play interactive games, create arts and crafts projects, swim, explore, and participate in imaginative play. A 1:5 staff to camper ratio will ensure your little discoverers will get the attention they need. Through specially trained staff, age-specific safety precautions, and a well rounded curriculum, we create a nurturing environment that will aid in the physical, social, and emotional development of your child.

**Discovery Camp Director:** Sarah DeCarlo, (413) 522-6224: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at 413-772-1553.

Sarah is back for a third year as the Discovery Camp Director. During the school year, she serves as the Site Coordinator at the Greenfield Recreation After School Program at Four Corners School. Sarah loves working with kids and has a passion for theater. She is excited to spend another summer getting to know your kiddos!



**Discovery Home Base Location:** Pavilion

**Discovery Rain Site Location:** Greenfield Middle School

#### **Sizzlers (Grades 3-6)**

Sizzlers aged campers are learning more independence and responsibility every day. Your child will be introduced to new activities designed to allow them to challenge themselves and work as a team. Your child will meet new friends, develop new relationships, participate in fun and interactive games, create arts and crafts projects, swim, and more. A 1:10 staff to camper ratio will ensure your children will get the attention they need. Through specially trained staff, age-specific safety precautions, and a well rounded curriculum, we create a nurturing environment that will aid in the physical, social, and emotional development of your child.

**Sizzlers Camp Director:** Tracey Kelleher, (413)325-6165: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at 413-772-1553.

Tracey has been with the Greenfield Recreation Camp for over fifteen years. Originally from Wales, she now resides in Western Mass. In her off camp time, she is an educator at Hawlemont School. The kids just love Tracey and she can't wait to spend another Summer with them!



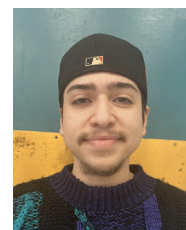
**Sizzlers Home Base Location:** Tent 1 (located near basketball court)

**Sizzlers Rain Site Location:** Greenfield Middle School

#### **Leaders in Training (Grades 7-9)**

Our oldest campers will work to develop their leadership, teamwork, and decision making skills through this camp based training program. This program also helps your young leaders prepare for future work as camp counselors. Leaders will work closely with our experienced staff who will guide them in their journey. Your child will serve as a role model for the entire camp, and is thus required to submit an application and participate in an interview during their first scheduled session. Only those truly committed to being a positive role model and developing their leadership skills should sign up for this program.

**LIT Camp Director:** Ben Hernandez, 413-834-7660: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at 413-772-1553.



We are happy to have Ben as our Leadership in Training Director this year. This is his 2nd year working with the LIT program, and first year as its Director. Throughout the school year, Ben has served as Site Coordinator to our After School Program at Federal Street School. He is looking forward to working with all of our young leaders.

**LIT Home Base Location:** Tent 2 (located near volleyball court)

**LIT Rain Site Location:** Greenfield Middle School

### **CAMP STAFF**

Your kids are in good hands! All staff members including camp and swim area staff are certified in CPR, AED, & First Aid. Staff members are also both SORI and CORI checked. Staff training is held prior to the start of camp, with weekly meetings throughout the summer.

### **CAMP HOURS**

Our regular program is from 9:00AM to 4:00PM, Monday through Friday. Please do not drop your child off early or pick them up late. These are the times our staff members are on duty for supervision. **Early and late care is available, but pre-registration is required.**

**Early Care-** drop off between 7:30AM and 9:00AM (\$25.00 additional per child per week)

**Late Care-** pick up between 4:00PM-5:30PM (\$25.00 additional per child per week)

### **CAMP FEES**

#### **Sessions A-H**

Regular Day: \$175 Residents, \$185 Non-Residents

Early Care: \$25 per child per session

Late Care: \$25 per child per session

#### **Session B (Pro-Rated for No Camp on July 3<sup>rd</sup> & 4<sup>th</sup>)**

Regular Day: \$105 Residents, \$115 Non-Residents

Early Care: \$15 per child per session

Late Care: \$15 per child per session

**Field Trip Fee:** Additional \$25- Applies to Sessions C, E, H

**Second Sibling Discount:** \$10 off second sibling when registering for same week

**Swim Lessons:** \$25 per child (Optional and only available for Sessions C & D)

**8 Week Special:** Register and pay in full by June 1<sup>st</sup> and receive one week free. Field Trip Fee still applies.

**Registration Deposit:** A non-refundable \$25 deposit per child per week is due at the time of registration.

**Camp Payment:** Payments for each session (minus the deposit made at time of registration) must be made at least one week prior to the session start date. Payments can be dropped off on Monday mornings to a staff member upon arrival at camp or to the Recreation Department office anytime outside the designated camp payment

hours. Please see payment schedule on page 24. We also have a Camp Auto Payment option! Complete the form at the end of this packet to enroll!

**Cancellation:** You must contact the Recreation Department to cancel your enrollment in a camp session at least one week prior to the beginning of the session. If cancellation is not made at least one week in advance, you are responsible for paying the full cost of your camp enrollment.

**Refunds:** Refunds after the payment deadline will be made at the discretion of the Recreation Department only in the event of serious injury, illness, or death in the immediate family. No refunds will be made after the payment deadline for any other reason, even for campers who cancel, are absent, or are dismissed from the program.

## **REGISTRATION**

All campers **MUST** be registered to participate! Registrations will not be accepted without the following:

### **All Campers:**

1. Registration Form
2. Child Information Sheet
3. Camper or Leader in Training Survey
4. Physical & Immunization Records
5. Deposit of \$25 per child per week

### **If Relevant:**

6. Medication Administration Form
7. Camp Auto Payment Form
8. Leadership in Training Application Form

These forms can be found at the end of this information packet beginning on page 25.

## **WHAT TO EXPECT**

### **TYPICAL DAY**

Early care begins at 7:30AM. During this time, campers participate in free choice activities. The regular camp day begins at 9:00AM and starts with a morning meeting. Scheduled activities are then planned throughout the day including field games, playground time, snack, swim time, lunch, arts and crafts, etc. Each week has activities and events corresponding to its theme!

### **RAIN DAYS**

In the event of bad weather, camp will meet at your designated Rain Site. A message will be posted on the Recreation Department answering machine at 772-1553 x4 by 7:00AM as well as posted on the Greenfield Recreation Facebook Page. During "lffy", drizzly days, we stay at the swim area.

If, during the day, unexpected heavy rain or thunderstorms start and do not let up, we have made arrangements with F.M. Kuzmeskus Bus Company to pick children up and transport them to their designated rain site. You may call the office or your Camp Director to determine if this has been done. Camp will then stay at the site for the remainder of the day where you will need to pick up your camper at the regularly scheduled time. **If severe weather occurs past 3:00PM, parents will be called for an early, emergency pick-up at the Swim Area.**

### **PERSONAL BELONGINGS**

We ask that campers only come with the necessities they need for their camp day. Please leave all extra belongings such as toys, stuffies, and Pokemon cards at home.

#### **WHAT TO PACK AND/OR WEAR TO CAMP:**

1. Sneakers
2. Clothes that can get dirty
3. Swim suit
4. Towel
5. Bag for wet or dirty clothes
6. Flip flops/ water shoes for swim time
7. Sunscreen
8. Bug spray
9. Water bottle
10. Afternoon snack or money for the Snack Shack
11. Lunch (if not eating lunch provided)
12. Change of clothes

#### **WHAT NOT TO PACK AND/OR WEAR:**

1. Clothes that can't get dirty
2. Sandals and flip flops (a pair can be packed for Swim Time, but they should not start the day in them)
3. Glass containers
4. Lunch that needs refrigeration or heating
5. Anything of value
6. Electronic devices
7. Anything extra including toys, stuffies, and Pokemon cards

The first priority of our staff members is to ensure the safety of all campers. While they will do their best to help keep track of a camper's belongings, they are not responsible for anything that is lost or stolen. It is recommended that you label your child's belongings. A lost and found will be maintained on site.

## **SWIMMING**

Campers swim twice a day weather and conditions permitting. Lifeguards are on duty any time our program participants are in the water. **Please inform a staff member if your child cannot swim.** Discovery campers are required to stay in the shallow end, not passing waist level. Sizzler campers have the option to take a swim test. Swim tests are offered once per week on Monday morning. If the camper passes, they are allowed to swim across the river with a buddy. If they do not pass, they are required to stay in shallow area. Buddy checks will be conducted frequently. Parents are encouraged to send their child with a Coast Guard Approved flotation device if your child cannot swim.

## **LUNCH/SNACKS**

All staff and children must wash their hands before and after serving and/or eating. Every effort will be made to encourage the children to eat their snack and lunch; however, children's appetites vary and it is not the program's responsibility to be certain every bite is eaten. No sharing of snacks or drinks is allowed.

**Morning Snack:** The Greenfield Recreation Department will provide a nutritious snack daily. Fruits, vegetables, whole grains, and dairy products are commonly used within the program. Water, juice, or milk will be served with snack. Please be sure to bring any allergies or dietary restrictions to the attention of the Camp Director as soon as possible so we can plan to accommodate your child's needs. An allergy list is confidentially posted for staff to refer to. The staff will take every precaution to keep the children safe from allergic reactions. We will provide a separate table for children with allergies so that they have a safe place to eat and enjoy the company of their friends. Parents/Guardians may prefer to provide a snack for their child.

**Lunch:** Free Lunch is provided by the State-Funded School Department Free Lunch Program and served by the Greenfield School Food Service Department. You may also choose to send your child with their own lunch. We do not have the capacity to store perishable items, so send only non-perishable food and beverages. No glass containers for anything! Lunch may not be purchased from the Snack Shack.

**Afternoon Snack:** It is the parent/guardian's responsibility to provide an afternoon snack for their child. Some suggestions for a nutritional snack would include the following: crackers, cheese, raw vegetables, fruit juice and/or milk, etc. We do not restrict certain foods such as peanuts as a general rule. In the event that a child in the program has a severe life threatening allergy such as an airborne allergy to peanuts, camp reserves the right to restrict foods in the program. The Snack Shack will be open for your children to purchase afternoon snack. If you have any concessions snack restrictions for your child, please inform the camp staff. Camp staff will take all snack shack orders midday and deliver snacks to the camper's home base at snack time to avoid unnecessary crowding around the snack shack area.

## **WATER**

Water is very important during the summer. Water breaks are given frequently! Please send your child with a water bottle that can be refilled. We will assist children in refilling them as often as needed. If your child requires more water, instruct them to tell a counselor!

## **HYGIENE**

Camp staff will do their best to ensure campers are practicing good personal hygiene including not sharing personal items, not sharing food or drinks, and keeping their bodies to themselves. Gum and spitting is also not allowed. In addition, campers and staff must wash their hands frequently throughout the day.

Sanitizer with at least 60% alcohol can be used at times when hand washing is not available with written parent permission and under the supervision of staff. Sanitizer will be securely stored when not in use.



## **DROP-OFF & PICK-UP PROCEDURES**

### **ARRIVAL/DROP OFF**

Parents/guardians must sign their camper in each morning. Please park in the parking lot and walk your child to your designated sign in area.

### **ABSENCE**

If your child will not attend for any reason, please call your Camp Director by 9:00AM or inform staff onsite of your schedule change. Children who are registered and fail to arrive for the program will be reported absent and staff will call parent/guardian to verify reason for absence.

### **CHILD RELEASE/ PICK-UP POLICY**

Parent / Caregivers need to sign campers out each day for their safety. Included in the child information form is a section regarding authorized pick-ups. You must provide the name and contact information of any person you give permission to pick up your child at the end of the day. Children will only be released to those listed on the form. Please be sure to update this form as needed. If anyone other than those approved on your pick-up authorization form will be picking up your child, staff must have a signed and dated note from the parent or guardian prior to pick-up specifying the name of the individual who is authorized to pick-up for that specific day. Everyone, even parents/ guardians, must show an ID before a child will be released in order to ensure the child's safety. Once staff members come to recognize parents/guardians, an ID may not be required. At the time of pick-up, you must collect all of your child's belongings, notices, and/or artwork from their day's activities.

There will be designated pick-up/ sign out stations for each camp located near the park entrance area. Parents must park in the parking lot. A season pass or park entrance fee is not required for entry to the park if you are just dropping off and picking up campers. Please stop at the gate to notify them that you are picking up for camp. If you are staying at the park after pick-up, daily rates or season passes are required.

### **LATE PICK-UP POLICY**

The official closing time of the program is 4:00PM for regular day and 5:30PM for late care. All employees scheduled hours revolve around this time. Parents/guardians are expected to pick-up their children on time. In the event that you will be late for pick-up, you must abide by the following rules:

1. Parent/ guardian must call the program to let staff know what time they will expect to arrive or to inform staff of alternate transportation arrangements that have been made.
2. Parent/guardian will be charged a late fee of \$1.00 per minute per child after 4:05PM/ 5:35PM payable the next working day to the Recreation Department office.
3. In the event that the program does not receive a prior phone call from the parent/guardian, the following procedures will be immediately implemented
  - a. A staff member will try contacting parent/guardian. If contact cannot be made, a staff member will call the Emergency Contact list to arrange for pick-up. (Parent will still be assessed the late fee per minute, per child)
  - b. If by 6:30PM contact cannot be made to the child's parents/guardians or emergency contacts, a call will be placed to the Department of Children and Families (DCF) Emergency Unit to report an abandoned child. Staff members will then follow DCF instructions for any necessary arrangements. Parents will be informed to contact DCF for further instructions.

## **COMMUNICATION**

### **PARENT/GUARDIAN-STAFF COMMUNICATION**

It is very important to keep the lines of communication open between parents/guardians and staff. Please feel free to contact us if you have any questions or concerns. By having the parents/guardians and staff work together, we can create an environment that is a positive experience for all.

Our staff members strive to communicate with parents on a daily basis at pick-up time; however, the staff's main function is to provide care to the children in the program. You may want to schedule a phone appointment with the Camp Director to discuss any concerns that you may have. Suggestions and comments regarding the program are always welcome.

### **PARENT/GUARDIAN PROTOCOLS**

1. Parents are not allowed to ask camp staff to babysit their child at any time.
2. Parents are not allowed to take pictures and/or videos of any child during camp hours.
3. Parents and children are not allowed to contact staff on Facebook, Twitter, Instagram, or any other form of social media.
4. Staff are not allowed to contact parents or children on Facebook, Twitter, Instagram, or any other form of social media.
5. Any behavior by a parent/guardian that is deemed inappropriate or adversely affects the program and/ or its operation may result in termination of the child from the program upon notice.

## **HEALTH CARE POLICIES: EMERGENCIES/ FIRST AID/ MEDICINE**

### **HEALTH CARE POLICY**

Before a child is admitted into our camp program, the parent/guardian must provide a physical report and immunization record in accordance with Board of Health Licensing regulations. A blank form is included in this document for your use or you may use the Doctor's office print out.

### **HEALTH CARE SUPERVISORS**

A minimum of two trained Health Care Supervisors will be on site at all times including each Camp Director and a Head Counselor from each group.

### **HEALTH CARE CONSULTANT**

Dr. Ruth Potee  
298 Federal Street  
Greenfield, MA 01301  
(413) 223-5072

### **HOSPITAL UTILIZED FOR EMERGENCIES**

Baystate Franklin Medical Center  
164 High Street  
Greenfield, MA 01301  
(413)773-0211

### **INJURY AND EMERGENCY**

Staff members are certified in First Aid and CPR and will take care of basic first aid needs. For basic First Aid administered, with no necessary treatment away from camp, notification will be given to parents via telephone call, written notice, or verbally at day's end including a description of the injury, method of treatment, and time of injury.

In the event that immediate medical attention is required, the following procedures will be implemented:

- 911 will be called (*all ambulance fees will be the responsibility of the parents/guardians*)
- The parents/guardians or designated emergency contacts will be called.
- A staff member will accompany the child to the hospital

### **PLAN FOR INFECTION CONTROL AND MONITORING**

The Camp Director must be notified immediately if a child or staff member is diagnosed with a contagious disease. All parents/guardians of program participants will be notified of any diagnosed communicable diseases or outbreaks. To prevent outbreaks, proper hand washing is required prior to handling and/or eating of food by children and staff. The sharing of drinking cups and utensils is prohibited. Any surface that is soiled is required to be cleaned with an antiseptic solution.

1. Any participant who appears to have a contagious illness (not aligning with COVID-19 Symptoms) or injury will be kept in a separate area until parent/guardian is contacted and child is picked up. Staff members exhibiting the same will be sent home immediately. Examples include:
  - Copious Nasal Discharge
  - Red, Crusty, Weepy Eyes
  - Wound with Significant Redness, Swelling, and Drainage
  - Lice or any Nits

2. If a child has any of the following diagnosed communicable diseases, they are required to stay home for the duration of the illness (or until it is no longer contagious to other children)
- **Strep Throat:** May return 48 hours after antibiotic is administered
  - **Chicken Pox:** Minimum exclusion, one week. Your child cannot return until the rash is completely dry or crusted.
  - **German Measles:** May return after rash disappears
  - **Mumps:** 9 days after onset of swelling
  - **Measles:** 5 days after rash begins
  - **Lice:** After treatment has been completed and all eggs (nits) are gone from the hair.
  - **Hepatitis:** 3 weeks after onset of jaundice
  - **Conjunctivitis:** May return day after prescribed medication is applied
  - **Impetigo:** Children may not return until all symptoms of the disease have cleared up. A physician's release form is required before returning.

### **COVID-19 PROTOCOLS**

Effective August 15, 2022, children and staff in child care, K-12, out-of-school time (OST) and recreational camp settings will follow the below guidance:

- A rapid antigen test, such as a self-test, is preferred to a PCR test in most situations.
- To count days for isolation, Day 0 is the first day of symptoms OR the day the positive test was taken, whichever is earlier.
- Contact tracing is no longer recommended or required in these settings, but schools or programs must continue to work with their Local Board of Health in the case of outbreaks.
- The Commonwealth is not recommending universal mask requirements, surveillance testing of asymptomatic individuals, contact tracing, or test-to-stay testing in schools. While masks are not required or recommended in these settings except for in school health offices, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, will be supported in that choice. For those who need or choose to mask, masking is never required in these settings while the individual is eating, drinking, or outside.
- All individuals are encouraged to stay up-to-date with vaccination as vaccines remain the best way to help protect yourself and others.

### **COVID-19 ISOLATION AND EXPOSURE GUIDANCE AND PROTOCOLS**

- Exposure- Quarantine is no longer required nor recommended for children or staff in these settings, regardless of vaccination status or where the exposure occurred. All exposed individuals may continue to attend programming as long as they remain asymptomatic. Those who can mask should do so until Day 10, and it is recommended that they test on Day 6 of exposure. If symptoms develop, follow the guidance for symptomatic individuals, below.
- Children and staff who test positive must isolate for at least 5 days. If they are asymptomatic or symptoms are resolving and they have been fever free without the use of fever-reducing medicine for 24 hours, they may return to programming after Day 5 and should wear a high-quality mask through Day 10:
  - If the individual is able to mask, they must do so through Day 10.
    - If the child has a negative test on Day 5 or later, they do not need to mask.

- If the individual is unable to mask, they may return to programming with a negative test on Day 5 or later.
- Symptomatic individuals can remain in their school or program if they have mild symptoms, are tested immediately onsite, and that test is negative. Best practice would also include wearing a mask, if possible, until symptoms are fully resolved. For symptomatic individuals, DPH recommends a second test within 48 hours if the initial test is negative.
  - If the symptomatic individual cannot be tested immediately, they should be sent home and allowed to return to their program or school if symptoms remain mild and they test negative, or they have been fever-free for 24 hours without the use of fever-reducing medication and their symptoms are resolving, or if a medical professional makes an alternative diagnosis. A negative test is strongly recommended for return.

### **COVID-19 SYMPTOMS**

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills.
- Difficulty breathing or shortness of breath.
- New loss of taste or smell.
- Muscle aches or body aches.
- Cough (not due to other known cause, such as chronic cough).
- Sore throat, *when in combination with other symptoms.*
- Nausea, vomiting, *when in combination with other symptoms.*
- Headache, *when in combination with other symptoms.*
- Fatigue, *when in combination with other symptoms.*
- Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms.*

### **MEDICAL CONDITIONS**

If a child has a known medical condition (allergies, asthma, diabetes, seizure disorder, etc.), please be sure that the staff is made aware at the start of the program. This will allow for a quick response if a problem should occur during program hours. If medication needs to be dispersed or available on site, please make sure that the appropriate forms have been completed.

Please consider an allergy/medical alert bracelet or necklace for your child so that every adult has immediate recognition of your child's medical/allergy condition. If your child has severe airborne allergies a medical alert bracelet or necklace is required.

### **ADMINISTRATION OF MEDICATION**

Campers' prescription medications will be kept in the safe inside the camp room. Medications requiring refrigeration will be stored at temperatures of 36° to 46° F. Emergency medications such as inhalers and Epi-pens will be kept with a staff member at all times if traveling away from home base. Only the Health Supervisor (Camp Director) is designated to administer non-emergency dosages to campers. Each dosage must be logged. An Authorization to Administer Medication to a Camper form must also be completed by parent and reviewed with the Health Care Consultant. Each prescription container must be clearly labeled including:

- Name of the prescribing physician
- Name of the camper
- Route by which medication is given
- Dosage to be given
- Times to be given
- Name of the medication
- Medication expiration date

No aspirin or other non-prescriptive medicines will be administered by the staff (unless noted with permission by the child's doctor). Over the counter medication must be accompanied by specific instructions from the camper's

physician. The instructions must state the dose, time, and reason for the medication. Staff cannot make any medical determinations. Any leftover medication will be returned to parents or destroyed using proper disposal methods.

### **SELF-ADMINISTRATION OF EPI-PENS & INHALERS**

If a camper, age 9 or over, has a known allergy or pre-existing medical condition for which an Epi-pen or inhaler has been prescribed and for which they have a current prescription, the parent/guardian may give permission for the child to self-medicate.

These emergency medications will be stored in camp first aid packs carried by their camp counselor. Medications will be stored in the safe at night. The parent/guardian must supply written notification from the child's physician indicating that their child has permission to self-medicate. This notification must be turned into the Camp Director before the start of camp.

### **FOOD ALLERGIES**

If we have children enrolled in our programs that have life threatening allergies to peanuts and foods containing peanut additives in any form, a no peanut policy will be implemented. Please be aware of the items that are sometimes found in campers snack or lunch that may contain peanuts or peanut products. Please check the labels carefully and talk to campers about not sharing snacks with other campers. Please see list below:

#### **Avoid foods that contain any of these ingredients:**

Beer Nuts	Ground Nuts	Mixed Nuts
Peanuts	Monkey Nuts	Nu-Nuts (flavored nuts)
Nut Pieces	Peanut Butter	Peanut Flour
Cold Pressed Peanut Oil		

#### **Foods that may indicate the presence of peanut protein:**

Candy	Baked Goods	Chocolate
Marzipan	Nougat	Sunflower Seeds
Chili	Egg Rolls	Hydrolyzed Plant Protein
African, Chinese, Thai, Indonesian, Vietnamese dishes		Hydrolyzed Vegetable Protein

\*Artificial nuts can be peanuts that have been deflavored and reflavored with a nut such as pecan or walnut. Mandelona nuts are peanuts soaked in almond flavoring.

\*Studies show that most allergic individuals can safely eat peanut oil (not cold pressed, expelled or extruded peanut oil). Arachis oil is peanut oil.

### **SUNSCREEN**

Campers will be exposed to sun throughout the day. It is recommended that campers wear a hat and protective clothing in addition to sunscreen. Parents or Guardians are responsible for applying the first layer of sunscreen prior to morning drop-off and providing it for use during the camp day. Sunscreen should be labeled with child's name and stored in their back packs. We strongly suggest waterproof **SPRAY** sunscreen SPF 25 or greater. If parents/guardians have more than one camper attending camp, we ask each camper have their own supply of sunscreen so that it is readily accessible throughout the camp day.

Staff will distribute sunscreen for reapplication before each Swim Time. Staff members are responsible for sunscreen reapplication and may need to assist campers. They will not apply sunscreen when skin is broken or an adverse reaction has been observed. When staff notices these reactions, they will report them to Health Care Supervisor who will contact the camper's family.

## **INSECT REPELLENT**

Parents are encouraged to apply insect repellent (DEET 20–25% is suggested) to their child daily, prior to arrival. At the end of the day, children should be reminded to wash any treated skin with soap and water. Staff will apply or supervise the re-application of insect repellent provided by parents or guardians as needed not more than once per day when there is a high risk of insect-borne disease.

### ***Insect Repellent Information:***

Studies show that it is acceptable to use DEET of up to 30% concentration on children over 2 years of age and that the concentration of DEET in the product is related to the length of protection. DEET may be applied to skin or clothes, but not under clothing. Treated skin should be washed with soap and water upon completion of outdoor activity. 24% DEET provides 5 hours of protection. 6.65% DEET provides 2 hours of protection.

## **TICKS**

Visual checks for ticks on campers' arms, legs, and clothing is a regular part of our camp routine. The guardian is responsible for checking the child each evening for ticks by feeling the skin for bumps.

### ***Tick-borne Illness Facts and Prevention***

Not all ticks are infected and studies have shown that an infected tick normally cannot begin passing the Lyme Disease bacteria until it has been attached to its host for 24 hours. Finding and careful removal of the tick is the best preventative.

### ***Prevention suggestions***

1. Wear enclosed shoes and light-colored clothing with a tight weave to spot ticks easily. Keep long hair tied back. Tuck shirts into your pants and long pants into socks. Wear a hat.
2. Use repellents that contain 24% DEET on exposed skin or treat your shoes and clothing with permethrin.
3. Scan clothes and any exposed skin frequently for ticks
4. Do a full-body tick-check at the end of the day by feeling the skin for bumps. Be aware that ticks climb upwards in search of skin so check hidden areas of the neck, ears, head, genitals and bellybutton.
5. Spin clothes in the dryer for 20 minutes to kill any ticks. Look for ticks on your gear/backpack.
6. Know the symptoms of Lyme Disease (see below) and other tick-borne illnesses.

### ***To remove a tick***

1. Use a pair of tweezers to grasp the tick by the head where it enters the skin. Do not grasp the body.
2. Pull upward with steady, even pressure. (Do not twist the tick, apply petroleum jelly, a hot match, alcohol or any other irritant in an attempt to have the tick back out.) If mouth-parts break off try to remove them, but if not possible, leave it alone and let the skin heal.
3. Clean the bite area with an antiseptic. Redness or a rash at the bite site for a number of days is normal.

### ***Symptoms of Lyme Disease***

Contact your physician if any of the following symptoms appear three (3) or more days after the bite. Lyme symptoms vary and may include recurrent headache, exhaustion, muscle aches, rash, or joint pain. Early treatment with antibiotics almost always results in a full cure.

## **IDENTIFYING AND REPORTING ABUSE AND NEGLECT**

All children enrolled in Greenfield Recreation Summer Camp Program shall be protected from abuse and neglect. The Department of Children and Families requires the program to report suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by drugs or alcohol.

Suspected cases of abuse or neglect will be reported to the Recreation Director in writing with all factual information and observations of the child in question immediately. The report will be signed, dated and true to the best of the staff person's knowledge. All staff are considered mandated reporters and must report any suspicion of abuse or neglect to the Director who will report the suspected case immediately to the Department of Children & Families, pursuant to M.G.L. c.119, ~51A.

The program will cooperate with all investigations of abuse and neglect. This may require disclosing personal information to the Department of Children and Families and other persons or agencies specified as necessary for the prompt investigation of allegations and for the protection of the child.

Any staff person under investigation will be removed from direct care responsibilities until the Department of Children & Families investigation is complete. If the investigation proves the complaint is valid, the staff member will be dismissed immediately.



## **GUIDANCE AND DISCIPLINE POLICY**

The Greenfield Recreation Department believes that children learn positive behavior through reinforcement and redirection. The most effective way to help a child learn positive behavior is to reward those behaviors so that the child will want to repeat them. We work hard to teach alternative strategies or implement progressive discipline when inappropriate behaviors are exhibited. Through behavior management we attempt to teach acceptable behaviors, and to promote positive self-image in children by:

- Preventing problems
- Offering positive suggestions
- Redirecting to a different behavior or activity
- Providing encouragement
- Discussing the situation and why the rule is needed
- Giving positive attention frequently
- Developing rules with the children
- Setting up a program that is suitable for the ages and needs of the children
- Providing appropriate consequences
- Offering choices and interesting activities
- Using age appropriate “stop & think”, to allow for a cool down and time to think of better ways to handle problems

Progressive discipline refers to the concept of increased severity in discipline if a child repeatedly violates rules or fails to meet behavior expectations. In adherence to the principles of progressive discipline, violations of the behavior standards are categorized into three categories and each carries its own series of consequences. The categories of violations are as follows:

- Minor Violations
- Major Violations
- Critical Violations

### **DEFINITION OF VIOLATIONS**

#### **Minor Violations:**

- Disrespectful towards staff
- Disrespectful towards other students
- Disruptive behavior
- Repeatedly not following directions
- Repeatedly not following program/game rules
- Excessive Horseplay

#### **Major Violations:**

- Pushing
- Tripping
- Hitting
- Kicking
- Spitting
- Threatening comments or gestures
- Uncontrollable behavior
- Aggressive behavior towards other children or staff
- Inappropriate language
- Teasing or embarrassing others
- Willful destruction of property

**Critical Violations:**

- Fighting
- Leaving supervised premises without permission
- Biting
- Aggressive behavior that causes serious harm to another child, staff member, or themselves
- Harassment, Intimidation, Bullying

**ADMINISTRATION OF DISCIPLINE**

Discipline and guidance will be fair and consistent and based on the understanding of each child's individual needs. At no time will a child be disciplined in an inappropriate, demoralizing, humiliating, or abusive manner. No child will be denied food as a form of punishment. No child will be punished for soiling or wetting their clothes. Progressive discipline for the aforementioned violations will be administered with regard to the following disciplinary track:

	First Violation	Second Violation	Third Violation	Fourth Violation	Fifth Violation
Minor Violation	Verbal Notice to parent/guardian describing the behavioral concerns	Written notice to parent/guardian describing the behavioral problem	Written notice to parent describing the behavioral problem and parent conference	1-3 Days out of program suspension	Expulsion from the program for the remainder of summer
Major Violation	Written notice to parent/guardian describing the behavior	Written notice to parent describing the behavioral problem and parent conference	1-3 days out of program suspension	Expulsion from the program for remainder of summer	
Critical Violation	1-3 Days out from the program	Immediate expulsion for remainder of summer			

**TERMS OF PROGRESSIVE DISCIPLINE**

All corrective action is documented in writing, including a description of the violation, date and time, and is to be signed by the child's parent/guardian and a program staff member. A parent's refusal to sign the documentation will be noted on the report.

**TERMS OF SUSPENSION**

When a program participant is placed on suspension, the length of suspension is contingent upon the severity and nature of the violation.

Determination of violations is at the discretion of the Camp Director. The program reserves the right to terminate a participant in other extreme circumstances or if the parent/guardian consistently fails to follow program policies.

## **EMERGENCY PROCEDURES/EVACUATIONS**

Each Camp Director in conjunction with the Recreation Department will schedule and record drills on the first day of each camp session (8 total). On a typical camp day, Discovery has 25 Campers and 6 Staff, Sizzlers has 30 Campers and 5 Staff, LIT has 15 Campers and 2 Staff. In the event of emergency, the following procedures will be followed:

### **FIRE EVACUATION PLAN**

#### **Swim Area**

1. Anyone in the immediate area of danger will be notified using the following methods:
  - a. Camp Staff notified via two way radio
  - b. Lifeguards will assist with notification via megaphones
2. Camp staff will immediately evacuate their assigned group of campers to the grassy area by the foot bridge in their designated cohorts.
3. 911 will be called by the Sizzlers Camp Director using a cell phone and will provide the following information:
  - a. Building name and address (Green River Swim Area, 1 Nash's Mill Rd, Greenfield)
  - b. Nearest cross street (Colrain and Leyden Roads)
  - c. Location of fire in the building
  - d. Known information about the fire/smoke
  - e. A call-back telephone number
  - f. Do not hang up until the emergency services operator does so
4. Lifeguard and Concessions Swim Area Support Staff will ensure everyone is evacuated from building and restrooms and will close doors to confine the fire/smoke (do not lock)
5. Gate attendant will open Emergency Gate to allow for Emergency Vehicles.
6. Each Camp Director will grab their Emergency Binder and sign-out sheet and then take attendance at their meeting point.

### **DISASTER PLANS**

If advised by authorities to evacuate the area, the Sizzlers Camp Director will immediately call the bus company to coordinate Emergency Buses. Campers will seek shelter in designated location until bus arrives.

#### **Tornado/High Wind**

1. Campers are signaled by staff to gather in the bathroom areas, where no windows are present.
2. Campers are instructed to crouch down along the wall in a line, covering the back of their necks with their hands.
3. If campers are not in the vicinity of the bathrooms and such a situation should arise, staff will direct campers to the lowest possible area and instruct campers to lie down and cover their necks with their hands.

#### **Flash Flooding**

1. Evacuation of the beach area by guards and all staff.
2. Campers directed by staff to meet under home base where head count is taken.
3. All flowing water above ankle deep is avoided.
4. Campers and staff members evacuated from site via bus, if bus not readily available, staff directs campers to higher ground as a group.

#### **Lightning**

1. Staff directs all campers to meet at bathrooms or designated space, where shelter is taken.
2. Head count is taken.
3. If near water, area is immediately evacuated to bathrooms or designated space.

4. Staff and campers must remain in bathrooms until the storm has passed or it is time to evacuate.
5. Staff will try to calm campers by playing games and talking.
6. If storm is severe, prior to 3:00pm, campers and staff will be transported to their designated rain site via bus. If the storm occurs after 3:00pm, an emergency/bad weather early pick-up is required. The Camp Director will notify all parents via phone call, and if they cannot be reached, emergency contacts will be called for pick-up.

### **Wildfire**

1. Staff signals all campers to their home base.
2. Radio is used to listen for evacuation information.
3. Head count is taken.
4. If heavy smoke, campers instructed to lie on ground and breathe air close to ground.
5. If campers and staff are trapped, lie on ground and breathe air there or get as close to a body of water as possible.

### **CAMPER ABSENCE/ CONTINGENCY**

*If a camper fails to arrive for camp without having notified the Camp director/staff prior, the following procedure will be followed:*

1. Attendance is double checked.
2. Parent/guardian is phoned and camper whereabouts are verified.

*If the camper fails to arrive at the pickup point at the end of day:*

1. Attendance is double checked.
2. Check sign out to see if camper was picked up early.
3. Follow lost camper procedure if camper is not found.

*If a child comes to camp without registering or notifying camp:*

1. Check on the status of the child with the parent/guardian if they are still present.
2. Otherwise, find out with whom they arrived, and obtain related campers' info if applicable.
3. Contact parents/guardians.
4. If non-related camper, obtain phone number from child and call parents/guardians.

### **TRAFFIC CONTROL**

Drop off and pick up policies for the Greenfield Recreation Departments' Day Camp Program are distributed to parents before the start of the camper's first session. Parents must use caution as they drive to their designated pick-up point. Children will not be permitted to leave camp until a designated person arrives and they are checked out by a staff member.

### **CAMPER TRANSPORTATION**

Transportation to and from camp will be provided by the parent/guardian only. Staff may not transport campers in personal vehicles. Buses will be provided for transportation on days with midday inclement weather. Due to COVID-19 Camp Screening guidelines, campers will no longer be allowed to arrive to the program on their own. All campers will need to arrive to the program with a parent/guardian.

### **LOST CAMPER**

In the event that a camper goes missing, the following procedures will be used:

1. Staff member noticing camper missing will notify Camp Director, who will be in charge of the entire search.
2. Once notified of lost camper, counselors will instruct campers to meet at their home base. If during swim time, guards will clear water areas and instruct all campers to meet at their home base.
3. Camp Director or Head Counselor will take attendance.
4. Lifeguards will make a megaphone announcement for the child to report to their home base.

5. Camp records will be checked to see if camper left early.
6. Camp Director will assign a staff member to report camper information to Recreation office at 413-772-1553, including:
  - Camper name and age
  - Place last seen and by whom
  - What the camper was wearing
  - Other pertinent information
7. Camp Director will assign staff members to stay with group at Home Base.
8. Camp Director will notify Park Manager and gate staff to initiate lifeguard lost camper procedures.
9. Search of grounds is conducted, led by Camp Director who assigns each of the following areas to a staff member:
  - Concessions Staff- Beach house/ facilities
  - Lifeguards- Waterfront/ water
  - Camp- Grounds on both sides of river
  - Gate- Remains at post to assist with emergency vehicles and closes park gates to ensure nobody leaves the park.
10. Parents are called to see if child was picked up early without notification.
11. If camper is not found, emergency personnel will be notified via 911.
12. Search continues until all campers are accounted for.

#### **LOST SWIMMER**

All campers will be taught the lifeguard water signals during each session of camp. In the case of a missing swimmer, the following procedure will be followed:

1. Staff alerts guard if camper is missing.
2. Water cleared immediately by lifeguard on duty using designated whistle blast.
3. Park Manager will lead the lost swimmer search. They must have a list of staff conducting searches in assigned areas in order to account for staff and avoid the need for a double rescue.
4. The Park Manager will interview the person who reported the missing swimmer and find out as much information as possible which will help direct the search.
5. All campers will report to their home base for attendance.
6. Lifeguards will make a megaphone announcement for the Child to report to their home base.
7. Recreation Department and Emergency personnel contacted by Camp Director, notifies that there is a possible lost swimmer.
8. All staff members conducting the search should use a buddy system.
9. Lifeguards will begin water search.
10. Staff members help search grounds including beach house and playground areas; they may also assist guards in searching shallow waters using shallow water search methods:
  - a. Water search by guards/staff from shallow to deeper according to height.
  - b. Search members link arms and start search where the camper was last seen, using a sweeping motion with their feet to check the bottom of the river.
11. Only lifeguards should search deep water areas.
12. Search continues until all campers are accounted for.

#### **UNRECOGNIZED PERSONS**

Camp is held in a City Park and is open to the public. Staff understand how critical it is to be aware of their local environment and potential risks. Staff are vigilant in assessing what is happening near them. Any unrecognized or suspicious person intruding into camp activity space will be immediately reported to the Camp Director. The Camp Director and Park Manager will approach the unrecognized person(s) in a friendly manner, introducing themselves and see if they need any assistance. They will escort the individual away from campers and as close to the main building as possible. Proper authorities will be contacted if necessary.

When reporting an unrecognized individual, having a thorough description of the individual is imperative. Identify the following:

- Gender
- Approximate height and weight
- Approximate age
- Hair and eye color
- What they are wearing
- What vehicle they were driving and/or license plate number
- Alone or with others
- Suspicious activity

***These camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health. Parents/ Guardians have the right to review background check, health care policies, discipline policies, and grievance procedures upon request.***

If you have any questions please speak with the camp staff or call the Recreation Department Office at (413)772-1553.

## Meningococcal Disease and Camp Attendees: Commonly Asked Questions

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

### **Who is most at risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

### **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

### **Is there a vaccine against meningococcal disease?**

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

### **Should my child or adolescent receive meningococcal vaccine?**

That depends. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

### **How can I protect my child or adolescent from getting meningococcal disease?**

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated May 2018

# ATTENTION PARENTS

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*Please keep track of your camp payments! Payments can be made anytime at the Recreation Department office or on Monday mornings at camp.*

Payments (minus camp deposit) must be made at least one week prior to the start of the camp session your child will be attending! Your child will not be able to attend if the session is not paid in full.

Session A- (June 26- June 30): *Payment due by **June 19***

Session B\*- (July 5- July 7): *Payment due by **June 26***

*\*Pro-Rated for Holiday/ No Camp on July 3<sup>rd</sup> & 4<sup>th</sup>*

Session C- (July 10- July 14): *Payment due by **July 3***

Session D- (July 17- July 21): *Payment due by **July 10***

Session E- (July 24- July 28): *Payment due by **July 17***

Session F- (July 31- August 4): *Payment due by **July 24***

Session G- (August 7- August 11): *Payment due by **July 31***

Session H- (August 14- August 18): *Payment due by **August 7***





## Registration Guidelines

Use one form for multiple class registrations.

Complete this form and be sure to note:

1. All contact information is complete.
2. Include payment for all classes. Checks payable to City of Greenfield Recreation Department.
3. Mail to or drop off at:

Greenfield Recreation  
20 Sanderson Street  
Greenfield, MA 01301

### Website:

[greenfieldrecreation.com](http://greenfieldrecreation.com)

### Phone:

413-772-1553

### Fax:

413-773-0115

OFFICE USE ONLY

Paid \_\_\_\_\_ Entered \_\_\_\_\_

# Summer Camp 2023 Greenfield Recreation Registration Form

PLEASE PRINT CLEARLY.

Greenfield Resident ☐ Non-Resident ☐

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact other than yourself. Name \_\_\_\_\_ Phone \_\_\_\_\_

## LIST EACH PARTICIPANT'S INFORMATION; USE GRADE YOUR CHILD IS ENTERING IN THE FALL

Camper Name _____	Summer Camp Sessions	Fee	\$25 Deposit
Gender _____	<input type="checkbox"/> Session A <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Birth Date _____	<input type="checkbox"/> Session B <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Age _____	<input type="checkbox"/> Session C <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Grade in Fall _____	<input type="checkbox"/> Session D <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Select Camp:	<input type="checkbox"/> Session E <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> Discovery Camp (Grades K-2)	<input type="checkbox"/> Session F <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> Sizzlers Camp (Grades 3-6)	<input type="checkbox"/> Session G <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> LIT Camp (Grades 7-9)	<input type="checkbox"/> Session H <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		

TOTAL ENCLOSED \_\_\_\_\_

☐ Check here if you have enclosed a self-addressed, stamped envelope -- we will mail you your receipt.

FORM OF PAYMENT ☐ Cash ☐ Check Ck # \_\_\_\_\_ ☐ Discover ☐ AmEx ☐ Visa ☐ Mastercard

CARD AUTHORIZATION: PLEASE CALL THE RECREATION DEPARTMENT OFFICE TO PROVIDE INFORMATION.



Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the City of Greenfield Recreation Department. I also agree to forever release the City of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the City of Greenfield Recreation Department voluntary athletic or recreation programs. Consent: I hereby consent and affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary City athletic or recreation programs.

### PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Recreation Dept for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be photographed/videotaped. INITIALED: \_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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## GREENFIELD RECREATION SUMMER CAMP CHILD INFORMATION FORM 2023



### CHILD INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering the Fall: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

Does your child carry a lifesaving medication (inhaler, EpiPen®)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*PLEASE NOTE: If your child carries a life saving medication, one must be supplied to Camp

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach  
a current  
photograph  
of your child.**

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there any custody agreements, court orders, or restraining orders pertaining to your child that camp staff should be aware of?

YES ☐ NO ☐ If yes, please attach a copy

### ADDITIONAL PICK-UP CONSENT

In the event that I cannot pick up my child for any reason, I authorize Camp to release my child to the following individuals:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Health Insurance Carrier & Policy #: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**CONSENT**

I authorize Greenfield Recreation Camp staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child needs to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I have read and understand all of the policies in the Greenfield Recreation Camp Information Packet. I agree to follow the policies accordingly. I do understand that all policies listed in this information packet will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO APPLY SUNSCREEN**

I understand that I will apply sunscreen to my child prior to arrival at camp. I will provide the camp with one bottle of sunscreen SPF 25 or greater per child, labeled with my child's name. Camp staff will be responsible for ensuring follow-up applications. Please note, this will mean your child may have sunscreen applied to them by the camp staff.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for staff to apply sunscreen to my child. INITIALED: \_\_\_\_\_

**PERMISSION TO APPLY INSECT REPELLENT/ BUG SPRAY**

I give camp staff permission to apply insect repellant to my child no more than once per day and only if public health authorities recommend due to high risk of insect-borne disease. I understand that it is my responsibility to provide a container of insect repellant, which contains DEET and is labeled with my child's name.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for staff to apply insect repellant to my child. INITIALED: \_\_\_\_\_

**PERMISSION TO APPLY HAND SANITIZER**

I give my child permission to use hand sanitizer containing at least 60% alcohol.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to use hand sanitizer. INITIALED: \_\_\_\_\_

**COVID-19 TESTING RELEASE**

I give permission for my child to be administered a COVID-19 Rapid Antigen Test if they become symptomatic at camp with positive results reported to the Greenfield Health Department.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be tested. INITIALED: \_\_\_\_\_

**TRANSPORTATION RELEASE**

I give permission for my child to be transported via school bus to the Rain Site in emergency weather situations and camp relocation.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be transported via bus. INITIALED: \_\_\_\_\_

**PUBLICITY/PHOTO RELEASE**

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be photographed/videotaped. INITIALED: \_\_\_\_\_

**Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301**

**Phone: (413)772-1553 Fax: (413)773-0115 Website: [www.greenfieldrecreation.com](http://www.greenfieldrecreation.com)**

*This Program complies with regulations of the Massachusetts Department of Public Health (105CMR430) and is licensed by the Greenfield Board of Health.*

**FOR OFFICE USE ONLY: Sessions Registered:** ☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H ☐ Early Care ☐ Late Care

☐ Registration Form ☐ Child Information Form ☐ Health & Immunization Record ☐ Camper Survey ☐ Medication Form

**Date Registered:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_



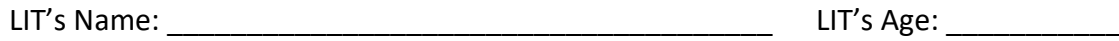
## Greenfield Recreation Department Discovery & Sizzlers Camper Survey 2023



Camper's Name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_

*Please take the time to fill out and return this camper questionnaire with your camper's registration. This will help us to best accommodate your camper's needs and interests.*

1. Camper's favorite subject(s) in school are?
2. What activities does your camper enjoy doing while they are at home?
3. What activities or themes from years past did you camper enjoy the most?
4. What activities or themes mentioned in the camp information packet is your camper looking forward to the most?
5. What activities that are not mentioned in the camp information packet would your camper like to do?
6. Does your camper enjoy physical or quiet activities? Explain.
7. Does your camper enjoy group-oriented or individual activities? Explain.
8. Is there anything else you would like us to know about your camper that would enable us to make their experience as enjoyable as possible?



1. What activities/ hobbies do you enjoy doing in your spare time?

2. Have you attended camp before? What did you enjoy most?

3. What are looking to learn from this program?

4. How do you see your leadership style?

5. How do you learn best?

6. Is there anything else you would like us to know about you that would enable us to make your experience as successful as possible?



**Greenfield Recreation Department  
Summer Recreation Program  
HEALTH MAINTENANCE FORM**



**This form (or similar form from the Doctor's Office)  
must be received by the Greenfield Recreation Department at the time of registration**

Name: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

**Physical Exam Findings:**

BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Development: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Nutritional Status: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Skin: \_\_\_\_\_ WNL \_\_\_\_\_ AB Eyes: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Ears: \_\_\_\_\_ WNL \_\_\_\_\_ AB Nose: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Mouth: \_\_\_\_\_ WNL \_\_\_\_\_ AB Teeth: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Neck: \_\_\_\_\_ WNL \_\_\_\_\_ AB Throat: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Heart: \_\_\_\_\_ WNL \_\_\_\_\_ AB Spine: \_\_\_\_\_ WNL \_\_\_\_\_ AB

Abdomen: \_\_\_\_\_ WNL \_\_\_\_\_ AB

**ACUTE / CHRONIC MEDICAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**DAILY / PRN MEDICATIONS:** \_\_\_\_\_

**IMMUNIZATIONS:**

DTP1 \_\_\_\_\_ DPT2 \_\_\_\_\_ DPT3 \_\_\_\_\_ DPT4 \_\_\_\_\_ DPT5 \_\_\_\_\_ TD \_\_\_\_\_

MMRI1 \_\_\_\_\_ MMRI2 \_\_\_\_\_ HEPB1 \_\_\_\_\_ HEPB2 \_\_\_\_\_ HEPB3 \_\_\_\_\_

OPV1 \_\_\_\_\_ OPV2 \_\_\_\_\_ OPV3 \_\_\_\_\_ OPV4 \_\_\_\_\_

\_\_\_\_\_

MD Signature

\_\_\_\_\_

Date

**Return this, or a similar Doctor's Form to:**

Greenfield Recreation Department  
20 Sanderson Street  
Greenfield, MA 01301

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# Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	

Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp)  to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR  430.160(C) and 105 CMR 430.160(D) [see below].</p>	
<p><b>If above listed medication includes epinephrine injection system:</b></p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><b>If above listed medication includes insulin for diabetic management:</b></p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

**\*\* Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

# Greenfield Recreation Summer Camp Payment Plan Authorization Form



PLEASE PRINT LEGIBLY

Child's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

☐ Discover

☐ MasterCard

☐ Visa

☐ American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Weekly Payments will be processed on the Monday prior to session registered

Please Process Payment for my Weekly Camp Dues to include:  
Weekly registration fee less \$25 Deposit

## Payment Processing Dates

Session A: June 20	Session E: July 17
Session B: June 26	Session F: July 24
Session C: July 3	Session G: July 31
Session D: July 10	Session H: Aug 7

Would you like a receipt of each week's payment?

☐ No Receipt

☐ Emailed

☐ Printed

I authorize the Greenfield Recreation Department (service provider) to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the service provider receives written notification from me of intent to terminate at such time and in such a manner as to afford the service provider reasonable opportunity to act (minimum of 30 days).

I understand my payment will be processed one week prior to the start of the registered camp session. I further understand that payment amount will vary based on the week enrolled and any extra services I may sign up for.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the service provider, the bank, and the merchant harmless for damage, loss or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

20 Sanderson Street

Greenfield, MA 01301

(413)772-1553

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# GREENFIELD RECREATION SUMMER CAMP LEADERSHIP-IN-TRAINING (LIT) APPLICATION 2023



## PERSONAL INFORMATION

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Have you ever attended Greenfield Recreation Discovery or Sizzler Summer Camp? ☐ Yes ☐ No

If so, year(s) attended: \_\_\_\_\_

Have you ever attended a different Summer Camp? ☐ Yes ☐ No

If so, where? \_\_\_\_\_ year(s) attended: \_\_\_\_\_

## VOLUNTEER/ COMMUNITY SERVICE/ WORK EXPERIENCE

1. Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## CAMP SKILLS/HOBBIES

Please check the box next to any skills or hobbies you have that could help you as a LIT.

☐ Working w/ Children ☐ Drama/Skits ☐ Arts and crafts ☐ Sports

☐ Working w/Adults ☐ Musical instruments ☐ Singing/Dancing ☐ Hiking

☐ Other \_\_\_\_\_

Additional School Activities: \_\_\_\_\_

## Are you currently certified in First Aid or CPR?

CPR: ☐ Yes Expiration: \_\_\_\_\_ ☐ No First Aid: ☐ Yes Expiration: \_\_\_\_\_ ☐ No

Do you have any other certifications that we should know about?

\_\_\_\_\_

*I certify that all information provided on this application is accurate and complete.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_