2019 Summer Day Camp Application

Dates:
Monday, July 1 – August 16
(closed July 4th)

Ages:
7 – 12 years old

Cost:
$100: week 1 (closed for July 4th)
$120: weeks 2-5,7
Spaces are limited

Hours:
Monday - Friday
Times: 8:00 am to 4:00pm

(Youth will be given a weekly membership, while enrolled in day camp, which will allow them to stay until gym closing, 7:00pm daily. All children must be picked up by 7pm at the latest.)

Activities:
Sports, Chapel, Games, Fieldtrips, Educational Learning & FUN!!!

Contact Information
Sarah Cordero: Youth and Education Director: 206-717-7463
Tim Fuqua: Community Center Director 206-717-7460
Homework Center: 206-767-3150
Community Center Front Desk 206-767-3150 x481
MISSION STATEMENTS &
DAY CAMP POLICIES
Statement of Policies and Procedures
Written statement of the center’s policies and procedures

The Center’s Purpose and Philosophy for Summer Day Camp:

**The Salvation Army Mission Statement**
The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. The Salvation Army vision – “Doing The Most Good” – is also a part of this as adopted by The Salvation Army in the United States.

**Day Camp Center Mission Statement**
The Summer Day Camp is operated by The Salvation Army which is an evangelical part of the universal Christian Church. Its message is based on the Bible and our ministry is motivated by the love of God. In our care your child will be exposed to praise, worship and discipleship based on and using biblical principles. Our goal is to provide an academic environment where your child will be encouraged to learn, have fun and experience positive social interactions with their peers and staff. Summer Day Camps are jam packed with all The Seattle White Center has to offer, including a variety of the following activities lead by Seattle White Center Staff: field trips, gym games, art & crafts, Bible lessons and much more!

**Ages of Children Accepted**
Children age 7-12 will be accepted for the program.

**Program Fees**
$120 per week, $100 for July 1-3,5 (scholarships available)
- To be officially registered for Summer Day Camp fill out the registration form completely and return it, along with full payment of the desired week(s), to The Salvation Army Seattle White Center located at: 9050 16th Ave SW, Seattle Washington 98106
- Fees must be paid in full prior to each start date. Your space is secured upon receiving payment for each week.

**Returned Checks**
There will be a $25.00 charge for returned checks.

**Services Offered in Compliance with ADA**
Reasonable efforts will be made to accommodate children with disabilities, provided they do not cause excessive fanatical or administrative hardship to The Salvation Army. Individual applications will be judged on a case-by-case basis.

**Hours of Operation**
Day Camp will be open Monday through Friday from 8:00am – 4:00pm. Parent must sign in/ out child. (Please do not bring or drop off your child before 8:00am.)

**Day Camp will be CLOSED on:**
July 4th, 2019
Inclement Weather
No refunds or credits will be given due to inclement or excessively hot/cold weather. All necessary precautions will be taken to make sure that children are safe and comfortable during such weather conditions.

Admission and Registration
Completed application(s) can be turned into:
- Administration Building at 9050 16th Ave SW, Seattle, WA during the hours of 9:00am – 5:00pm, Monday through Friday.
- Community Center at 9020 16th Ave SW, Seattle, WA during the hours of 2:30pm – 7:00pm, Monday through Friday.

Discipline
Following are actions taken for minor offenses:
- First offence is a warning and parents are notified
- Second offence is a one-day suspension
- Third offence is a one-week suspension
- Fourth offence is expulsion from the Day Camp Program, including the Gym

Discipline may include measures such as diversion, separation of the child from problem situations, talking with the child about the situation, limited involvement in activities, or praise for appropriate behavior. No physical harm or humiliation will be tolerated. Corporal or other harsh punishment will not be used. Discipline will not be associated with food, rest, or toileting. Separation, when used as discipline, will be brief and appropriate for the child’s age and circumstances.

Parents will be notified of discipline issues and will be expected to transport their child home in the event of behavior problems. A report will be kept on file. Offenses may include, but are not limited to, physical or verbal abuse, property damage, and theft. Suspension or expulsion will be considered for the previously listed issues. Parents may be assessed fees for any property damages that may occur. No refund will be given for suspension or expulsion.

Notifying Parents Due to Illness, Accidents, and Injuries
Parents will be notified of illnesses, accidents, and injuries when the situation prevents the child from participating comfortably in activities or results in the need for greater care than the childcare staff can provide without compromising the health and safety of the other children. Parents are expected to pick up their child and take him/her home. If the child requires medical attention away from the program site, the child’s parents will be notified, and necessary medical care sought from a licensed physician or medical facility.

Lost Children and Other Emergencies
If a child becomes lost or runs away, local authorities and parents will be notified immediately after all steps have been taken to locate the child. If an emergency occurs while on an excursion, parents and the center will be notified immediately, and we will return as soon as possible. If an emergency occurs at the Seattle White Center, appropriate authorities and parents will be notified of the situation.

Any communicable illnesses will be posted, and parents and the State Department of Public Health and Environment will be notified.

Transporting Children
Modes of transportation may include, but are not limited to; walking, use of public transportation, bus rental, or Salvation Army vehicles. No transportation to and/or from the child’s home will be provided.
Picking Up Children
Children will be released only to those authorized on the application form and ID may be required to verify the identity of the individual. Parents must notify The Seattle White Center office, by writing or in person, if any individual not listed on the form is to be given permission to pick up a child. If the child is allowed to sign his/herself out, written authorization from the parent must be obtained.

Failure to Pick Up a Child
Children must be picked up between 4:00pm and no later than 7:00pm. If a child is not picked up by 7:00pm, the police and/or social services will be notified, and custody given to them.

Late Arrivals
NO LATE ARRIVALS allowed on field trip/excursion days! Child WILL NOT BE ALLOWED to stay at The Salvation Army Seattle White Center Corps & Community Center.

Medications
In order to administer medications, the following requirement must be met:
  - Written authorization from the health care provider
  - Parents written authorization
  - Medication in the original labeled container

Parents are responsible for providing all medications and supplies. Children may NOT transport medications to and from the Seattle White Center office. Medications will be administered only by program staff and must be documented. Program staff may NOT deviate from the written authorization from the health care provider. Medications that have expired or are no longer being used at the center will be returned to the parents. If the medicine has NOT been picked up within one week of the date of the request, then the medication will be disposed of per program medication administration procedure.

Medications will be stored in a locked and clean container. Medications requiring refrigeration must be stored in a leak-proof container. Parents should speak with the Director should their child require medication while at Seattle White Center.

Children’s Personal Belongings and Money
The Seattle White Center office is NOT responsible for any lost or stolen items that the child may bring into the center. A coat rack or room will be provided for storing children’s personal belongings.

Cell Phones
Cell phone are NOT permitted! If a child comes to Day Camp with a cell phone, if seen it will be collected by staff and returned to the child when the child is picked up and heading home with their parent. The Seattle White Center office is NOT responsible for any lost or stolen cell phones that the child may bring into the center.

Dress Code
Appropriate clothing is always required. Items not permitted, including but not limited to: crop tops, low cut shirts, revealing shorts, see through clothing, inappropriate logos/words/pictures, thin strap tank tops, excessively baggy clothing, and clothing that reveals undergarments. For swimming: one-piece bathing suits are preferred for girls, bikinis can be worn with a t-shirt on top for coverage. Swim trunks are suitable for boys.

Visitors
All visitors must sign in at the office. Before entering the center, they will be asked the purpose of the visit. They must be approved by the Day Camp Director/Community Center Director before entering the center.

Reporting of Child Abuse
Any staff member who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect will immediately report to the county department of social services or law enforcement agency.
Summer Day Camp Dates:
Cost is $120 per week (weekly community center membership included).

Please Check All Dates your child will be attending:

- Monday July 1-3 & 5
- Monday July 8 – Friday July 12
- Monday July 15 – Friday July 19
- Monday July 22 – Friday July 26
- Monday July 29 – Friday August 2
- Monday August 5 – Friday August 9 (Vacation Bible School!!! No charge)
- Monday August 12 – Friday August 16

CHILD’S INFORMATION

Child’s First Name _______________________ Last Name _______________________ Male / Female
Child’s Date of Birth __/__/_______ Grade _______ Childs T-Shirt Size: _________
School he/she Attends: ______________________________ Teachers Name: ______________________
Child’s Home Address ________________________________________________________________
City ______________ State __________ Zip _________ Home Phone: _______________________

PARENT/LEGAL GUARDIAN INFORMATION

Name of Mother/Legal Guardian:
First Name: ________________________________ Last Name: _________________________________
Mother’s Cell Phone: ______________________ Mother’s Work Phone: _______________________
Email Address: _____________________________________________________________________

Name of Father/Legal Guardian:
First Name: ________________________________ Last Name: _________________________________
Father’s Cell Phone: ______________________ Father’s Work Phone: _______________________
Email Address: _____________________________________________________________________
MEDICAL INFORMATION

Are your child’s immunizations up to date? YES NO Date of Last Tetanus Shot

Physician Name: Phone # (____) ______ - _______

Preferred Hospital: Phone # Location: ________________

Dentist Name: Phone # _________________

Medical Insurance Company: Policy Number: ________________

Is your child water safe: YES NO

Check all that apply:

☐ Asthma ☐ Behavioral Challenges ☐ Inhaler ☐ Epi-Pen ☐ Diabetes ☐ Epilepsy

☐ Insect Stings Allergy ☐ Penicillin Allergy ☐ Special Needs ☐ Other (please describe)

Does child take medication regularly? YES NO

Name and purpose of any medications:
________________________________________________________________________________________
________________________________________________________________________________________

Dietary restrictions: _______________________________________________________________________

Activity restrictions: ______________________________________________________________________

Please provide all known health information, including medical history and chronic medical problems. In addition, provide any information that would help us to understand your child (allergies, eating habits, personality, fears, illnesses, etc.):
________________________________________________________________________________________
________________________________________________________________________________________

Please list anything else that we should know about your child: ________________________________
________________________________________________________________________________________

Sunscreen

On fieldtrip days I will make sure I have applied sunscreen to bare surfaces of my child(ren) including the face, top of ears and bare shoulders, arms, legs and feet 15 – 30 minutes before outdoor activities. Sunscreen should not be applied to broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/Legal Guardian. It is the parent’s responsibility to provide sunscreen with a minimum SPF of 50 (bottle must be labeled with the child’s first and last name).

☐ In the event that my child’s sunscreen is not readily available, my child may use the sunscreen provided by The Salvation Army. Child must apply their own sunscreen. No guarantee that sunscreen will always be available.

☐ I DO NOT want my child to use any other sunscreen other than the one he/she brings.

Parent or Legal Guardian Initials ___________________
PERSON(S) AUTHORIZED TO PICK UP CHILD(REN)

1. First Name: ________________    Last Name: ________________    Email: ________________
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: _________

2. First Name: ________________    Last Name: ________________    Email: ________________
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: _________

3. First Name: ________________    Last Name: ________________    Email: ________________
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: _________

4. First Name: ________________    Last Name: ________________    Email: ________________
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: _________

5. First Name: ________________    Last Name: ________________    Email: ________________
   Cell #: (___) ___ - _____   Home #: (___) ___ - _____   Work #: (___) ___ - _____   Relationship: _________

(Please Note: only persons listed will be able to check out your child(ren) unless you come in person to change this portion of the application)

OPTIONS FOR AFTER DAY CAMP

Please initial all that may apply

_____ My child may go to the Community Center/Gym and game room after 4:00pm.
_____ My child may **NOT** go to the Community Center/Gym and game room. I will pick them up by 4:00pm
_____ My child may walk home after 4:00pm
_____ My child may walk home if I do not pick them up on time

(NOTE: If a child is not picked up by 7:00pm and the parents are unreachable, Child Protective Services will be contacted.)

Parent Signature: __________________________________________

Date: ______________________________________________________
PARENT/GUARDIAN CONSENT AND RELEASE OF LIABILITY

The Salvation Army Seattle White Center Corps and Community Center

I hereby authorize my child: _________________________________ to participate in Day Camp from July 1, 2019 through August 16, 2019.

I (Parent/Guardian): ___________________________________________ individually, and as the parent or legal guardian of the above named minor, agree, to the maximum extent permitted by law, to hold harmless and relieve The Salvation Army, a California Corporation, its directors, officers, employees, agents, or other representatives, from any and all legal claims, damages, cost of defense, and liability associated with any loss damage, or injury suffered by my son/daughter in connection with my son/daughter’s participation in any Corps and Youth Programs.

I further agree that The Salvation Army may apply its regulations, conditions, and policies to such programs and accept full financial and legal responsibility for the conduct of my son/daughter.

I hereby authorize The Salvation Army, its employees, and agents to secure reasonable and necessary emergency medical treatment for any physical injuries my son or daughter may sustain while he/she is participating in this program and that require immediate medical treatment. I further agree to pay for any such reasonable and necessary medical treatment upon presentation of the medical provider’s bill or statement. I understand that The Salvation Army will utilize the information herein to contact me to inform me of any injury to my child and to seek direction regarding treatment. Nevertheless, in an emergency, The Salvation Army is authorized to act on my behalf and in my absence without further direction from me to protect the life and health of my child.

Parent/Guardian Signature: ______________________________________

Date: ______________________

NOTICE OF PUBLICITY

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in unit activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications, and/or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events. The Salvation Army may invite or allow them to photograph and/or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of the child named above or me, If I am participating, to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Parent/Legal Guardian Signature: ______________________________________

Date: ________________________________

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Parent/Legal Guardian Signature: ______________________________________

Date: ________________________________
BEHAVIOR POLICY

Every child is expected to follow the posted rules and to respect the staff. The consequences for misbehavior may include warnings, reports to parents, suspensions, and ultimately expulsion from the program.

I agree to the Behavior Policy

Parent/Legal Guardian Signature: _____________________________________________

I agree to transport my child home in the event of behavior problems:

Parent/Legal Guardian Signature: _____________________________________________

TELEVISION/VIDEOS

My child may view television and/or videos at The Salvation Army Seattle White Center Corps & Community Center as long as they are G, PG or PG-13 rating. I understand that any TV viewing will be done under supervision.

Parent or Legal Guardian: (Please Initial all you are Ok with):  G ______  PG ______  PG-13 _______

PERMISSION TO TRANSPORT CHILD

I give permission to The Salvation Army Seattle White Center Corps & Community Center to provide transportation for my child from school, field trips, outings, or when a circumstance deems it necessary from July 1, 2019 through August 16, 2019.

I allow my child to participate in any planned field trips and activities and know that I will be notified prior of any excursions outside The Salvation Army Corps & Community Center area.

Parents or Legal Guardian Signature: ___________________________________________

Date: __________________________

I ____________________________ declare that all the above data completed is true and I (Print name) consent for my child to participate in the Day Camp activities for the 2019 summer.

Parents or Legal Guardian Signature: ___________________________________________

Date: __________________________