

# Camp Highlights!!!!

~General schedule ~



arrival	Free activity
9 am	Snack
9:15 - 11	Planned activity
11 - 12	Lunch
12 - 1	Outdoor activity /active play
1:30 – 3	Planned activity
3 pm	Snack
4 pm	PICK UP



Debra Spurling of *University of Maine Co-operative Extension* will join us on Tuesday mornings to teach the “EAT WELL” Nutrition Program and Shoshona Smith of *Healthy Acadia* will join us to teach the “Nutrition to Grow On” program. Each week campers will enjoy a hike to area landmark trails. On these hikes, *Island Heritage Trust* will send a guide to help us learn as we hike. On Wednesdays Julie Moringello will join us for ART with JULIE. Our Thursday is filled with a morning trip to the library with Vicky Zelnick and an afternoon trip to Lily pond for swim lessons. Jo Sullivan is back as our camp director for yet another year. We are excited to start our 13<sup>th</sup> year! We hope you can join us! Register now to reserve your spot.

FEES: Deposit: \$40 per week

Resident: \$125 per week      NON-resident: \$160 per week

FAMILY DISCOUNT – 1<sup>st</sup> child – normal fee

2<sup>nd</sup> child – deduct \$15

3<sup>rd</sup> child & more – deduct \$10 per child

Payments:                      Must be paid by the Monday before camp begins

Hours of camp:                Monday thru Friday 8 am - 4 pm sharp – any child not picked up by 4:00 pm may be subject to a late fee being added to their camper fee.

MEALS:                         Lunch & Snack will be provided this year through a summer lunch program – you will not need to send any food with your child.

NEEDS:                         Back pack with:

Change of clothes (in case of spills)

Water bottle

**sneakers!**

Swim suit

Swim towel

Bug spray

Sunscreen

PLEASE do not send your child in flip flops on Wednesday (hiking day).

At the end of camp week we will be asking you to fill out a satisfaction survey to help us improve for next year

Session (please check)

Week 1 \_\_\_\_\_

Week 2 \_\_\_\_\_

Week 3 \_\_\_\_\_

Week 4 \_\_\_\_\_

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Grade completed in June: \_\_\_\_\_ birthdate: \_\_\_\_\_

Parents/Guardians name(s):

Mother \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers including area code:

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

Father \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers including area code:

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

### **ABOUT THE CAMPER**

What is your child's favorite activity? \_\_\_\_\_

What is your child's least favorite activity? \_\_\_\_\_

Tell us about your child. How would you describe him or her?

MEDICAL INFORMATION

Health Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

(all medications must have original container and child's name clearly on it.) A medical permission form must be signed.

In case of an accident or serious illness, I request the *Island Community Center* and/or its representatives contact me. If I am unable to be reached, I hereby authorize the *Island Community Center* to contact the physician indicated below and to follow instructions given. I understand that in a life threatening accident or illness *Island Community Center* will call emergency personnel first.

Physician: \_\_\_\_\_ Office number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Comments: \_\_\_\_\_

EMERGENCY CONTACT

Who do we call in an emergency? List in order of preference.

	Name	relationship to child	phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are there any other medical concerns/conditions that *Island Community Center* should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

**Field Trips:**

Island Community Center takes field trips in the area as part of the camp experience. Please sign here indicating you give permission to take such field trips (if your child cannot go on field trips we will make all effort to accommodate him/her but if we cannot – we will ask that you pick up your child during those times)

I give my permission for my child \_\_\_\_\_ to go on field trips as part of Island Community Center’s Camp Kooky experience.

Parent/Guardian Signature: \_\_\_\_\_ date: \_\_\_\_\_

**Photo Permission:**

Island Community Center often takes photos of our campers. Do we have your permission to use those photos for advertising purposes?

I DO \_\_\_\_\_ / DO NOT \_\_\_\_\_ give my permission for my child \_\_\_\_\_’s image to be used in publications about camp Kooky and other Island Community Center programs.

Parent/Guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

**Afternoon pick up:**

List all persons who may pick up your child. You must inform staff at drop off if someone else is to pick up. We ask for their contact information in case we have to reach them. Anyone not on this list will require a note to pick up.

Name	relationship to child	phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Are there any special circumstances regarding pick up that we should be aware of?

If yes what? \_\_\_\_\_

# How to reach us!!

Island Community Center, Inc.

6 Memorial Lane

PO Box 617

Stonington, ME 04681

Phone: 207-367-2735

Email: [icc2@myfairpoint.net](mailto:icc2@myfairpoint.net)

Facebook: [www.facebook.com/IslandCommunityCenter2](http://www.facebook.com/IslandCommunityCenter2)

Web: [www.islandcommunitycenter.net](http://www.islandcommunitycenter.net)

Executive Director – Jeannie Hatch

Camp Director – Jo Sullivan

