# Warrior Day Camp 2024 Information

# Registration will take place from Monday, April 22 – Monday, May 20, 2024

Registration for Warrior Day Camp 2024 is now open. The Warrior Day Camp is designed to provide every Warrior with a safe and memorable camp experience. Warrior Day Camp will continue to provide a balance of structured activities along with a relaxed environment that is safe and enjoyable. The Warrior Day Camp uses the tuition paid by program participants to support all of our activities.

**Operating Hours/Location/Grades:** Warrior Day Camp will operate for students currently in preschool- $5^{th}$  grade this school year. Camp will operate Monday-Friday starting on Monday, July 8 through Friday, August 9, 2024 from 9:00 am - 3:30 pm at the New Egypt Middle School. Extended hours are available in the morning from 7:00 am - 9:00 am and in the afternoon from 3:30 pm - 5:45 pm for an additional fee.

**Groups:** Students will be placed in age-appropriate cohorts.

**Field Trips:** For summer 2024 there will be several trips over the summer for students who are 5 years old or older and fully-potty trained. We will again be offering on-site special events this summer. Trips, while scheduled, cannot be guaranteed because of circumstances beyond our control. Trips may also be rescheduled to a different day/week. No refunds or credits will be given in the event that a trip has to be rescheduled or canceled. Trips are not mandatory to attend. There will be camp staff available at the middle school during the entire time of camp hours. Trips may take place at different times of the day and ESY/BSIP students who attend in the afternoon may not be able to attend if the trip leaves in the morning.

**Activities Offered:** Activities are led by staff and include but are not limited to: free play, arts and crafts, physical activities, indoor and outdoor games, cooking, STEM challenges, Escape Rooms, water days and much more. We have some fun surprises and friendly contests that will be included this summer as well. Each week is theme-based with activities specifically designed to build connections for children throughout the week. An update on specific theme weeks will be sent to registered campers.

**Lunch/Snacks:** All children must bring a non-perishable lunch and snack that does not require reheating or cooking. Please do not send glass bottles or foods containing nut products. Please make sure all items are labeled with the child's name.

**Clean Environment**: A clean environment has always been a priority for Warrior Day Camp. We will continue to maintain a high standard of disinfecting, hand washing/sanitizing protocols. Hand Washing or sanitizer will happen upon arrival, before & after snack times and lunchtimes, after bathroom breaks, after transitions & anytime we feel it is necessary. If soap and water is not available, then a hand sanitizer with 70% or greater alcohol content will be used.

**Sick Child Procedures:** If your child does not feel well, please keep your child home. If needed, temperatures will be checked anytime during the day if a staff member can visually see symptoms of sickness in a child. If a child is sick on-site, they will wait for their parents to pick them up, in a separate location from the group, with a camp staff member. A nurse is **NOT** available during camp. In the event that camp staff feel your child could be ill, you will be asked to come to the camp to pick them up.

**Potty Trained Policy**: A child must be fully-potty trained to attend the Warrior Day Camp program. Potty trained means:

- Be accident-free in regular underwear for a two-week daytime period.
- The child can flush the toilet.
- The child can pull up and down their own pants.
- The child can use the restroom independently.
- The child can wash their hands properly after using the toilet.
- The child can wipe themselves.
- The child does not wear pull-ups

**Extended School Year/BSIP students:** If your child attends either the ESY or BSIP summer program, they will be able to attend the Warrior Day Camp for Before Care/After Care, the afternoon sessions, and full-day camp on Fridays.

## **Registration Information:**

Registration: All registrations must be completed and emailed to Lisa Harper at HarperL@newegypt.us.

**Registration Requirements:** A 5 day minimum (throughout the camp operating time of July 8-August 9, 2024) is required to enroll. If less than 3 days per week, please use the per diem rate. Your child's space will be confirmed after receiving enrollment forms and payment.

#### **Camp Tuition Rates and Fees:**

\$100.00 is due at the time of enrollment. 50% of the camp tuition (less the \$100 deposit if given) is due by Monday, May 20, 2024, and the remaining 50% is due by Monday, June 10, 2024.

Weekly Rates	5 days a week	4 days a week	3 days a week	
Full-Day	\$330	\$288	\$225	
9:00 am-3:30 pm				
Half-Day - ESY/BSIP; Monday-Thursday		\$120	\$95	
1:00 pm-3:30 pm				
ESY/BSIP – Friday Full Day Add on to 3 or more day a week plan	\$70			
Before Care; 7:00 am – 9:00 am	\$25	\$20	\$15	
After Care; 3:30 pm – 5:45 pm	\$25	\$20	\$15	
	\$8 per session, per child (no sibling discounts)			
Drop-in Before Care or After Care	70 pci 30331011, p			
Adding a day (pending space/availability) and the per diem charge if less than 3 days a week. See above for minimums.	70 per 30331011, p	\$80	,	

#### **Discounts/Late Fees:**

Sibling Discount – 10% off the least expensive tuition

Approved for the Federal Lunch Program: Reduced Lunch – 15% off tuition; Free Lunch – 20% off tuition Full Camp (5 days a week for 5 weeks) – 5% each camper

Late Enrollment *after Monday, May 20, 2024* - \$35.00 (pending space availability) tuition payments will be charged \$35. Failure to make all payments by Monday, June 17, 2024, will cause your child to be unenrolled and any tuition paid returned to you less a 5% processing fee.

### **Schedule Changes/Change Fee/Refund Policy:**

On or before Monday, June 10th changes will be accepted for the following reasons:

- 1) changes in the days of the week attending (ex. M, T, W, change to M, W, F)
- 2) the number of weeks attending camp (must pay for a minimum of 5 days to be enrolled at WDC)
- 3) which weeks to attend (ex. Was scheduled to attend the first 3 weeks of camp, a change will be accepted to attend weeks 1, 3 and 5, etc.)

After June 10, 2024 a \$35.00 change fee will be applied for each camp registration change made to the original registration provided the request is made 14 days prior to that week of camp. Changes can only be made to increase the number of days of attendance (ex. 3 days to 5 days a week) or to add an additional week of camp. Please note that should a change be necessary, it is to be made directly with Lisa Harper at 609-758-6800 x3266, and not with the camp staff or counselors. Please review the Warrior Day Camp Refund Policy.

#### Camp tuition will be refunded if:

- The office is notified of unenrollment on or before Monday, June 10th. Tuition is refunded minus a 5% processing fee. Credit/Debit card fees are not refunded.
- Camp tuition is NOT refundable due to illness, vacations, trip cancellation, a doctor or dentist appointment, missed days, schedule changes, attending other district programs or if they are unable to attend camp for any other reason.

There are NO make-up days due to illness, vacations, or schedule changes.

#### **Frequently Asked Questions:**

**Do I need to sign up for all 5 weeks?** Each child must be enrolled in a minimum of 5 days over the period of summer camp. For any week that a student is enrolled less than 3 days, the per diem rate of \$80 will be charged.

**Do I have to pick the same days of the week for the 3 or 4 day a week plan?** No. However, you do have to pick your days at the time of registration.

Help! I'm registered for 3 days a week, but now I need to add an additional day this week. Can I drop-in? A drop in rate of \$80 for a full day, not including before or after care, is charged and must be reserved in advance pending space availability and late fees if after May 20th. In addition, a minimum of 5 days during the period of the camp is required.

Can I register for 4 days one week, but 5 days a week another week? Yes.

My child is attending camp 5 days a week, however, I think I'm only going to need before care 3 days that week. What do I do? You have a choice to pay for the full 5 days that match your child's camp days at the discounted rate or pay the \$8 per morning session rate at the time of camp.

My child did not attend preschool at GHWES or is older, but does not live in the district – can they attend? Yes. Preschoolers must be at least 3 years old to attend.

Feel free to contact Lisa Harper, if you have any questions or concerns about camp: <a href="mailto:HarperL@newegypt.us">HarperL@newegypt.us</a> or 609-758-6800 ext. 3266.

# **Summer 2024 Warrior Day Camp Registration**

Child's Information –	1 form per child.	!							
								☐ Male	☐ Female
Student's Last Name Fi	rst Name	23-24 G	Grade	Age		Date of	Birth		
Street Address				City			Sta	ate	Zip
Family Information									
Child resides with: ☐Both Parents ☐Mother ☐Father ☐Shared Custody ☐Guardian ☐Other									
Individual(s) Responsible for	Individual(s) Responsible for payments: ☐ Both Parents ☐ Mother ☐ Father ☐ Other								
			Mothe	er <b>□</b> Fa	ather	☐ Ste	p-mother	☐ Step-fathe	r 🛭 Other
Enrolling Parent/Guardian Last Name, First	Name	•							
☐ same as child									
Address Number		Street		City			St	tate	Zip
Home Telephone			C	Cell Phone		Ī	Email - used	if you want to make	e online payments
Employer City, St	ate	Occupation	on/Depa	rtment \	Work Ho	ours	,	Work Telephone/E	xtension
			Mothe	er 🗅 Fa	ather	□ Ste	p-mother	☐ Step-fathe	r 🛭 Other
Parent/ Guardian Last Name, First Name									
□ same as child									
Address Number		Street		City			St	tate	Zip
Home Telephone			(	Cell Phone			Email - used	if you want to make	e online payments
Employer City, St	ate	Occupation	on/Depa	rtment	Work H	lours	,	Work Telephone/E	xtension
Release Information									
Complete information for at least <u>two</u> emergency contacts, other than the parents, must be furnished in order to enroll your child. Children will not be released unsupervised or to any unauthorized person(s). The following people, who are aware that their names are being furnished and <u>are available within 20 minutes of the site</u> , have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Individuals will be contacted in the order they are listed. Photo identification will be required. <u>Emergency contacts must be 18 years of age.</u> All information will be kept confidential. If necessary, attach paper with additional names.									
Name/Relationship to child	Telephone Numbers			Name/Relationship to		o child Telephone Numbers		Numbers	
Name #1:				Name #3:					
Relationship:				Relationsh	nip:				
Name #2:				Name #4:					
Relationship:				Relationsh	nip:				
List individuals below, wh	o are <u>NOT</u> autl	horized	to re	emove t	he st	tuden	t from th	ne camp pro	ogram:
								☐ Yes ☐	No

Name(s) Relationship to Child Court Documents Attached

#### Student's Name:

#### Medical Information/Personal Information

There is NO NURSE available during this program. Medication may <u>NOT</u> be given by the staff, with the exception of a prescribed Epipen in its original packaging and prescription label attached. Written orders must say the student requires administration of epinephrine for anaphylaxis. The Warrior Camp requires their own Epipen prior to a child starting camp.

Does your child have any medical conditions and/or food allergies?	s □ No Are they life threatening? □ Yes □ No
In case of a reaction action to be taken:	Epipen needed: ☐ Yes ☐ No
Medical Condition:	
Allergies to:	☐ Seasonal ☐ Other ☐ None
Other:	
Hospital Preference (no preference will be assumed if choice is not indicated):	
Doctor's Name:	Phone:
Insurance Company:	Policy #:
My child has a: Individual Education Plan (IEP) Case Manager:  [Individual Health Plan (IHP) for special instruction to staff on a measure offering reasonable accommodations to my child in the childcare program. In NEED childcare program will provide reasonable accommodations for participate a determination that students that require accommodations which excipant for the program and therefore not eligible to participate. A degreasonable would be based upon a case by case analysis involving and in whether a reasonable accommodation was capable of being furnished.  Please advise us of any relevant information in regards to any special relations, etc. that we should be aware of?	edical condition listed above see permission to discuss specific needs in the interest of an accordance with the <i>Americans With Disabilities Act</i> , the ipants with disabilities. The District reserves the right to ceed the reasonable standard would be deemed etermination as to whether a requested accommodation is interactive exchange between the parties to determine the meeds/behaviors/other information that would be

## Agreements & Authorizations

I/We understand that my/our signatures represents that I/we have read, understand and agree to abide by the policies and procedures for the Warrior Day Camp program and accept financial responsibility for services rendered and understand that payment of the fees are due prior to camp attendance. I/We understand that my child(ren) may be removed from the program for failure to pay tuition. I/We understand that a bank service fee will be collected on all returned checks. I/We understand that we will be responsible for all legal fees incurred by the district in an attempt to collect outstanding debt. I have read and understand the camp refund policy.

I/We acknowledge that there is NO NURSE available during the program operation. Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I authorize the necessary steps regarding medical attention (including first aid, calling ambulance service or transportation to a hospital) and will allow authorized hospital staff to treat my child for an emergency situation. I agree that if it's determined that my child needs emergency medical or dental treatment, that I will be responsible for any such treatment deemed necessary by a physician or dentist. Accident Insurance is available for me to purchase and is available through the main office and district board office. The child's medical insurance is the primary insurer in the event of any injury. A supplemental insurance claim must be filed within 30 days of the accident.

I agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from the program. I agree to assume full responsibility for any damage to person or property caused by my child. I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from the program and that my child may be denied enrollment in future district programs. I/We agree to provide in writing to the Warrior Camp staff, notice of any changes to the information I have provided on this registration form and/ or changes to my child's program schedule.

I consent to my child's participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student. I DO grant the right to edit, use and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I give permission for my child to appear in photos on bulletin boards, art displays within the district as approved by the Coordinator. I have read and understand the ACCEPTABLE USE POLICY for the use of technology at Plumsted Township School District and understand that this access is designed for educational purposes. I recognize that it is impossible for Plumsted Township School District to restrict access to controversial materials, and I will not hold the school or its agents responsible for any such materials acquired on the network. I hereby give permission for Plumsted Township School District to issue an account/password for my child if one is not already issued as a student.

Signature/Print Name of Parent/Guardian	Date	Signature/Print Name of Parent/Guardian	Date

## 2024 Warrior Day Camp - Camp Week Selection Form

One Form Per Child

Child's Name:		23-24 Grade: Curre	nt Teacher:
Tuition D	ue (see attached tuition rat	es)	
Week 1 \$	Before Care \$	After Care \$	\$
Week 2 \$	Before Care \$	After Care \$	\$
Week 3 \$	Before Care \$	After Care \$	\$
Week 4 \$	Before Care \$	After Care \$	\$
	gible (10% discount taken off	After Care \$the least expensive tuition, 15% off the	\$ -\$
Other Discounts (applied t Fed Lunch-Reduced (15%	• /	Full 5 Weeks/5 Days a Week (5%)	-\$
A \$100 minimum deposit nto two equal payments: Deposit	50% (less \$100 deposit) o	nts ration to hold your child's spot. Remalue Mon., May 20, 2024 and 50% due Check # Tuition Express C	e by Monday, June 10, 2024
		, May 20, 2024 □ 50% due by Mond	

Checks can be made payable to "Warrior Day Camp." A Tuition Express online link will be emailed to all families to use if they wish to pay by credit/debit card. A Credit Card processing fee of approximately 2.95% of the total charge is added. The fee will be displayed before you finalize payment. Please review our refund policy carefully before enrolling. **An online payment link can NOT be provided without receiving the registration form in ADVANCE**. A link can be provided AFTER receiving your choices. The email provided will be your login information.

Camp Hours are 9:00 am – 3:30 pm; Before Care operates: 7:00 am – 9:00 am; After Care operates: 3:30 pm –5:45 pm; Late pick-up is \$15 for the first 15 minutes and a \$1 a minute for every minute after.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	July 8	July 9	July 10	July 11	July 12
Before Care	Full Day	Full Day	Full Day	Full Day	Full Day
After Care	ESY/BSIP	ESY/BSIP	ESY/BSIP	ESY/BSIP	
Week 2	July 15	July 16	July 17	July 18	July 19
Before Care	Full Day	Full Day	Full Day	Full Day	Full Day
After Care	ESY/BSIP	ESY/BSIP	ESY/BSIP	ESY/BSIP	
Week 3	July 22	July 23	July 24	July 25	July 26
Before Care	Full Day	Full Day	Full Day	Full Day	Full Day
After Care	ESY/BSIP	ESY/BSIP	ESY/BSIP	ESY/BSIP	
Week 4	July 29	July 30	July 31	August 1	August 2
Before Care	Full Day	Full Day	Full Day	Full Day	Full Day
After Care	ESY/BSIP	ESY/BSIP	ESY/BSIP	ESY/BSIP	
Week 5	August 5	August 6	August 7	August 8	August 9
Before Care	Full Day	Full Day	Full Day	Full Day	Full Day
After Care	ESY/BSIP	ESY/BSIP	ESY/BSIP	ESY/BSIP	