



NOVA PARKS DAY CAMPS

Camp Grow at Meadowlark Botanical Gardens Camp Information & Policies for Half Day Camps



Cardinals camp hours are 9:00 a.m. to 4:00 p.m.

CAMP FORMS

This packet contains camp forms that must be submitted to confirm your child's registration. You may receive additional forms/waivers through email before camp begins. Forms may be emailed to jmaloney@nvrpa.org or dropped off at Meadowlark Botanical Gardens during business hours.

BEHAVIOR MANAGEMENT

Good behavior is central to Camp Grow's positive environment. Each camper and his/her parent are required to review, sign, and abide by the NOVA Parks Camp Conduct Agreement. This agreement provides a list of behaviors that campers must be able to regularly demonstrate.

EACH CAMPER SHOULD BRING TO CAMP EACH DAY:

- Backpack
- A lunch and a snack in a lunch bag/box. (Campers work up a big appetite.)
- Poncho or raincoat (Inexpensive, fold-up rain ponchos are nice and small.)
- Water bottle
- Sunscreen with bug repellent (Please apply before camp.)
- An extra change of clothes – in case campers get wet.
- Campers should wear sneakers. No open-toe or Croc style shoes please.
- Other helpful items are a towel, hat, and cooling towel (usually sold at Walmart, Target, Amazon)

PLEASE LABEL ALL BELONGINGS. Camper should not bring electronics and toys to camp. NOVA Parks and camp staff are not responsible for campers' belongings.

CANCELLATIONS & REFUNDS

There are no refunds for missed days due to changed work/vacation schedules or sick days. Refunds minus a \$25 administrative fee (when cancelling an entire camp registration only) will be provided for cancellations made at least 45 days prior to the first day of the camp session.

DAILY SIGNING IN/OUT AT VISITOR CENTER

Morning drop off/sign in is between 8:45 and 9:00 a.m. in the Meadowlark Botanical Gardens Visitor Center. Pick up/sign out is from 4:00 to 4:15 p.m. Authorized individuals 18 years or older must sign campers in and out each day. Staff is required to I.D. all persons picking up children. Children will not be released to anyone not on the Pick-Up Authorization Form. Be sure to include parents on the Pick-Up Authorization Form. **Adults picking up campers are asked to line up at the check in/out table where staff will call your child to join you once check out is complete. Children must remain with the camp group until they have been signed out to maintain camper safety.**

If your child will be late, absent or leave early, please call 703-255-3631 x0 or email jmaloney@nvrpa.org.

LATE PARENT POLICY

If a parent or authorized person is late picking the camper, a late fee of \$2 for each minute late will be assessed. A staff member will remain with children and, after one hour, Child Protective Services may be called.

ADMINISTERING MEDICATION

Medication cannot be administered by staff or camper unless the Medication Authorization Form is submitted. If your child needs medication administered during camp, please complete and submit a Medication Authorization Form. Medications must be sent in the original container and are kept by the lead camp counselor.

PREVENTING THE SPREAD OF ILLNESSES

Please keep children home if they show signs of illness including vomiting, diarrhea, rashes, or temperature of 100 or more. If a camper becomes ill at camp, a parent or authorized pick-up person must pick up the sick child. Parents must provide the name and phone number of someone who is reachable by phone and available to pick up a sick child during the camp day.

SUNSCREEN & INSECT REPELLENT

Staff is not permitted to apply sunscreen, insect repellent, or lotion, although staff can guide campers in these applications.

WEATHER

Park facilities allow NOVA Parks Day Camps to operate rain or shine. Camp activities are scheduled and modified with weather and summer heat in mind and include regular water and cool down breaks. Water is available for campers to refill their water bottles. On code red days, camp activities are modified accordingly – safety is the priority.

REPORTING CHILD ABUSE & NEGLECT

Under Code of Virginia (63.2-1509), staff is required to report any suspected abuse, neglect, or exploitation of a child to NOVA Parks management and Child Protective Services.

QUESTIONS/CONCERNS/ADDITIONAL CAMPER INFORMATION

Please communicate any questions or concerns with the lead camp counselor at check in or check out, or contact Program Manager Jules Maloney at jmaloney@nvrpa.org or 703-255-3631 extension 103. **Parents are encouraged to provide the Program Manager with information about their campers that could assist camp staff in working effectively with their child (for example: developmental challenges, services that are provided at school, significant shyness, or if the camper will be accompanied by an aide).**

Camp Grow Behavior Agreement

This document is a requirement for camp enrollment.

Children must:

- ☺ Maintain personal care (toileting, changing) without staff support
- ☺ Stay with assigned group at all times
- ☺ Respect others in what you say and do
- ☺ Listen to program leaders and follow directions
- ☺ Use appropriate language
- ☺ Keep hands to oneself and maintain self-control
- ☺ Take care of their own belongings
- ☺ Use equipment and supplies in a safe and appropriate manner
- ☺ Play safe and have fun.
- ☺ Teasing and bullying are not tolerated and are grounds for enrollment termination. Children should report these incidents immediately to their counselor.

Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program and bring proper I.D.
- Be on time to drop off and pick up children
- Assist staff in resolving behavior issues
- Contact the Camp Supervisor or Park Manager immediately when issues arise.

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow NOVA Parks policies as stated in the camp packet
- A child who brings a weapon to camp
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes the property of the camp facility, staff or other children
- A child who steals items from the camp facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Behavior Contract

CAMPER: I understand and will follow the rules listed above so that Camp Grow will be a safe and positive experience for me and for everyone at camp.

Child's Name (please print): _____

Signature of Child: _____ Date: _____

PARENT: My child is able to consistently adhere to all behaviors listed above and I have discussed these behavior standards with him/her.

Signature of Parent/Guardian: _____ Date: _____

Parent's home number: _____ work phone: _____

**NOVA PARKS Camp Grow
Pick Up Authorization**

Child's Name: _____

Camp Session/Dates Child is enrolled in: _____

The following people are authorized to pick up my child from the NOVA Parks program. I understand my child will be allowed to leave with these individuals only. Photo identification will be required when signing out a camper. **(Please include parents and emergency contacts in the table below.)**

Authorized Person's Name (Please Print)	Relationship To Child	Phone Number

Name of persons NOT allowed to pick up child. (Appropriate custody papers shall be attached if a parent is not allowed to pick up child.): _____

FOR STAFF USE: We will use the table below to sign in and out your child at camp each day.

Date/Day	Time in	Initials	Time Out	Initials
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Immunization Record

This form is required each year. Forms are not saved from previous years.

Camper Name _____

Immunization record (must be completed for camp or a copy signed by a physician must be attached to this form)

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES ADMINISTERED				
Diphtheria/Tetanus/Pertussis (DTP)	/ / / / /	/ / / / /	/ / / / /	/ / / / /	/ / / / /
Diphtheria/Tetanus (DT or Adult Td)	/ / / / /	/ / / / /	/ / / / /	/ / / / /	/ / / / /
Poliomyelitis (OPV or IPV)	/ / / / /	/ / / / /	/ / / / /	/ / / / /	/ / / / /
Measles (Rubeola)	/ / / / /	/ / / / /	/ / / / /		
Rubella	/ / / / /	/ / / / /	/ / / / /		
Mumps	/ / / / /	/ / / / /	Before 08/01/81 / / / / /		
Measles, Mumps, Rubella (MMR)	/ / / / /	/ / / / /			
Hepatitis B Vaccine	/ / / / /	/ / / / /	/ / / / /	Other:	/ / / / /

Haemophilus influenza Type b (Hib Conjugate): PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

Has received complete series of Hib vaccine in accordance with current recommendations of the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE.

Has received the AGE APPROPRIATE doses of Hib vaccine as recommended by the AMERICAN ACADEMY OF PEDIATRICS OR THE U.S. PUBLIC HEALTH SERVICE, this series will be complete
RECORD COMPLETE DATE (month, day, year)

Series Completion Date: / / / / /

Hib vaccine is not indicated because the child has had Hib disease at 24 months of age or older

Being over 30 months of age, this child is not required by law to have proof of immunization against Hib.

I certify that this student is adequately IMMUNIZED in accordance with the MINIMUM requirements for attending programs licensed by the VA Dept. of Social Services.

Name of Physician/Health Dept. _____

Address of Physician/Health Dept. _____

Written Medication Consent Form

PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication?
 For example, did the prescriber write 12pm? Yes N/A No
 Write the specific time(s) the child day program is to administer the medication (i.e.: 12pm): _____

20. I, parent/legal guardian, authorize the child day program to administer the medication as specified in the
 "Licensed Authorized Prescriber Section" to _____
(child's name)

21. Parent or legal guardian's name (please print): _____ 22. Date authorized: _____

23. Parent or legal guardian's signature: _____

CHILD DAY PROGRAM TO COMPLETE THIS SECTION (#24 - #30)

24. Provider/Facility name: _____ 25. Facility telephone number: _____ 26. (leave blank)

27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all
 information needed to give this medication has been given to the child day program.

28. Authorized child care provider's name (please print): _____ 29. Date received from parent: _____

30. Authorized child care provider's signature: _____

ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on

(date). Once the medication has been discontinued, I understand that if my child
 requires this medication in the future, a new written medication consent form must be completed.

32. Parent or Legal Guardian's Signature: _____

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)

33. Describe any additional training, procedures or competencies the child day program staff will need to care
 for this child. _____

34. Licensed Authorized Prescriber's Signature: _____

35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a
 prescription related to dose, time or frequency until the medication from the previous prescription is completely
 used, please indicate the date by which you expect the pharmacy to fill the updated order.
 DATE: _____
 By completing this section the child day program will follow the written instruction on this form and *not* follow
 the pharmacy label until the new prescription has been filled.

36. Licensed Authorized Prescriber's Signature: _____