

# Summer Camp Parent Pack

City of Burien Parks & Recreation  
(206)988-3700  
14700 6th Ave SW  
Burien, WA 98166  
[Burienwa.gov](http://Burienwa.gov)



## **Parent's Information**

### **Camp Hours: 8:30 A.M.-4 P.M.**

**Registration Guidelines/Main Contact:** Only the Main Contact can make changes to a participant's account, make changes with camp registrations (withdrawals, changing weeks), and make payments.

**Drop off Time:** Parents can drop off their child between 8:30-9:30 A.M. The child must be here no later than 9:30 A.M. Major activities start at 9:30 A.M.

**Pick up Time:** Parents can pick up their child between 3:00-4:00 P.M. If you need to pick up your child early, please make arrangements that morning in writing when dropping off your child.

**Late Pick up Fee:** A **\$1.00 per minute late fee** is assessed beginning at **4:00 P.M.** If you are late you will be required to sign the late fee book, acknowledging you were late. At that time you will receive a late slip with the amount you owe.

**Drop off Procedure:** Camp staff will meet you and your child outside at the drop-off area. Health/temp checks will be done daily at drop off. Parents/guardians will not be allowed inside the facility.

1. Must sign-in your child with your child's name, your signature and the time of drop-off. Please come prepared with your own pen.

**Pick up procedure:** When picking up your child, please \*\*\* Only the people on your pick up form are authorized to pick up your child.

1. Call the camp phone to notify staff of your arrival.  
Staff will walk camper outside.
2. Must show I.D.
3. Must sign out your child and put down time of day.

**Sack Lunch:** Campers must bring a lunch to camp every day. Please write campers name on lunch. We are not able to refrigerate or heat lunches.

**Snacks:** Please pack an afternoon snack for your child.

**Personal Items:** Please do not allow your child to bring any items/toys with them to camp. They are often times a distraction from activities. We are not responsible for lost or stolen items.

**Staff to Child Supervisory Ratio:** We will provide 1 staff person for every 10 children. On-site staff are trained to organize and lead high-quality recreational activities, such as games, arts & crafts, enrichment and nature exploration. Camp structure does not allow provision of less than a 10:1 supervisory ratio for participants. As a result, camp will not be a good match for your child if he/she requires special attention or assistance.

If unsure about whether summer camp is a match for your child, please complete our "CAMPER PROFILE" form. Following review, City staff will contact you to further discuss your child's needs relative to our program's capacity and/or other options.

**Camper Profile & Medications:** Please fill out the Camper Profile information sheet with as much detail as possible. The information provided will help staff better understand the needs of your child and make their experience at camp a positive one! **See Camper Profile Form.**

**Medications:** Staff are NOT authorized to disperse or administer medications, including prescription medications. If your child carries an epinephrine pen for severe allergic reactions, we ask that they know how to use it by themselves and keep it in a fanny-pack or back pack at all times. **See Medication Form.**

**Scheduled Payments:** Each week of camp requires a \$20 non-refundable, non-transferable deposit, per participant, at the time of registration which will be applied towards final payment due for each week. Once camp begins, the balance of your weekly camp fee will automatically be processed on **the Monday one week prior** to your child's camp week.

**Refund: Camp deposits are non-refundable, non-transferable;** if full fees have been paid; a refund less the \$20 deposit per week will be issued, if notice is received more than 10 days in advance. If notice is less than 10 days in advance, a 50% refund will be issued. No refunds will be issued for week-of withdrawals.

**What if I want to stop Scheduled Payments?** You may cancel this authorization at any time by notifying us in **writing** at least one week prior to your next payment due date (**2 weeks prior to the week of camp your child is attending**). If your child is registered for future camps you will need to pay the remaining camp balance owed at that time of cancellation. You can pay in person at the counter or over the phone with a credit /debit card.

**Waitlist:** If spots open up for weeks that are full, waitlists will be notified via email. First-come, first-served registration.



## Hot Weather Precautions

Parents please help us in the following steps to help prevent sun exposure and dehydration.

### Parents:

- Cover your child head to toe with sun block before camp
- Provide water for your child to drink throughout the day
- Campers are to bring sun block for reapplication later in the day
- Parents will provide sun block in a spray application if a parent prefers that camp staff apply the sun block to their child/children
- Hats are welcome
- Don't forget Bug repellent

### Camp staff:

- Prior to any outdoor activity camp staff will supervise the application of sun block
- Participants will be clothed at all times, unless in water
- Campers will be limited to 30 minute periods at a time when in water
- Immediately after a participant exits water sun block reapplication will be supervised by camp staff
- Direct exposure to sunlight will be avoided whenever possible
- When outside, campers will be supervised each hour to reapply sun block

## Rules and Procedures

**PARENT COPY**

Dear Camp Parents:

As an effort to help make Camp a fun and positive environment we are asking for your help. Our mission is to provide a welcoming, safe, and fun environment where youth and teens can learn to reach their fullest potential through explorations of nature, the arts, sports, and other age-appropriate enrichment programs. The staff has established some camp rules, a good choice system, and the Green, Yellow, and Red System. These rules and procedures reviewed with the campers by staff at the beginning of camp each week. We are also requesting you to review these rules and procedures with your child.

### **Rules:**

No foul language.  
Keep your hands, feet and mouth to yourself.  
Respect other campers, staff and property.  
Follow all staff instructions.

### **The Choice System:**

The choice system is designed to make the participant feel responsible for their own decisions. The power is in the participants hands to make their own and better choices. In the event of behavior problems your child will be given two choices regarding their behavior.

### **The Green, Yellow, and Red System:**

To monitor your child's behavior throughout the day and week, we will closely observe and document their behavior. At the end of the day the participant will receive a green, yellow, or red day. These colors correlate with the performance of the participant that day.

**\*Green** will be given if most or all directions are followed, no camp rules are broken, and the participant is adding something positive to the camp.

**\*Yellow** will be given if the participant has trouble following all directions throughout the day and is asked to make a choice about their behavior.

**\*Red** will be given if the participant has had to be spoken to repeatedly for not following directions and is not making the better choice when asked.

**1-red day:** Camp director will meet with the parent/guardian and child to discuss behavior problem and a solution.

**2-red days:** Camp director will meet with the parent/guardian and child to discuss behavior and a letter will be sent home including all documented behavior. Camp director will let parent/guardian know that if the child receives 3 red days they will be asked not to return to camp for the rest of the week and possibly the following week as well.

**3-reddays:** Camp director will talk to the parent/guardian addressing the fact that the child may not return to camp for the rest of the week. It will then be determined if the camper may return to camp the following week.

***All incidents will be documented. Please explain to your child that their behavior will have consequences!***

**Burien Parks and Recreation Department**

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**EMERGENCY CONSENT AND PICK UP FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle)

***Main Contact: Only the Main Contact can make changes to a participants account, make changes with camp registrations (withdrawals, changing weeks), make payments.***

**Mother/Guardian Information:**

Name: \_\_\_\_\_ Are you the Main Contact? Yes No  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Father/Guardian Information:**

Name: \_\_\_\_\_ Are you the Main Contact? Yes No  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Child lives with: Both Parents Mother Father Other \_\_\_\_\_**

**Emergency Contact (other than Parents)**

Name: \_\_\_\_\_  
Relation to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Signature: \_\_\_\_\_

For Office Use Only: COPIED _____
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**Other people who have permission to pick up your child(ren) from Camp**

• Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Physical description: \_\_\_\_\_  
\_\_\_\_\_

• Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Physical description: \_\_\_\_\_  
\_\_\_\_\_

• Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Physical description: \_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Burien Camper Profile Form

Please Check Each Slot with Appropriate Information, If It Doesn't Apply, Mark "NA"

### CHILD'S HEALTH INFORMATION

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

### INSURANCE INFORMATION

Do you have insurance:    Yes    No

Provider: \_\_\_\_\_

Member Number: \_\_\_\_\_

### BEHAVIORS

**If your child has an IEP at school, it's helpful for the Camp Director to have a copy to provide the best experience for your child.**

Behaviors of which staff should be aware:

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Types of Positive Reinforcement:

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**ALLERGIES**

ALLERGIES: *Any known allergies to medication?* Yes \_\_\_\_\_ No \_\_\_\_\_

Food Allergies? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list type of allergy:

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If yes, please list reaction:

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If yes, please list treatment:

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**DISABILITY**

**My Child Is:** Mentally Delayed \_\_\_\_\_ Diabetic \_\_\_\_\_ Physically Disabled \_\_\_\_\_  
Hearing Impaired \_\_\_\_\_ Visually Impaired \_\_\_\_\_ ADD \_\_\_\_\_  
ADHD \_\_\_\_\_ LD \_\_\_\_\_ Other: \_\_\_\_\_

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**MEDICATION DISPENSATION POLICY**

**Medication Policy:** The Burien Parks, Recreation & Cultural Services Department staff shall not administer medication to participants of their programs or hold on to medication for the participant. All medication taken by participant shall be self-administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may remind a participant to take medication at the designated time.

**Please identify type, dosage, time and possible side effects for all medications your child is currently taking.**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Possible Side Effects:

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Possible Side Effects:

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_

Possible Side Effects:

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

I \_\_\_\_\_ have read the above statement and understand that all medication taken by participants shall be self-administered and the City of Burien Parks, Recreation & Cultural Services Department will not be responsible for storing the participants medication.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

## **Rules and Procedures**

*Please read through the rules with your child, then sign & return.*

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I, \_\_\_\_\_, have read this over with my child,  
\_\_\_\_\_, and She/he will do their best to follow all rules.