# SBCA SUMMER Camp FAQs

#### Age Requirements

Campers must be 2 years old by May 1st to attend camp – 2nd grade completed.

#### Registration

Registration is accepted on a first-come, first-serve basis until the maximum number of campers is reached or until April 30. Fees are non-refundable and should be paid via PROCARE within 48 hours of receiving confirmation of enrollment. **Fees are non-refundable** unless we do not have enough campers to have a class available then full amount will be refunded. No refunds will be given to campers that are not able to attend. Should a class fill then you will be notified and given the option to be on a waiting list. Children added to a wait list are not guaranteed enrollment. All families must agree to sign a waiver in relation to contagious illness and understand that no refunds will be issued should your child be unable to attend.

#### Communication

On-going communication between staff, parents and campers is critical to your child achieving a successful and fun experience at camp. If at any time you need to share information, concerns or compliments, we encourage you to speak with a staff member. To contact your child during camp hours, please call 770.383.2970. Our doors will be kept locked during camp so you must call for entry. It is best to make arrangements in advance for early pick-ups. You must call to gain entry during our camp hours since we only use back entrance.

### **Code of Conduct**

To ensure a quality experience, we ask all staff and campers to abide by the following code of conduct:

- \*Respect others' privacy and safety.
- \*Physical or verbal abuse of any kind will not be tolerated.
- \*Treat public and private property and equipment with respect.
- \*Camp rules shall be observed at all times.

We utilize positive reinforcement and a caring environment to encourage good behavior. Camp staff will promote proper behavior with clear guidelines and expectations. Inappropriate behavior by a camper will be addressed in a sensitive manner, and the camper will be redirected towards proper behavior. If a behavior becomes so disruptive that it is unacceptable, the parent or guardian will be notified and the child may be asked to leave the program.

#### Camp Attire

Campers should dress for comfort and safety; and in clothing that may become stained. Campers should wear athletic shoes (no flip-flops). Campers are discouraged from wearing jewelry or bringing items of value. Please use your SBCA school bag or small backpack to send in Diapers, Wipes, Change of clothes (Two's - completed 4's) and Water Bottle (K-5th grade required). Please be sure everything is label w/ child's first and last name.

#### Lunch and Snacks

Campers are required to bring a lunch and water each day. Each camp group will attend a 30-minute, supervised lunch period. Neither refrigerators nor microwaves are available for campers to use. Any camper with allergy concerns should also bring their own daily snack.

#### Drop Off / Pick Up Times

All campers must be dropped off on Monday-Thursday through carline between 8:50 -9:10am. Campers must be picked up between 12:45pm and 1:00pm using carline. Any campers not picked up by 1:00 will be charged a late fee of \$1.00 per minute late. Please use carline number and SBCA totebag for summer camp. New students will be issued a car line number and tote bag if needed.

#### Sign In/Sign Out Procedures

Due to pandemic we will only use car line and will not allow visitors in buildings. Any changes in pick up must be submitted in writing prior to 12:30pm to <u>angela.york@summitchurch.org</u> or text to 770-702-8054.

#### Illness and Injury

If a camper becomes ill or injured at camp, our staff will contact a parent or guardian to pick him/her up. For the protection of all campers and staff, any child believed to have an infectious illness should not attend camp. If your camper is injured at camp, our staff will take necessary measures to administer first aid or obtain medical care.

SBCA, Summit Baptist church and staff may not be held responsible for any injuries while student is attending summer camp.

We follow SBCA sick policy including completing **Daily Health Check (see attached)**:

We must stress that you keep your child home if he/she has any contagious illnesses, such as nausea, diarrhea, sore throat, rash or skin eruptions. Please make sure your child is symptom-free for <u>twenty-four hours</u> before allowing him/her to return to camp. We will call you to come and pick up your child if we find he/she has a temperature over 99 degrees (student temp will be checked daily before they exit vehicle). Please notify us at once if your child has a contagious illness. If your child becomes sick or injured at school, you will be notified as soon as possible. Notify us of any changes in phone numbers if you are planning to be out or away for the day. We need to be able to reach you if your child becomes sick or injured.

### Medication

We do not store or administer medication to campers.

### **Sun Protection**

We will go outside daily, weather permitting. Please apply sunscreen prior to arriving at camp!

#### Sample Daily Schedule:

Opening Activity Craft Playground Time Bathroom Break Snack/Stem Activity Movement Activity Music/Movement Lunch

**Class size ratio:** 2's & 3's-15 students-2 teachers 4's & up-15 students-2 teachers We are happy to offer small class sizes to make this a great experience for your child(ren)! All Camp leaders are SBCA staff members and are background checked and CPR certified.

## **Notice of Exemption**

I, \_\_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent	Signature
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Date

Student Name\_\_\_\_\_

### **PARENT/STUDENT FAQ AGREEMENT**

I, \_\_\_\_\_acknowledge that I have been informed and read thoroughly the SBCA FAQ regarding summer camp. I agree to the terms stated and have addressed any questions or concerns with Director.

### **Waiver of Liability and Health Screening Agreement**

SBCA is providing notice to me that it intends to offer summer camp.

I/we understand that SBCA cannot protect my child/student and/or me from all risks, which may be encountered as a result of my child attending the school.

I/we realize there are natural, mechanical, and environmental considerations and hazards which independently or in combination with any activities engaged in while participating in the program may result in the exposure to certain risks including exposure to COVID-19, or other biological agents, virus, or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I/we hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form.

I understand these inherent risks and dangers involved with participation in the school providing their services and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable.

I hereby agree not to enter SBCA campus nor permit my child/student to enter campus if I/they have exhibited or been in contact with another person who has exhibited any of the symptoms currently listed by the CDC within the previous fourteen(14) days.

In consideration of myself and my child/student, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Summit Baptist Christian Academy and Summit Baptist Church, its officers, directors, employees, agents, and representatives from all liability for any loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the coronavirus(COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the school and/or afterschool program, including any medical expenses, injury, and/or death.

I agree to indemnify Summit Baptist Christian Academy and Summit Baptist Church, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program.

I fully understand, on my behalf, and behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Georgia

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that by signing this agreement, I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF, I sign this release voluntarily as my free act with full knowledge of its significance, intending to be legally bound thereby.

Printed Student Name(s):	
Printed Parent/Guardian Name:	
Parent/Guardian Signature:	Date:
Witness Name (printed):	
Witness Signature:	Date: