



Recreation Department



Cherry Hill Retail Partners



Dear Parent/Guardian:

Welcome to Cherry Hill Township Recreation's Morning Fun Camp. We hope your child will have a fun and enriching experience this summer. ***Please be advised that the camp will be open 4 days a week, Monday – Thursday, with the option to register for Friday field trips.***

To help our staff provide a safe environment and the best possible care for your child, please read the guidelines below. You are then requested to fill out the Camper Information Form, Medical Information Form, and sign and return the last page confirming you read the expulsion and discipline policies for camp. **Please return the signature page to the Camp Site you are registered for on the first day of camp. If you register for camp after June 28th, forms must be returned immediately. Trip information will be available in this packet and money will not be accepted at your camp site or the field trip site.**

GENERAL GUIDELINES

1. A Staff Supervisor is available at each site to address your concerns. Your input is important to us.
2. Please plan to have your child arrive at 9 am and be picked up at 12 pm. The staff is not available to supervise your child before/after program hours.
3. Children are expected to remain at the site between 9 am and 12 pm. Under no circumstances are children permitted to leave at will.
4. If a child needs to leave early, a note from you is required in advance. He/she must be picked up by a parent, guardian, or someone you designate. This is for the protection of your child. Please make sure you note exactly who may pick up your child.
5. If your child has your permission to walk or ride a bike alone to and from their Morning Fun site, **you must attach a letter signed by a parent or guardian and return it to your Site Supervisor.**
6. *Please send a snack and drink each day.* Please list below any dietary restrictions we need to be aware of.
7. The Recreation Department will continue to provide the best experience for your child. We welcome any suggestions and concerns you may have. If you have any questions please call (856) 488-7868.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Wioland', is written over a faint circular stamp.

Jim Wioland, Director of Recreation

Instructions for completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- ♦ **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- ♦ **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- ♦ **Head Circumference** - Only enter if the child is less than 2 years.
- ♦ **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Dept. of Health & Senior Services, Immunization Program at 609-588-7512.

- ♦ The Immunization record must be attached for the form to be valid.
- ♦ "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history.
If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.doc. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included. PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permission slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible

and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

- d. **Special equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breast feeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding or ADHD.
 - h. **Emergency plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
- ♦ For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - ♦ For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - ♦ Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different).
- ♦ Print the health care provider's name.
 - ♦ Stamp with health care site's name, address and phone number.

Morning Fun/Adventure Camp Registration Form

Please fill out and return along with Universal Health Record Form prior to the start of camp for each registrant.

The Morning Fun program is for Cherry Hill residents ONLY.

Please check: Morning Fun (List location) _____

Adventure Camp

Child's Name _____ D/O/B _____ Grade entering Sept 2010 _____

Child's Address _____ City _____ State _____ Zip _____

Parent/Guardian Full Name _____ Email _____

Home # () _____ Work # () _____ Cell # () _____

Emergency Contact Information:

Name _____ Relationship _____ Phone # _____

List those people, including yourself, who may pick up your child. No child will be released to anyone other than those listed. You must make any changes to this list in writing to the site supervisor.

Name _____ Home # () _____ Work # () _____ Cell # () _____

Name _____ Home # () _____ Work # () _____ Cell # () _____

Name _____ Home # () _____ Work # () _____ Cell # () _____

Please check this box to inform us if your child has special needs or a developmental or physical disability so that we may help accommodate your child in our camp programs. Please elaborate below:

NOTICE OF CODE OF CONDUCT

Cherry Hill Township seeks to provide a safe environment for all participants in our recreation programs. It is our policy to provide a safe environment for all Cherry Hill Recreation Department Staff as well as all children enrolled in our programs. In order to preserve this safe environment, Cherry Hill Township reserves the right to dismiss any child who commits any act that may compromise the safety of our programs. Threats, assaults, vandalism, possession of drugs or alcohol are just some examples of inappropriate behaviors and activities that could result in the dismissal of an individual from a Cherry Hill Recreational program.

I have read and understand the terms and conditions of the Cherry Hill Township Department of Recreation Code of Conduct.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

EMERGENCY RELEASE

In the event my child should become injured or ill at a Cherry Hill Township sponsored camp, I hereby authorize the staff of the camps to arrange for whatever emergency medical care is deemed necessary and reasonable at the time, including transportation to a local hospital.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

I, the **registrant/guardian** (circle one), by applying to participate in a Cherry Hill Township Recreation Program, do hereby waive, release, absolve, indemnify and agree to hold harmless Cherry Hill Township, the organizers, sponsors and supervisory of the program.

Signature _____ Printed Name _____ Date _____

UNIVERSAL CHILD HEALTH RECORD - For Adventure Camp & Morning Fun Only

Camp Site: _____

Endorsed by: American Academy of Pediatrics, New Jersey Chapter; New Jersey Academy of Family Physicians; New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender Male _____ Female _____		Date of Birth _____ / _____ / _____	
Does Your Child Have Health Insurance? Yes _____ No _____			If yes, name of child's health insurance carrier: _____		
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____			This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if < 2 years)		_____	
		Blood Pressure (if ≥ 3 years)		_____	
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List plan needed & signs/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
Box MUST be checked <input type="checkbox"/> I have examined the above child and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____					
Signature/Date _____					

MEASLES, MUMPS & RUBELLA (MMR) VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vi.

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- The first at 12-15 months of age
- and the second at 4-6 years of age.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some adults should also get MMR vaccine:

Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine,

unless they can show that they have had either the vaccines or the diseases.

Ask your provider for more information.

MMR vaccine may be given at the same time as other vaccines.

Note: A "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or to a previous dose of MMR vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
 - Has ever had a low platelet count (a blood disorder)
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your provider for more information.

4**What are the risks from MMR vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
 - Mild rash (about 1 person out of 20)
 - Swelling of glands in the cheeks or neck (rare)
- If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5**What if there is a moderate or severe reaction?**

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

6**The National Vaccine Injury Compensation Program**

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

7**How can I learn more?**

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC website at: www.cdc.gov/vaccines



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
MMR Vaccine (3/13/08) 42 U.S.C. §300aa-26



**Morning Fun Camp 2010
Camp T-shirt Order Form**

*** PLEASE PAY BY CHECK ***
(make checks payable to Cherry Hill Township)

Dear Parent/Guardian:

This summer the Recreation Department is offering Morning Fun Camp field trips and a new Lunch Bunch Program. For the safety of your child(ren) at each trip and site location we are requiring all campers participating in a field trip or Lunch Bunch to purchase a Camp T-shirt. The t-shirt fee is \$10 and your child **MUST** wear their shirt on the day of the field trip and/or at the Lunch Bunch Program. If you plan on registering for any of the trips or Lunch Bunch, please fill out the t-shirt order form below along with the appropriate registration form enclosed in this packet and return it to the **Recreation Department, Room 102, 820 Mercer St.** before the scheduled trip and make checks payable to **Cherry Hill Township**. If you are participating in the first week of the Lunch Bunch Program, t-shirts must be picked up prior to the first day of camp. If you have any questions, please call the Recreation Department at 856-488-7868.

Morning Fun Camp T-Shirt Order Form

NAME OF CHILD	PHONE #	CAMP SITE	SIZE**

Total Dollar Amount: _____

Signature _____ Date: _____

No Refunds will be given for T-shirts if you choose not to attend any Morning Fun Camp Field Trips after purchase is made.

****Campers may not receive requested size if t-shirt orders are received after June 11th**



CHERRY HILL

Township

You couldn't pick a better place.

Morning Fun Camp 2010

LUNCH BUNCH



Extend your child's camp day until 1:00 pm two days a week. During this one-hour extended day children will have time to eat their lunch with friends from camp and continue to enjoy camp activities in a supervised environment. A fun atmosphere will be enjoyed by all who attend.

Lunch Bunch will start the second week of camp, July 6th. One "Lunch Bunch" day each week, according to the schedule below, the children should bring their lunch from home including a drink. The other "Lunch Bunch" day will include a catered boxed lunch from a local vendor. The township will provide a fun dessert both days. **Schedule is as follows:**

School	Bring Your Own Lunch	Catered Boxed Lunch
Barton School	Wednesday	Tuesday
Bret Harte School	Thursday	Wednesday
Carusi Middle School	Wednesday	Tuesday
Cooper School	Wednesday	Thursday
Horace Mann School	Tuesday	Wednesday
Kilmer School	Wednesday	Tuesday
Knight School	Tuesday	Wednesday
Sharp	Wednesday	Thursday
Woodcrest	Tuesday	Wednesday

Finalized menus will be available in the camp newsletter the first week of camp. Unfortunately, we will not be able make any substitution to the catered lunch; however we always welcome parents sending lunch from home.

Price: \$15.00 per week, (Pre-Registration is required)

Campers must register by Friday the week prior. All registration will need to be in person at the Recreation Department, Room 102 of the Municipal Building, 820 Mercer Street, Cherry Hill, NJ 08002.

- Week 2 (registration deadline: July 2)**
- Week 3 (registration deadline: July 9)**
- Week 4 (registration deadline: July 16)**
- Week 5 (registration deadline: July 23)**
- Week 6 (registration deadline: July 30)**
- Week 7 (registration deadline: Aug 6)**



Morning Fun Camp 2010 Field Trip Registration Form

PLEASE PAY BY CHECK
(make checks payable to Cherry Hill Township)

Dear Parent/Guardian:

The Recreation Department is happy to offer a variety of fun and exciting field trips for your child to have a chance to participate in this summer. The field trips include Bowling, Skating, 76ers Summer Hoops Tour and Mornings at the Movies. Each trip requires your child to be registered prior to the date of the event and all forms **MUST** be returned to the **Recreation Department, Room 102, 820 Mercer St.** and all checks or money orders **payable to Cherry Hill Township**. There will be NO REFUNDS for any of the Morning Fun trips. Please note the location, arrival and departure time for each trip. Additional forms will be available at each camp site and in the recreation department. Please call 856-488-7868 with any questions.

<p style="text-align: center;"><u>MORNINGS AT THE MOVIES</u></p> <p>Location: AMC Loews Cherry Hill 24, 2121 Route 38, Cherry Hill Dates: Friday, July 2nd, 9th, 16th, 23rd, 30th and August 6th Cost: \$12.00 per child (includes movie ticket and Kids Pack*) * Kids Pack includes popcorn, a drink and a small bag of candy Arrival Time: 9:00am, movie starts at 9:30am Pick Up Time: varies upon movie length. Movie will be announced prior to registration.</p> <p style="text-align: center;"><i>Please check which dates you will be attending:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>July 2</td><td>July 9</td><td>July 16</td><td>July 23</td><td>July 30</td><td>Aug 6</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	July 2	July 9	July 16	July 23	July 30	Aug 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;"><u>BOWLING TRIPS</u></p> <p>Location: Playdrome of Cherry Hill, 1536 North Kings Highway Dates: Friday, July 9th, 16th, 23rd, 30th and August 6th Cost: \$10.00 per child (includes shoe rental and food package*) * Food package includes Pizza or Hot Dog and a Soda Arrival Time: 9:00am Pick Up Time: 11:30am (no later than 11:45am)</p> <p style="text-align: center;"><i>Please indicate which food option:</i> Pizza <input type="checkbox"/> Hot Dog <input type="checkbox"/></p> <p style="text-align: center;"><i>Please check which dates you will be attending:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>July 9</td><td>July 16</td><td>July 23</td><td>July 30</td><td>Aug 6</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	July 9	July 16	July 23	July 30	Aug 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<p style="text-align: center;"><u>SKATING TRIPS</u></p> <p>Location: Cherry Hill Skating Center, 664 Deer Rd. Dates: Tuesday, August 3rd or Thursday, August 5th * Date of trip will be determined by camp site. Cost: \$7.00 per child (includes skate rental and food package*) * Food package includes Pizza or Hot Dog and a Soda Arrival Time: 9:00am Pick Up Time: 11:30am (no later than 11:45am)</p> <p style="text-align: center;"><i>Please indicate which food option:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>Pizza</td><td>Hot Dog</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	Pizza	Hot Dog	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;"><u>76ERS SUMMER HOOPS TOUR</u></p> <p>Location: DeCou Park, corner of Cropwell Rd. & Evesham Rd. Date: Thursday, July 22nd Cost: Free Arrival Time: 9:30-9:45am (event starts promptly at 10:00am) Pick Up Time: 12:00pm</p> <p>*This event has no charge, but registration is required for head count. <i>Please indicate whether or not you will attend:</i></p> <table style="width: 100%; text-align: center;"> <tr> <td>Yes</td><td>No</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>														
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<input type="checkbox"/>	<input type="checkbox"/>																						
Yes	No																						
<input type="checkbox"/>	<input type="checkbox"/>																						

NAME OF CHILD	PHONE #	CAMP LOCATION

I, _____ (Parent/Guardian), hereby give my child/children permission to attend a Cherry Hill Township Morning Fun Field Trip.

Signature _____ Date: _____

EXPULSION POLICY

The Morning Fun program takes every action to avoid the expulsion of a child from our program, but there are sometimes reasons we have to expel a child either on a short term or permanent basis. The township would like you to know that we have staff at each camp site that will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to terminate or suspend a child from our camp site.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Physical or verbal abuse to staff
- Physical or verbal abuse to any other child in camp
- Habitual tardiness when picking up your child

CHILD'S ACTIONS FOR EXPULSION

- Ongoing physical or verbal abuse to staff or other children.
- Repeated biting of other children
- Uncontrollable tantrums/angry outbursts
- Failure of child to adjust after a reasonable amount of time
- Having a illness/sickness that may be detrimental to other campers/staff

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment, appropriate of activities, supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise appropriate behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion
- The director/supervisor and parent/guardian will have a conference to discuss how to promote positive behaviors

SCHEDULE OF EXPULSION

- If after the proactive actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
 - The parent/guardian will be informed regarding the length of the expulsion period
 - The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center
 - Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

- If a child's parent(s):
 - Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements (1-877-667-9845)
 - Reported abuse or neglect occurring at the center (1-877-NJ ABUSE)
 - Questioned the center regarding policies and procedures.

GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group and the adult. Positive discipline is different from punishment. Punishment tells children what they should not do, while positive discipline suggests to children what they should do. Children gain self-esteem through positive discipline and that is what our staff strives to do. Below are the guidelines our staff will follow to assure you that your child will be disciplined in a positive way if need be.

YOU CAN USE POSITIVE DISCIPLINE BY PREPARATION:

- Have a few consistent, clear rules that are explained to children at the beginning of camp.
- Anticipate and eliminate potential problems before they happen.
- Make each child feel included in activities and has some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Plan for fun and engaging activities where the children will have a positive experience.

YOU CAN USE POSITIVE DISCIPLINE BY INTERVENING WHEN NECESSARY:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individual attention to help the child deal with a particular situation.
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings and energy.
- Criticize the behavior, not the child.

YOU CAN USE POSITIVE DISCIPLINE BY SHOWING IT:

- Catch the child being good. Respond to and reinforce positive behavior. Acknowledge or praise to let the child know you approve of what he/she is doing.
- Use encouragement rather than competition, comparison or criticism.
- Appreciate the child's point of view
- Be caring and compassionate to each and every child, but do not overstep your boundaries.

I have read and understand the Expulsion and Discipline Policy for the Morning Fun Camp 2010.

Please return this to your camp site the first day of camp, unless you register after June 28th

Camp Site

Print Name

Date

Signature

Date