

CITY OF MADEIRA BEACH

SUMMER CAMP 2021



SUMMER CAMP

Full Session:

June 14th—August 6th

**\$750 Resident Fee

**1000 Non-Resident Fee

Half Session:

June 14—July 9

Or

July 12—August 6

**\$375 Resident Fee

**\$500 Non-Resident Fee

Grades K–8

*Must have completed Kindergarten

TEEN CAMP

Grades 6-8

Trips to Busch Gardens

Fun Card Required

Field Trips may require extra payment, but are

OPTIONAL

7:30am-5:30pm

WEEKLY EDUCATIONAL
THEMES!

SPECIAL FIELD TRIPS!

INDOOR AND OUTDOOR
ACTIVITIES!

MAD BEACH FUN EVERYDAY!

*All Camp Fees are Due in Full– PRIOR to the first day of Camp.

*Payment Plans available

*Sibling Discounts available

*Child MUST bring One Lunch and Two Snacks each Camp day

*Child MUST wear sneakers

*All Camp Fees include Select Field Trips and one camp shirt to wear on the “Big Trip” of the week

*Paid Teen Camp Trips are **OPTIONAL**

SUMMER CAMP 2021

INFORMATION

REGISTRATION INFORMATION

- **What does my registration pay for in the Madeira Beach Recreation Summer Camp Program?** Your registration fee pays for all camp fees, daily excursions/field trips, the “Big Trip” of the week, one camp t-shirt (required to wear on the “Big Trip” of the week), guest speakers, special events, and more! Campers are expected to bring a lunch and two snacks each day.
- **When does registration begin?** Registration opens Monday, March 29th, 2021—Payment #1 due at Registration to hold a spot in the program.
- **What do I bring to registration?** There are two items you must bring to register for Camp:
 1. Completed camp enrollment packet.
 2. Payment for at least one-third of the Summer Camp fee (either full or half session) - See payment schedule.

Note: The full balance of camp fees can also be paid in full. However, all fees must be paid on or before each payment deadline and absolutely before June 4th. Registration will be cancelled if FULL payment is not received by the designated due date. Please see Payment Schedule for specific due dates.

PAYMENT SCHEDULE

- In order to provide the BEST possible summer camp experience for your child and to properly plan for camp enrollment Summer Camp must be paid as either the “Full Session” or “Half Session.”

Full Session

(June 14—Aug 6)

\$750 Resident / \$1000 Non-Resident

**Payment #1: \$250 / \$335 due April 5th

Payment #2: \$250 / \$335 due May 3rd

Payment #3: \$250 / \$330 due June 1st

Half Session

(June 14—July 9 or July 12—Aug 6)

\$375 Resident / \$500 Non-Resident

** Payment #1: \$125 / \$170 due April 5th

Payment #2: \$125 / \$170 due May 3rd

Payment #3: \$125 / \$160 due June 1st

**Sibling Discount of 10% is available.

**Weekly Rates Available—Please ask staff

- **What is the refund policy?** No refunds will be processed after June 4th. All refunds and transfer requests must be made in writing before June 4th. There will be a \$25 processing fee for all summer camp refunds and transfers.



2021 Summer Camp- Week Choices

Date:
Child's Name:
Age:
T-Shirt Size:

Please mark the Session(s) that your child will be attending. Due to daily field trip schedule, proper staffing levels and camp consistency- the "Full Session" and both "Half Sessions" will NOT be pro-rated if camp days are not attended by a camper. If your family will be out of town often this summer, then the "Individual Week" option may financially work better for you. **Resident Rates= Res/ Non-Resident Rates=NR**

PLEASE MARK WEEK(S) OF ATTENDANCE	
Full Session- RES-\$750/ NR-\$1000	
June 14 th -August 6 th	
1st Half Session- RES \$375/ NR-\$500	
June 14 th - July 9 th	
2nd Half Session- RES \$375/ NR-\$500	
July 12 th - August 6 th	
INDIVIDUAL WEEKS ONLY-WEEKLY RATE IS APPLIED: RES-\$120/NR-\$150 (per week)	
*June 10 th - June 11 th * *Daily Rates*	
June 14 th - June 18 th	
June 21 st -June 25 th	
June 28 th - July 2 nd	
July 5 th - July 9 th (Closed July 5 th)	
July 12 th -July 16 th	
July 19 th - July 23 rd	
July 26 th -July 30 th	
August 2 nd -August 6 th	
*August 9 th - August 10 th * *Daily Rates*	
Total Amount Due:	

By signing below, I agree to pay the "Total Amount Due" to Madeira Beach Recreation according to the Recreation Department's 2021 "Summer Camp Payment Schedule" and prior to the first day of Camp. I understand that if I do not pay according to the aforementioned payment schedule, then I will forfeit my child's spot in the 2021 Summer Camp Program.

Parent Signature

Date



2021 Summer Camp Program

All payments due prior to your child attending camp

Resident Rates by Session (within Madeira Beach City Limits ONLY)

- Session 1 (6.14.21-7.9.21).....\$375.00
- Session 2 (7.12.21-8.6.21).....\$375.00
- Full Summer (6.14.21-8.6.21).....\$750.00
- Individual Weekly Rate.....\$120.00
- Daily Rates (6.10.21-6.11.21, 8.9.21-8.10.21).....\$15.00

Nonresident Rates by Session (outside of Madeira Beach City Limits)

- Session 1 (6.14.21-7.9.21).....\$500.00
- Session 2 (7.12.21-8.6.21).....\$500.00
- Full Summer (6.14.21-8.6.21).....\$1,000.00
- Individual Weekly Rate.....\$150.00
- Daily Rates (6.10.21-6.11.21, 8.9.21-8.10.21).....\$20.00

Siblings Discounts (per additional child)

- Discount for Session 1 or 2.....10%
- Discount for Full Summer.....10%

Full Session

(June 14-Aug 6):

\$750 Resident / \$1000 Non-Resident

Payment #1: \$250 / \$335 due by April 5th (or at Initial Registration)

Payment #2: \$250 / \$335 due May 3rd

Payment #3: \$250 / \$330 due June 1st

Half Session

(June 14-July 9 or July 12-August 6):

\$375 Resident/ \$500 Non-Resident

Payment #1: \$125 / \$170 due by April 5th (or at Initial Registration)

Payment #2: \$125 / \$170 due May 3rd

Payment #3: #125 / \$160 due June 1st

What is the refund policy? No refunds will be processed after June 4th. All refund and transfer requests must be made in writing before June 4th. There will be a \$25 processing fee for all summer camp refunds and transfers.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone ()

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone Cell Telephone Work Telephone

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child (Child's Full Name), in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me this (Month) (Day) 20 (Year)

by means of physical presence or online notarization by (Name of Affiant) who is personally known

to me or has produced (Type of identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)

COVID-19 Procedure

Due to the current Covid-19 crisis, The City of Madeira Beach will be following CDC guidelines to ensure the safety of the children and staff. We will practice social distancing with frequent handwashing. The rooms, equipment, and supplies will be sanitized after each use. To take extra precaution we will be doing curbside drop off and pick up. The procedure is as follows:

Morning Drop off: 7:30am-9am

- Pull up to staff table, let child(ren) out
- Staff take child(ren)'s temperature ***must be under 100.4**
- Child(ren)/parent answer temperature check questions
- Staff sign in child(ren)

Afternoon Pick Up: 3:30pm-5:30pm

- Pull up to staff table
- Let staff know who you are picking up
- Show ID
- Staff will radio for child(ren)
- When child(ren) gets in car, staff will sign them out

Daily Questions:

- 1) Have you traveled outside of the United States in the last 2 weeks?
- 2) Have you been in any airports in the last 24 hours?
- 3) Have you been in contact with any person known to have COVID-19?
- 4) Have you had a cough, sore throat, shortness of breath?

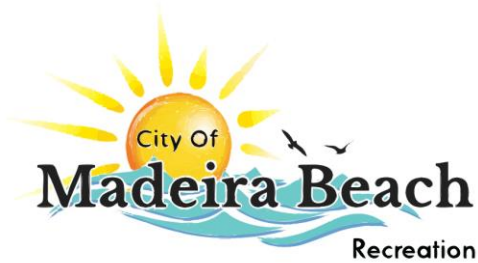
***If a child(ren) needs to be dropped off or picked up outside of the designated times, please call 727-392-0665 and staff will assist you.**

Coronavirus is highly contagious and is easily spread through person to person contact. We will enforce social distancing and adhere to CDC guidelines, but participation in this program is optional. By signing this statement, you agree to the drop off/pick up procedure setout above.

Childs name: _____

Parent Signature: _____

Date: _____



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that “the best way to prevent illness is to avoid being exposed to this virus.” <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs operated by the City of Madeira Beach Recreation Department.

I acknowledge that City of Madeira Beach employees come into contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the City of Madeira Beach takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the City of Madeira Beach cannot guarantee that my child(ren) will not become infected with COVID-19.

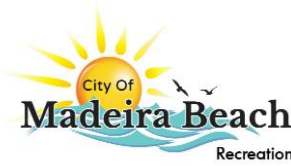
I knowingly acknowledge that by allowing my child(ren) to participate in the City of Madeira Beach’s programs, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of myself and others, including, but not limited to, the City of Madeira Beach employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any City of Madeira Beach program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the City of Madeira Beach, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the City of Madeira Beach, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any City of Madeira Beach program.

Parent or Guardian’s Signature: _____ Date: _____

Parent or Guardian’s Name Printed: _____

Child(ren)’s Name (first & last): _____



MADEIRA BEACH RECREATION 2021 SUMMER CAMP FOOD POLICY

Child's Name _____

As a parent, I, _____, acknowledge that Madeira Beach Recreation will NOT provide a daily lunch and snack for my child. Each child's parent or legal guardian will provide food and beverages for consumption by their child only. Madeira Beach Recreation will ensure that the parent or legal guardian has included the child's name on the outermost container.

With advanced notice to parents, Madeira Beach Recreation will provide special occasion treats, "edible" arts and crafts projects or an extra snack if a child forgets their own (parent will also be notified and asked to provide more food for their child in the future). Madeira Beach Recreation will not engage in any practice that alters the food supplied by the parent or legal guardian. Examples include heating, cutting, mixing, etc.

Please check all that apply:

____ My child HAS food allergies _____

____ My child DOES NOT HAVE food allergies

I give permission for my child to:

____ Sit with other children at regular lunch/snack tables

____ Choose and purchase food at a field trip

____ Make his or her own decisions regarding food choices

____ Be transported by the Recreation Bus

Parent Signature

Date



Madeira Beach Recreation Summer 2021

Code of Conduct

Our program is designed with the following objectives in mind:

- To offer participants a positive recreation experience
- To create environments that will cultivate positive social skills
- To foster the learning of good citizenship skills
- To provide a fun and safe atmosphere
- To contribute to the positive growth and development of our participants

Please review the following with your child:

- Children are to check in and out with their leaders daily
- Children are to stay with their assigned leader in designated areas
- Children should show good manners and courtesy to other children and leaders
- Children must be respectful of fellow attendees belongings and City property
- Children must use appropriate language in the center and on any trips
- Aggressive behavior and/or bullying will not be tolerated, children must keep hands, feet, and all other objects to themselves

Failure to adhere to the above will result in the following:

1. Verbal warning
2. Sit out of activity (one minute for each age of the child)
3. Verbal conference with program director, documented (requires parent signature)
4. Suspension from camp for an assigned length of time (in days)

Severe disruptions will immediately result in third and/or fourth consequence.

Parent Signature

Date



Madeira Beach Recreation Summer 2021

Program Policies

Please initial ALL below:

_____ The City of Madeira Beach Recreation Department does not carry health/accident insurance for individuals participating in our programs. It is understood that if any injury does occur the parent/legal guardian will be responsible for any and all expenses incurred.

_____ I understand that the City of Madeira Beach Recreation Department is not responsible for the loss, damage, or theft of any personal belongings brought to the center.

_____ The City of Madeira Beach has permission to take pictures of my child to be used for arts and crafts, to be posted in the center, or to be used in online and in other marketing efforts for City programming and related activities.

_____ Summer hours end at 5:30 p.m. daily. Late pickups will be charged \$1.00 per minute. Continuous late pickup may result in the removal of child from program.

_____ The recreation program communicates to all parents via E-mail for upcoming events, schedule changes, emergency weather, etc. Please provide your e-mail address below to opt into our center's preferred communication. Failure to do so may result in challenges that may impact the experience of your child and family involvement with the summer program.

Parent E-mail: _____

Parent Birth Date: _____

Please feel welcome to contact the recreation office at (727) 392-0665 to discuss any questions or concerns. Please sign the bottom of this form stating that you understand and comply with the above policies and procedures.

Parent Signature

Date

Child's Grade: _____



Madeira Beach Recreation Summer 2021

Cell Phone/ Electronics Policy

Please initial ALL below:

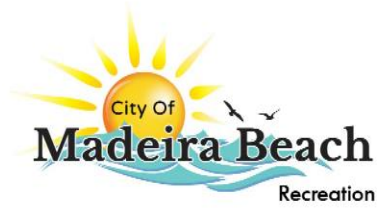
_____ Children will not be allowed to use their cell phones or any electronics during program hours.

_____ If a child is caught on a cell phone or electronic, it will be put in the office and remain there until they go home. It will be given to their parents a with a verbal notice.

_____ If parents need to reach their children, they can call the Recreation office at 727-392-0665 or the Recreation cell at 727-409-1658. **This is for emergencies or change in regular schedule only.**

Parent Signature

Date



Field Trip Permission Form 2021 Summer Camp

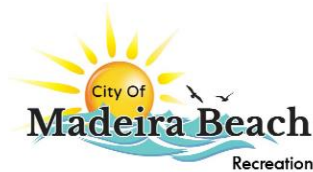
I _____, Hereby grant permission for my child,
_____ to attend the field trips that the Summer Camp program
will attend. Thank you.

Child's Date of Birth _____ Age _____

Phone (Work) _____ or (Cell) _____

_____ **Date** _____
Signature of Parent/Guardian

Additional Information



Movie Permission Form 2021 Summer Camp

K-5 Camp

I _____, Hereby grant permission for
_____ to participate in "Movie Time" during inclement weather
or days without trips. Movies will be rated G or PG appropriate for all ages attending the
program. Thank you.

Child's Date of Birth _____ Age _____

Phone (Work) _____ or (Cell) _____

Signature of Parent/Guardian **Date** _____

Teen Camp

I _____, Hereby grant permission for
_____ to participate in "Movie Time" during inclement weather
or days without trips. Movies will be rated PG or PG 13 appropriate for all ages attending the
program. Thank you.

Child's Date of Birth _____ Age _____

Phone (Work) _____ or (Cell) _____

Signature of Parent/Guardian **Date** _____