

CITY OF MADEIRA BEACH

# SUMMER CAMP 2022



## SUMMER CAMP

### **Full Session:**

May 30th—August 5th

\*\*\$750 Resident Fee

\*\*1000 Non-Resident Fee

### **Half Session:**

May 30—July 1

Or

July 5—August 5

\*\*\$375 Resident Fee

\*\*\$500 Non-Resident Fee

Grades K–8

\*Must have completed Kindergarten

## TEEN CAMP

Rising 6-8 Graders

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 2022

## 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 21st, 2022—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 May 30th. Registration will be cancelled if FULL payment is not received by the designated due date. Please see Payment Schedule for specific due dates.

- **Due to Limited Spots** Residents of Madeira Beach will have first priority while Non-Residents will be placed in a lottery. Registration ends on April 22nd. Lottery will be drawn on Monday, April 25th. Parents will be notified about their spots from April 26th-27th.

### 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

(May 30—Aug 5)

**\$750 Resident / \$1000 Non-Resident**

\*\*Payment #1: \$250 / \$335 due March 23

Payment #2: \$250 / \$335 due April 18th

Payment #3: \$250 / \$330 due May 23rd

#### Half Session

(May 30—July 1 or July 5—Aug 5)

**\$375 Resident / \$500 Non-Resident**

\*\* Payment #1: \$125 / \$170 due March 23

Payment #2: \$125 / \$170 due April 18th

Payment #3: \$125 / \$160 due May 23rd

\*\*Sibling Discount of 10% is available.

\*\*Weekly Rates Available—Please ask staff

- **What is the refund policy?** No refunds will be processed after May 30th. All refunds and transfer requests must be made in writing before May 30th. There will be a \$25 processing fee for all summer camp refunds and transfers.



# 2022 Summer Camp Program

**\*All payments due prior to your child attending camp\***

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

- Session 1 (5.30.22-7.1.22).....\$375.00
- Session 2 (7.5.22-8.5.22).....\$375.00
- Full Summer (5.30.22-8.5.22).....\$750.00
- Individual Weekly Rate.....\$120.00

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

- Session 1 (5.30.22-7.1.22).....\$500.00
- Session 2 (7.5.22-8.5.22).....\$500.00
- Full Summer (5.30.22-8.5.22).....\$1,000.00
- Individual Weekly Rate.....\$150.00

## Siblings Discounts (per additional child)

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

### Full Session

(May 30-Aug 5):

**\$750 Resident / \$1000 Non-Resident**

Payment #1: \$250 / \$335 due by March 23<sup>rd</sup> (or at Initial Registration)

Payment #2: \$250 / \$335 due April 18<sup>th</sup>

Payment #3: \$250 / \$330 due May 23<sup>rd</sup>

### Half Session

(May 30-July 1 or July 5-August 5):

**\$375 Resident/ \$500 Non-Resident**

Payment #1: \$125 / \$170 due by March 23<sup>rd</sup> (or at Initial Registration)

Payment #2: \$125 / \$170 due April 18<sup>th</sup>

Payment #3: #125 / \$160 due May 23<sup>rd</sup>

**What is the refund policy?** No refunds will be processed after May 30<sup>th</sup>. All refund and transfer requests must be made in writing before May 30<sup>th</sup>. There will be a \$25 processing fee for all summer camp refunds and transfers.



## 2022 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	
<b>Full Session- RES-\$750/ NR-\$1000</b>	
May 30 <sup>th</sup> -August 5 <sup>th</sup>	
<b>1<sup>st</sup> Half Session- RES \$375/ NR-\$500</b>	
May 30 <sup>th</sup> - July 1 <sup>st</sup>	
<b>2<sup>nd</sup> Half Session- RES \$375/ NR-\$500</b>	
July 5 <sup>th</sup> - August 5 <sup>th</sup>	
<b>INDIVIDUAL WEEKS ONLY-WEEKLY RATE IS APPLIED: RES-\$120/NR-\$150 (per week)</b>	
May 30 <sup>th</sup> – June 3 <sup>rd</sup>	
June 6 <sup>th</sup> - June 10 <sup>th</sup>	
June 13 <sup>th</sup> -June 17 <sup>th</sup>	
June 20 <sup>th</sup> - June 24 <sup>th</sup>	
June 27 <sup>th</sup> - July 1 <sup>st</sup>	
July 5 <sup>th</sup> -July 8 <sup>th</sup> *Closed July 4th *	
July 11 <sup>th</sup> - July 15 <sup>th</sup>	
July 18 <sup>th</sup> -July 22 <sup>nd</sup>	
July 25 <sup>th</sup> -July 29 <sup>th</sup>	
August 1 <sup>st</sup> - August 5 <sup>th</sup>	
<b>Total Amount Due:</b>	

By signing below, I agree to pay the "Total Amount Due" to Madeira Beach Recreation according to the Recreation Department's 2022 "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 2022 Summer Camp Program.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
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 \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

\_\_\_\_\_  
**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

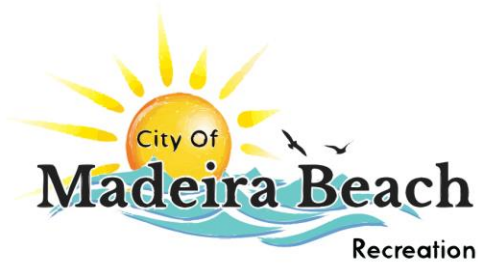
The foregoing instrument was acknowledged before me this \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

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

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

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



**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.

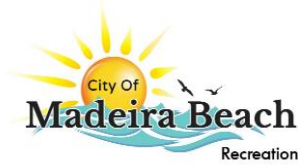
I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out 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 2022 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 2022

### 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 2022

### 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.

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Parent Signature

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Date



## Madeira Beach Recreation Summer 2022

### Cell Phone/ Electronics Policy

Please initial ALL below:

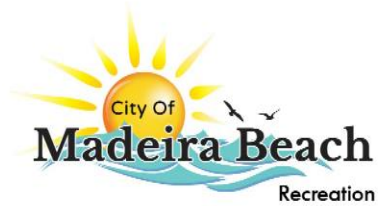
\_\_\_\_\_ Children will not be allowed to use their cell phones or any electronics during program hours.

\_\_\_\_\_ 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 2022 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) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**                      **Date** \_\_\_\_\_

Additional Information

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**Movie Permission Form 2022 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** \_\_\_\_\_