



Healthy Habits Camp 2009

For rising K-5th graders

June 22-26

July 13-17

August 3-7

Dear Families and Campers,

Thank you for choosing the Poe Center as your summer camp option!

In order to make sure you and your camper have the best Poe experience, please read all of the pages of this packet, there are many to be signed and returned.

If you have special needs, please call us before hand so that we can make any necessary arrangements. Also, if you will be picking up early or dropping off late, please let us know in advance.

To ensure everyone's safety, we ask that you bring *and show your ID when picking up children at the end of the day*. If it is someone other than the parent or guardian who will be picking up your camper, please send a note in the morning.

Have questions about Healthy Habits Camp? *The answers are inside this packet!* For more help you can contact Amy Vandemerwe at amy.av@poehealth.org, or call 919.231.4006. Again, thank you for choosing Poe's Healthy Habits Camp for your summer adventure.

Sincerely,
Katie Fish
Camp Leader

PLEASE COMPLETE AND RETURN THIS PAGE TO POE

2009 Poe's Healthy Habits Camp Registration Form

Please complete and return the following forms to: 224 Sunnybrook Road • Raleigh, NC • 27610

Please enroll my child in Poe's Healthy Habits Camp for the week of: (Only one week per student, please)

- June 22 - 26 July 13 - 17 Aug 3 - 7

My child attends:

- Traditional school (Name of School) Year-round school (Track #) Home school

Child's Information:

Child's name (first/middle/last) Name called Address City Zip Male Female Birth date Age (as of 6/1/09) Child's Social Security # Grade (as of 6/1/08) School

Check all that apply to your child, or check "None" for those that don't apply:

- Allergies (type) ADD No Yes ADHD No Yes Medication (type and schedule) Emotionally, behaviorally, intellectually or physically challenged (explain)

Special circumstances (see back page and provide additional information if necessary)

None

Family Information (check parent to contact for questions):

Mother/guardian's name Employer: Address City Zip Home # Work # ext. Mobile# E-mail address

Father/guardian's name Employer: Address City Zip Home # Work # ext. Mobile# E-mail address

PLEASE COMPLETE, SIGN AND RETURN THIS PAGE TO POE

Emergency Information In the case of emergency, please contact the following first:

- Mother/guardian Father/guardian

Child's doctor _____ Doctor's phone _____
Child's dentist _____ Dentist's phone _____
Hospital preference _____
Insurance company _____ Policy # _____

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child _____
Home # _____ Work # _____ ext. _____ Mobile# _____
Name _____ Relationship to child _____
Home # _____ Work # _____ ext. _____ Mobile# _____

In addition to the above, list the names and relationships of persons to whom your child can be released: _____

How did you learn about Poe Programs?

- Friend or relative Web site or the Internet Through child's school
 Newspaper or magazine Radio or TV Wake County Human Services
 Other _____

In its practices, the Poe Center does not discriminate on the basis of race, creed, disability, national or ethnic origin.

The following must be signed and dated to register your child.

My child is eligible for/receives free and reduced lunch.

Parent/guardian signature _____
Date _____

I have read, understand and agree to the Poe Center for Health Education's 2009 Youth Programs Policies.

Parent/guardian signature _____ Date _____

I have read, understand and agree to the Poe Center for Health Education's 2009 Behavior Expectations and Discipline Policies.

Parent/guardian signature _____ Date _____

Poe Center Youth Programs Policy

Please read each and **initial** to indicate you understand these policies.

Waivers/Permission

- 1. **Permission** - I permit my child to participate in activities the Poe Center conducts.
- 2. **Photography** - I permit the Poe Center to use images of my child as a Poe program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Poe Website, which are produced or published by Poe. I also permit the Poe Center and/or the media to use images of my child in broadcast and print media news coverage of the Poe Center. I understand that my child's name is not published. ▶ _____

Medical Treatment Policies

- 6 **Accident Insurance** - Participants are responsible for their own accident insurance when using the Poe Center and when participant in Poe Center programs off-site. ▶ _____
- 7 **Medication** - The Poe Center does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the Poe Center may take appropriate action in the best interest of the child. ▶ _____

- 8 **Blood Borne Pathogen exposure** - I understand that, while my child is in the care of the Poe Center, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the Poe Center will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the Poe Center will provide the name and telephone number of the child's attending physician to the staff member. ▶ _____

I have read and agree with the statement and specifically authorize the Poe Center to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child ▶ _____

Program Policies

- 9 **Inclement weather** - I understand that programs are not available when school is closed due to weather. ▶ _____
- 10 I understand that the Poe Center is not responsible for any personal items lost or stolen at our program. ▶ _____

Child's Name _____ Parent/Guardian Signature _____

Poe Center for Health Education's Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all Poe programs are safety and a positive atmosphere for learning. The Poe Center makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The Poe Center does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child's behavior I expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas - running away is not acceptable.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if applicable), Parent(s)/guardian and the program director.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors, which may result in immediate dismissal, include but are not limited to:

1. Any action that could threaten or pose a direct threat to the Physical/emotional safety of the child, other children or staff.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of Poe Center property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of the doctor
7. Running away
8. Biting



Poe's Healthy Habits Camp At-a-Glance

Drop-off/Pick-up

- 8 a.m. to 5 p.m.

Ages

- Upper Elementary rising 3rd to 5th grade
- Lower Elementary rising K to 2nd grade

A Typical Day at Poe's Healthy Habits Camp

(This is a general schedule - Specific daily schedules with health education topic to be covered will be given out on the first day of camp)

Time	Activity	Location
8:00 - 8:30	Arrival, Orientation and Fun with Name Tags	Atrium
8:30 - 9:00	Scavenger Hunt (Exploring the playground)	Playground*
9:00 - 9:30	Yoga warm-up activities	Playground*
9:30 - 10:30	Interactive Nutrition Class - Fantastic Foods	Nutrition Theater
10:30 - 11:30	Interactive Nutrition Games	General Theater
11:30 - 12:00	Lunch on the playground	Playground*
12:00 - 12:30	Free Time Playground (Parachute activity)	Playground*
12:30 - 1:00	Learning about the Brain - Cranium Connection	Long Hall
1:00 - 2:00	Games - Food Pyramid Basketball/ The nutrition relay	Atrium/outside
2:00 - 3:00	Build a Healthy - Snack Break & Nutrition Movie Time	General Health
3:00 - 4:00	Arts and Crafts - Fun with Food	Nutrition Theater
4:00 - 5:00	Playground and Pick-up	Playground

* Activities will take place on PlayWELL Park - weather permitting



What to Bring to Poe's Healthy Habits Camp each day:

- Any necessary medication(s)
- Light sweater or jacket
- **Close toed shoes or tennis shoes**
- Change of clothes (labeled in a plastic bag)

What the Poe Center will provide:

- A healthy breakfast, lunch & snacks
- A mind & body stimulating environment
- Entrance to WakeMed's PlayWELL Park at Poe (a one-of-a-kind health education playground)
- Engaging and interactive health education programming
- Safe and secure environment
- CPR & First Aid certified staff
- Bottled water
- A lot of fun!!!

Directions to Poe's Healthy Habits Camp:

Poe Center is located at 224 Sunnybrook Road

From 440/Inner Beltline take exit 13A, turn Right onto New Bern Ave towards downtown, at 2nd stoplight turn left on to Sunnybrook Road – Poe Center will be on right (on the corner of Kidd Road)

From 440/Outer Beltline take exit 15, turn left onto Poole Road, at 3rd stoplight turn Right onto Sunnybrook Road – Poe Center will be on left (on the corner of Kidd Road)