

Healthy Habits Camp 2011

For rising 1st - 5th graders

June 20-24 July 18-22

Dear Families and Campers,

Thank you for choosing the Poe Center for summer camp! Poe's Healthy Habits Camp is made possible through funding by the North Carolina Department of Health and Human Services Division of Social Services, and the USDA.

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. All applications must also be turned in with a copy of one **verification document (EBT card, Free/Reduced lunch letter or Medicaid card.)**

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 a picture 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.

For registration questions contact Kate Mascho at k.mascho@poehealth.org or call (919) 231-4006 x399. Again, thank you for choosing Poe's Healthy Habits Camp for your summer adventure.

Sincerely,

The Poe Center

"In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

This material was funded by USDA's Supplemental Nutrition Assistance Program. The Supplemental Nutrition Assistance Program provides nutrition assistance to people with low income. To find out more, contact your local social service agency, or dial toll free 1-(800)-662-7030.

2011 Poe's Healthy Habits Camp Registration Form

**Please complete and return the following forms to: 224 Sunnybrook Road • Raleigh, NC • 27610
ALONG WITH VERIFICATION DOCUMENT**

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

June 20 - 24, 2011 July 18 - 22, 2011

Where did you hear about Poe's Healthy Habits Camp/Get Application: _____

My child attends (check one):

- 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 6/1/11) _____
Grade (as of 6/1/11) _____ School _____

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

- Allergies (type) _____ None
 ADD No Yes ADHD No Yes None
 Medication (type and schedule) _____ None
 Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None

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

None

Family Information (check box of parent that wishes to be contacted with questions)

Mother/guardian's name _____ Employer: _____

Home Address _____ City _____ Zip _____

Home # _____ Work # _____ ext. _____

Mobile# _____ E-mail address _____

Father/guardian's name _____ Employer: _____

Home 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 2011 Youth Programs Policies.

Parent/guardian signature _____ Date _____

I have read, understand and agree to the Poe Center for Health Education's 2011 Behavior Expectations and Discipline Policies.

Parent/guardian signature _____ Date _____

PLEASE READ, SIGN AND RETURN THIS PAGE TO POE

Special Circumstances

Parents or guardians are required to inform the Poe Center in writing, prior to a child's acceptance in the Poe program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the program director (or his or her designee) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that; (1) it is the responsibility of the parent(s)/guardian to make full disclosure to the Poe Center of any special circumstances which may affect the ability of my child/ward to participate, and (2) it is the responsibility of the parent(s)/guardian to inform the Poe Center of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participant.

Please sign, indicating you have read, understand and agree to all the information above:

Parent/Legal guardian

Date

Permission to Apply Sunscreen

I hereby give the staff of the Poe Center for Health Education the authority to apply sunscreen to my child.

Child's Name

Parent/Guardian Name

Date_____

Poe Center for Health Education: Youth Programs Policy

Please read and **initial** at each ▶ _____ to indicate that 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: 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

- 8:30 a.m. to 5 p.m.

Ages

- Lower Elementary rising 1st to 2nd grade
- Upper Elementary rising 3rd to 5th 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 |
|---------------|--|---------------------------------------|
| 8:30 - 9:00 | Breakfast Arrival, Orientation and Fun with Name Tags | Atrium Playground* |
| 9:00 - 9:30 | Scavenger Hunt (Exploring the playground) | Playground* |
| 9:30 - 10:30 | Interactive Nutrition Class - Fantastic Foods | Nutrition Theater |
| 10:30 - 10:45 | Bathroom Break and Morning Snack Interactive Nutrition Games | Atrium |
| 10:45 - 11:30 | Interactive Nutrition Games | Playground*/General Health 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)