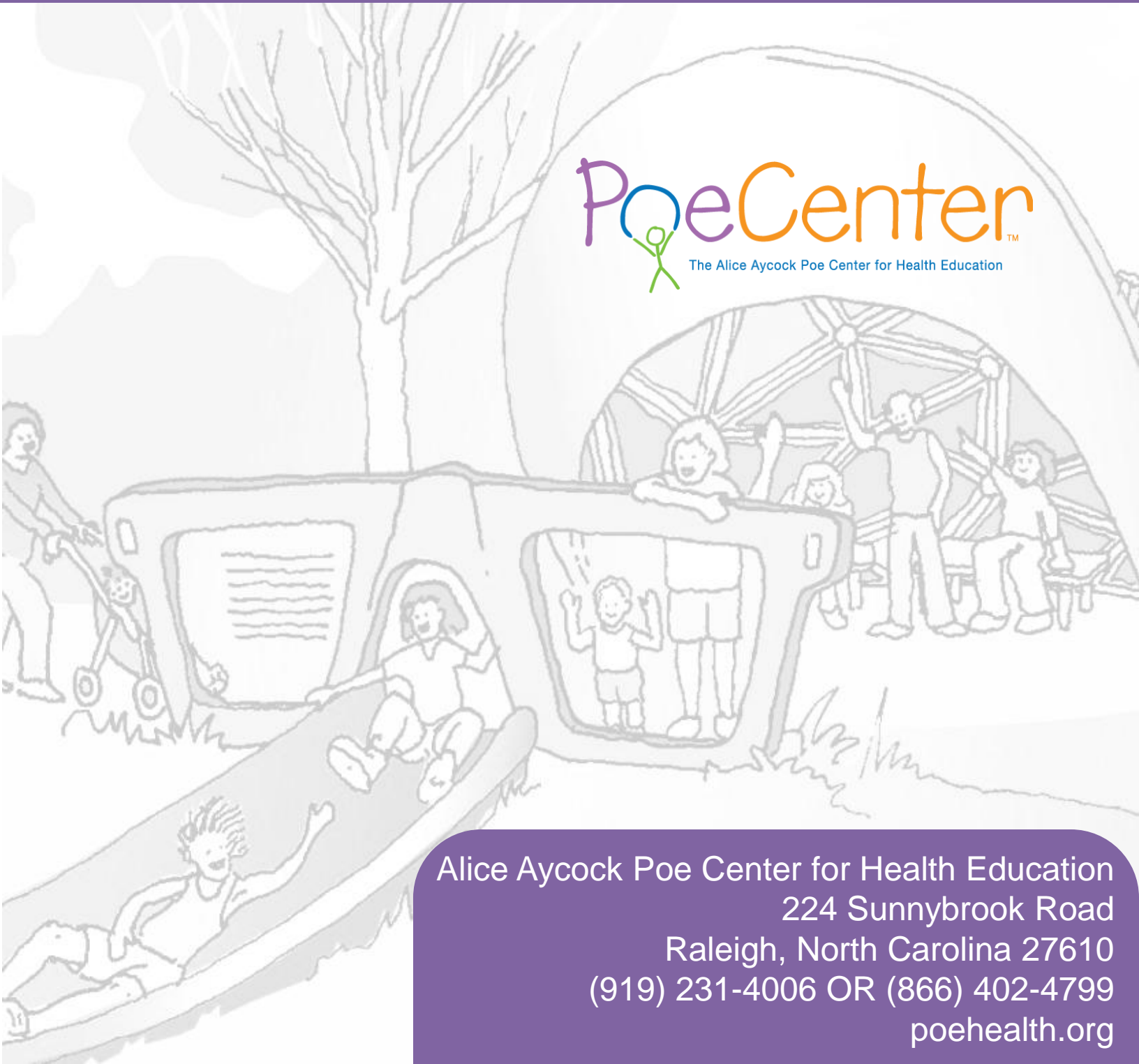
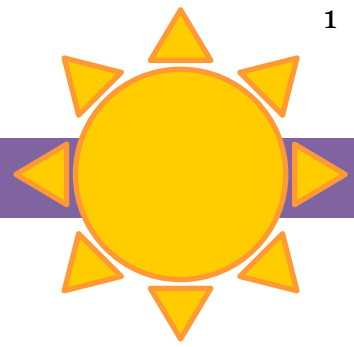


Healthy Habits Camp 2014 Registration!



PoeCenter™
The Alice Aycock Poe Center for Health Education

Alice Aycock Poe Center for Health Education
224 Sunnybrook Road
Raleigh, North Carolina 27610
(919) 231-4006 OR (866) 402-4799
poehealth.org



Healthy Habits Camp 2014!

Dear Families and Campers,

Thank you for participating in the Poe Center's 2014 Healthy Habits Camp! Our camp is designed for children entering **1st through 5th grade** and will be offered during the week of **June 23th - 27th OR July 28nd – August 1st**. Please choose the week that is most convenient for you and your camper!

In order to make sure you and your camper have the best Poe experience possible, please read all information provided in this packet, and fully complete the last three (3) pages. **All information must be returned to the Poe Center at 224 Sunnybrook Road in Raleigh along with a copy of one (1) of the following verification documents:**

- EBT Card
- Free/Reduced Lunch Letter
- Medicaid Card

Drop off for campers will be **NO** earlier than 8:30 AM. Staff and counselors will be preparing for the day and doors will not open until 8:30 AM. Pick up time is 4:30 PM. A late fee will be charged if a child is still with us after 4:30 PM.

To ensure the safety of all Healthy Habits campers, we ask that you **bring and show a picture ID when picking up children at the end of the day**. Please send a note with your camper in the morning, should anyone other than the designated parent or guardian be responsible for pick-up on that particular day.

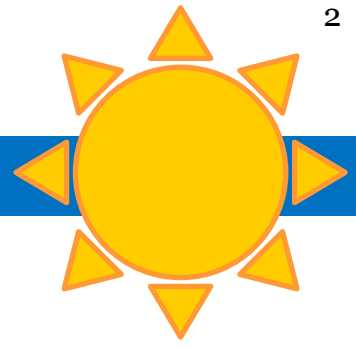
Healthy Habits Camp is made possible through funding by the North Carolina Department of Health and Human Services Division of Social Services, and the United States Department of Agriculture. Please contact Kate Mascho at k.mascho@poehealth.org or call (919) 231-4006 x399 with any questions and/or to register for one of Poe's 2014 summer camp session.

Again, thank you for choosing the Poe Center'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.



Behavior Expectations and Discipline Policy

The Poe Center believes that it is important to maintain order and discipline throughout all programs. Providing campers and staff with a safe, positive learning environment is Poe's top priority.

The Poe Center makes every effort to help parents/guardians and campers understand Poe's definitions of acceptable and unacceptable behaviors, attitudes and actions. Please review the following with your child(ren). If you have any questions, please contact Kate Mascho at k.mascho@poehealth.org or (919) 231-4006 ext.399.

Thank you for your cooperation!

The Poe Center does NOT condone and will NOT permit:

1. Physical punishment.
2. The use of threats, ridicule, yelling and inappropriate language.
3. Camp counselors leaving children unattended or unsupervised.

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

1. Use appropriate language at all times.
2. Cooperate with staff, follow directions and stay with the group-no running away/off from Healthy Habits Camp.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.

The Discipline Policy

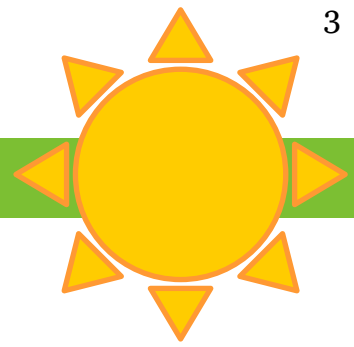
1. If a child is unable to comply with the behavior expectations, a conference will be held by the Program Director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the Program Director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if applicable), the 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 (this includes: fighting, possessing a weapon of any kind, biting, kicking, and/or engaging in physical confrontations or altercations).
2. Vandalism or destruction of Poe Center property or property of others.
3. Sexual misconduct.
4. Possession of or use of alcohol or controlled substances unless under doctor's prescription(s).
5. Running away/off from Healthy Habits Camp.

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Healthy Habits Camp: At A Glance

Drop-off/Pick-up: 8:30 a.m. to 4:30 p.m.

Camp Groups:

- Lower Elementary rising 1st and 2nd grade
- Middle Elementary rising 2nd through 4th grade
- Upper Elementary rising 4th and 5th grade

A Typical Day at Poe’s Healthy Habits Camp

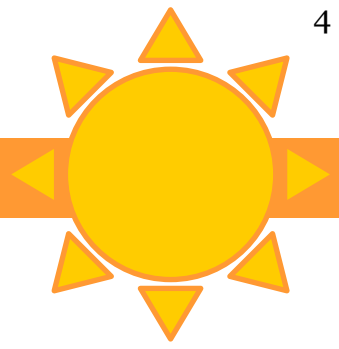
(This is a general schedule. Specific daily schedules with health education topic to be covered will be given out on the first day of camp)

<u>Time</u>	<u>Activity</u>	<u>Location</u>
8:30 – 9:30	Breakfast: Arrival, Orientation	Atrium/General Health
9:30 – 9:45	Daily Camp Welcome and Setting Expectations	General Health
9:45 – 10:30	Morning Rotation 1: Arts and Crafts: decorate hats and sunglasses	Dental Theater
10:30 – 11:15	Morning Rotation 2: Physical Activity: Obstacle Course	Playground*
11:15 – 12:00	Morning Rotation 3: Garden Lesson and Activity	Playground*
12:00 – 12:30	Lunch on the playground	Playground*
12:30 – 1:00	Reading time/Quiet time	Theaters
1:00 – 1:45	Interactive Nutrition Class: Fantastic Foods	Nutrition Theater
1:45 – 2:30	Afternoon Rotation 1: Snack and activity; Bones Hunt	General Health/Atrium
2:30 – 3:15	Afternoon Rotation 2: Arts and Activities: Decorate Frisbee and play a round of Frisbee golf	Playground*
3:15 – 4:00	Afternoon Rotation 3: Body Systems, Skeletal; Trace bodies and system lesson	Atrium
4:00 – 4:30	Playground and Pick-up	Playground*

** Activities will take place on PlayWELL Park - weather permitting*

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Healthy Habits Camp: General Information

Daily Checklist: What to Bring to Poe's Healthy Habits Camp:

- ✓ Any necessary medication(s)
- ✓ Light sweater or jacket
- ✓ Close toed shoes or tennis shoes that are appropriate for physical activity
- ✓ Change of clothes (labeled in a plastic bag)
- ✓ Blanket for quiet time (optional)

The Poe Center will provide campers with the following:

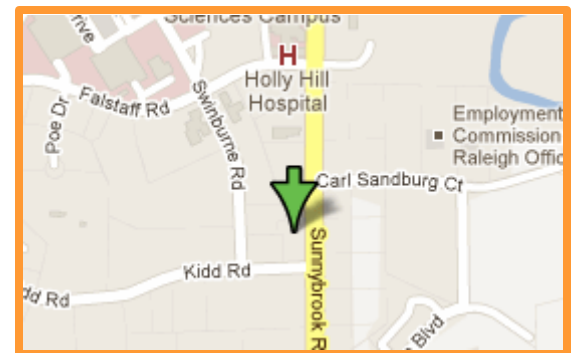
- A safe, secure environment where campers will engage in interactive, healthy activities!
- Entrance to the Poe Center's PlayWELL Park, a health education-focused playground and garden.
- CPR & First Aid certified staff.
- A healthy breakfast, lunch, one (1) snack and bottled water.
- **Healthy FUN!**

Directions to Poe's Healthy Habits Camp:

The Poe Center is located at 224 Sunnybrook Road in Raleigh.

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)



Healthy Habits Camp

Registration & Emergency Contact Form

Please enroll my child in Poe's Healthy Habits Camp for the week of: June 23-27 OR July 28-August 1st
(Only one week per student, please.)

My child attends (check ONE): Traditional School Year-round school (name of school) _____ Home-school

Child's Information

Child's Name (First/Middle/Last): _____ Name called: _____

Address: _____ City: _____ Zip: _____

Gender: Male Female Birth date: _____ Age (as of June 1, 2014): _____

Grade level as of June 1, 2014: _____ School name: _____

Child's T-Shirt Size (S/M/L/XL): _____ Circle One: **Adult size** OR **Child Size** Child's Shoe Size #: _____ Circle One: **Adult size** OR **Child Size**

Check all that apply to your child:

- Allergies (food/medication) _____
- ADD or ADHD _____
- Medication (type and frequency) _____
- Special needs (emotional/physical/behavioral/intellectual) and/or special circumstances (please describe) _____

Family, Emergency and Healthcare Provider Contact Information

In case of emergency, Poe may contact: Primary contact Secondary Contact Other (please provide this information to Poe)

Parent/guardian (primary contact) name: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ ext. _____

Mobile#: _____ E-mail address: _____

Secondary contact name: _____ Employer: _____

Home Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ ext. _____

Mobile#: _____ E-mail address: _____

Child's doctor: _____ Doctor's phone: _____

Child's Dentist: _____ Dentist's phone: _____

Hospital preference: _____ Insurance company and policy #: _____

PLEASE COMPLETE AND RETURN TO THE POE CENTER

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Healthy Habits Camp

Verification & Permission Information

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

Parent/guardian signature: _____ Date: _____

I have read, understand and agree to the Poe Center for Health Education's 2014 Youth Programs Policies.

Parent/guardian signature: _____ Date: _____

I have read, understand and agree to the Poe Center for Health Education's 2014 Behavior Expectations and Discipline Policies.

Parent/guardian signature: _____ Date: _____

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 the terms and conditions stated 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: _____

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 _____

PLEASE COMPLETE AND RETURN TO THE POE CENTER

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 materials. This includes any printed material, broadcast and print advertising, promotional videos and the Poe Website, which are produced and/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 will not be published. ▶ _____

Medical Treatment Policies

1. **Accident Insurance** – Participants are responsible for their own accident insurance when using the Poe Center and when participating in Poe Center programs off-site. ▶ _____
2. **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. ▶ _____
3. **Blood Borne/Bodily Fluid 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. ▶ _____
4. 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

1. **Inclement weather** – I understand that programs are not available when school is closed due to weather. ▶ _____
2. 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 _____

PLEASE COMPLETE AND RETURN TO THE POE CENTER