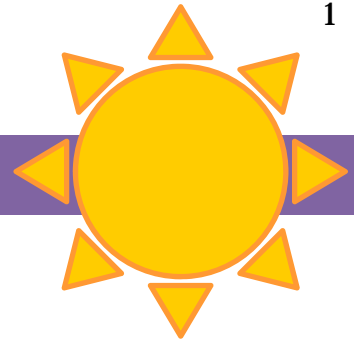


Healthy Habits Camp 2017 Registration!



Poe Center for Health Education
224 Sunnybrook Road
Raleigh, North Carolina 27610
(919) 231-4006 | www.poehealth.org





Healthy Habits Camp 2017!

Dear Families and Campers,

Thank you for participating in the Poe Center's 2016 Healthy Habits Camp! Our camp is designed for rising **1st through 5th graders** and will be offered during the weeks of **June 19th – 23rd** and **July 10th – July 14th**. Please choose the week that is most convenient for you and your camper!

Healthy Habits camp is provided at NO cost to qualifying families. 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 and return the last four (4) 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 4:00 PM. A late fee will be charged if a child is still with us after 4:35 PM.

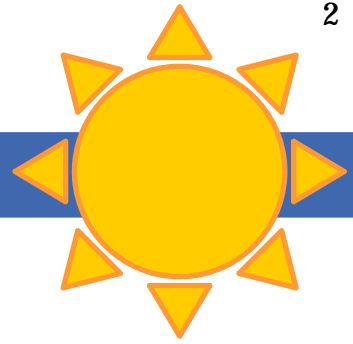
To ensure the safety of all Healthy Habits campers, we ask that you **bring and show a picture ID when picking up children at the end of each day**. Please send a note with your camper in the morning, should anyone other than the designated parent or guardian be responsible for pick-up on that particular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

To register for one of Poe's 2017 summer camp sessions, visit our website at www.poehealth.org or you can pick up a registration packet at the Poe Center. For other questions, please contact Alaina Hart, Camp Director at a.carter@poehealth.org or Kate Mascho, Scheduling Coordinator at k.mascho@poehealth.org.

Again, thank you for choosing the Poe Center's Healthy Habits Camp for your summer adventure!

Sincerely,
The Poe Center



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 Alaina Hart at a.carter@poehealth.org or (919) 231-4006 or Kate Mascho at k.mascho@poealth.org

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.
4. Bullying behaviors or disrespectful actions from staff or children

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

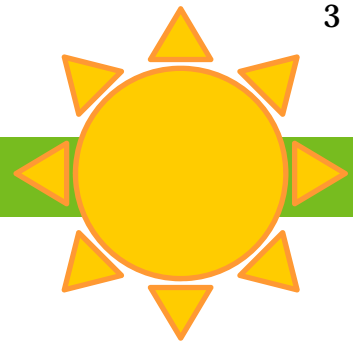
1. Use appropriate language at all times.
2. Cooperate with staff, follow directions and stay with the group-no running away/off from Healthy Habits Camp.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.

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.



Healthy Habits Camp: At A Glance

Drop-off/Pick-up: 8:30 a.m. to 4:00 p.m.

Camp Groups: (varies by age also)

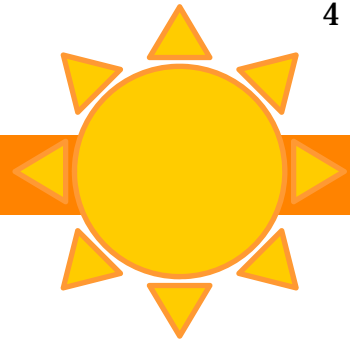
- Lower Elementary rising 1st and 2nd grade
- Middle Elementary rising 3rd through 4th grade
- Upper Elementary rising 4th and 5th grade

A Typical Day at Poe’s Healthy Habits Camp

(This is a general schedule. Activities for each day will have a specific health theme. Daily schedules are provided upon request).

<u>Time</u>	<u>Activity</u>	<u>Location</u>
8:30 – 9:00	Breakfast: Arrival, Orientation	Atrium/General Health
9:00 – 9:30	Morning Rotation 1: Health related education program	General Health
9:30 – 10:00	Morning Rotation 2: Arts and Crafts activity	Family Life Theater
10:00 – 10:30	Morning Rotation 3: Garden Lesson and Activity	Playground*
10:30 – 11:00	Morning Rotation 4: Counselor-led games	Atrium
11:00 – 11:30	Morning Rotation 5: Interactive Nutrition class and Snack	Nutrition Theater
11:30 – 12:00	Morning Rotation 6: Physical fitness lesson and Activity	Atrium
12:00 – 1:00	Lunch and free play	Atrium/ Playground*
1:00 – 1:30	Afternoon Rotation 1: Morning lesson review game	General Health/Atrium
1:30 – 2:00	Afternoon Rotation 2: Arts and Crafts Activities	Family Life Theater
2:00 – 2:30	Afternoon Rotation 3: Quiet games	Dental Theater
2:30 – 3:00	Afternoon Rotation 4: Physical activity	Atrium/Playground*
3:00 – 3:30	Snack	Nutrition Theater
3:30 - 4:00	Afternoon activity- games/ movie	General Health
4:00 - 4:30	Pick up- movie or game	General Health

* Activities will take place on PlayWELL Park - weather permitting



Healthy Habits Camp: General Information

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

- ✓ Any necessary medication(s) (with instructions, labeled in a plastic bag)
- ✓ Light sweater or jacket
- ✓ Close toed shoes or tennis shoes that are appropriate for physical activity
- ✓ Extra pair of close toed shoes on Wednesday for water day
- ✓ Change of clothes (labeled in a plastic bag)
- ✓ Blanket for quiet time

The Poe Center will provide campers with the following:

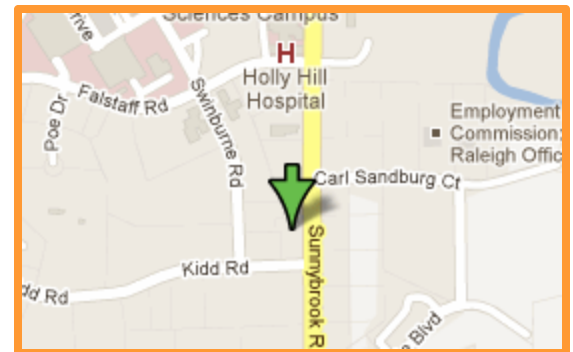
- A safe, secure environment where campers will engage in interactive, healthy activities!
- Breakfast, lunch, two (2) snacks and water.
- Entrance to the Poe Center's PlayWELL Park, a health education-focused playground and garden.
- CPR & First Aid certified staff.
- **Healthy FUN!**

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 for Healthy Habits Camp for the week of: June 19th – 23rd OR July 10th - 14th
(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, 2017): _____ Rising grade Level: _____

Check all that apply to your child: (Attach additional information that does not fit in space provided)

***Poe Center staff and volunteers are not trained to provide the care needed for children with certain special needs.**

Allergies (food/medication) _____

ADD or ADHD _____

Medication (type and frequency) _____

Emotional/ Mental Health concerns: _____

Other _____

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: _____

PLEASE COMPLETE AND RETURN TO THE POE CENTER

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 2017 Youth Programs Policies.

Parent/guardian signature: _____ Date: _____

I have read, understand and agree to the Poe Center for Health Education’s 2017 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 being accepted into 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, emotional, 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 Healthy Habits Camp?

- Friend or relative Poe Website Child’s School (please specify: Principle Guidance Counselor Other _____)
- Facebook Twitter 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 mandatory 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. The Poe Center staff and volunteers are not trained to provide the care needed for children with certain physical and mental special needs. ▶ _____
2. **Inclement weather** – I understand that programs are not available when school is closed due to weather. ▶ _____
3. 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

Healthy Habits Camp

Drop off/ Pick up Policy

Please read and sign at the bottom to indicate that you understand these policies.

Drop off

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. We ask that on the 1st day of camp, parent/guardian dropping campers off please have a photo I.D. ready to present at check in.

Pick up

Pick up time will be between 4:00pm and 4:30pm everyday and we will be doing a carpool system. You will be provided with three (3) colored sheets with your child's name on them for people, including yourself, who are able to pick up your child. Please place that in the passenger side of your dashboard for pick up. A photo I.D. is required for the Poe Center to release your child.

Please provide 3 names, including yourself, of people authorized to pick up your child.

Parent/Guardian Name

Phone number

Parent/Guardian Name

Phone number

Parent/Guardian Name

Phone number

If you are late past 4:35pm, there is a \$5 penalty for the first minute and a \$1 penalty for each minute thereafter.

I understand and agree to all the above:

Child's Name _____ Parent/Guardian Signature _____

PLEASE COMPLETE AND RETURN TO THE POE CENTER

This material was funded by USDA's Supplemental Nutrition Assistance Program. The Supplemental Nutrition Assistance Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, call [1-800-221-5689](tel:1-800-221-5689). In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis or race, color, national origin, sex, age, religion, political beliefs or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Right, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call [\(800\)795-3272](tel:8007953272) (voice) or [\(202\)720-6382](tel:2027206382) (TTY). USDA is an equal opportunity provider and employer. The Poe Center is an equal opportunity provider and employer.