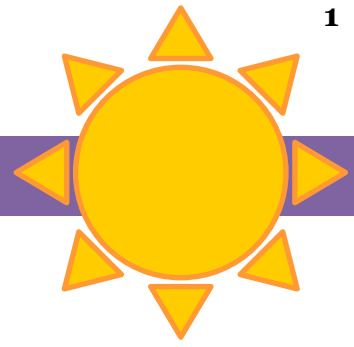


# Healthy Habits Camp 2023



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

**PoeCenter**<sup>TM</sup>  
The Alice Aycock Poe Center for Health Education



## Healthy Habits Camp 2023!

Dear Families and Campers,

Thank you for participating in the Poe Center's 2020 Healthy Habits Camp! Our camp is designed for rising **1<sup>st</sup> through 5<sup>th</sup> graders** and will be offered during the weeks of **June 26<sup>th</sup> – 30<sup>th</sup>** and **July 17<sup>th</sup> – 21<sup>st</sup>** from **8:30am to 4:00pm**. Please choose the week that is best for you and your camper!

Healthy Habits Camp is provided at NO cost to qualifying families through funding from the USDA's Supplemental Nutrition Assistance Program -- SNAP. Children who qualify for free or reduced-price lunches at school or any other qualifying Government Assistance programs may participate at no cost. **Healthy Habits Camp is exclusively offered to qualifying children.**

Families eligible for any of the following benefits, would qualify for this camp:

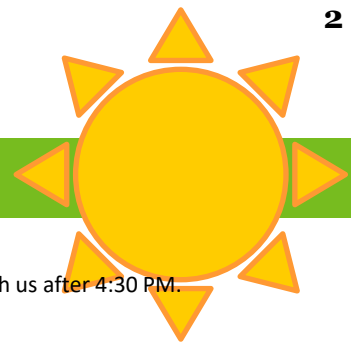
- ☐ EBT Card
- ☐ Free/Reduced Lunch Letter
- ☐ Medicaid Card

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.**

To register for one of Poe's 2023 summer camp sessions, visit our website at [www.poehealth.org](http://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.hart@poehealth.org](mailto:a.hart@poehealth.org)

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

Sincerely,  
**The Poe Center**



## Healthy Habits Camp: At A Glance

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

Drop off for campers will be NO earlier than 8:30 AM. Pick up time is 4:00 PM. A late fee will be charged if a child is still with us after 4:30 PM.

**Camp Groups: (Also varies by age)**

- Lower Elementary: rising 1st and 2nd grade
- Middle Elementary: rising 3<sup>rd</sup> through 4<sup>th</sup> grade
- Upper Elementary: rising 4th and 5th grade

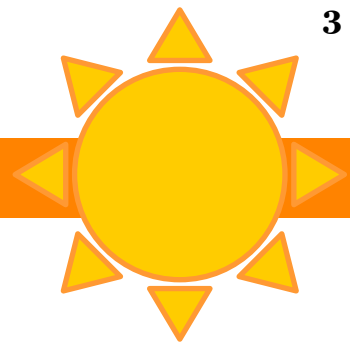
**A Typical Day at Poe's Healthy Habits Camp**

*(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	Drop-off: Breakfast/Games/Daily Welcome	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	Poe Garden
10:30 – 11:00	Morning Rotation 4: Counselor-led games	Atrium
11:00 – 11:30	Morning Rotation 5: Interactive Nutrition class and Snack	Poe Kitchen
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-activity	Poe Kitchen
3:30 - 4:00	Afternoon activity- games/ movie	General Health
4:00 - 4:30	Pick up: movie or games	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
- ✓ Sunscreen
- ✓ Closed-toe shoes or tennis shoes that are appropriate for physical activity
- ✓ Extra pair of closed-toe shoes on Friday for Field Day
- ✓ Change of clothes on Friday for Field Day (labeled in a plastic bag)
- ✓ Blanket and pillow for quiet time

### The Poe Center will provide campers with the following:

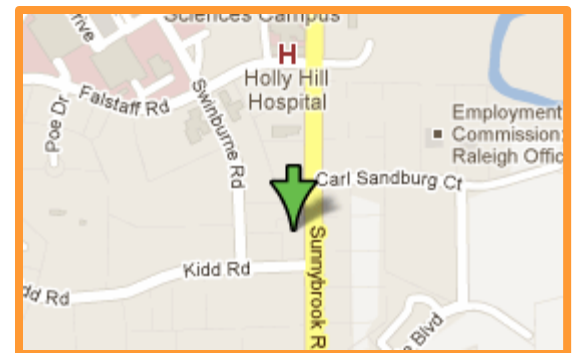
- A safe, secure environment where campers will engage in interactive, healthy activities!
- Breakfast, lunch, two (2) snacks and water.
- Entrance to the Poe Center's PlayWELL Park, a health education-focused playground and garden.
- CPR & First Aid certified staff.
- **Healthy FUN!**

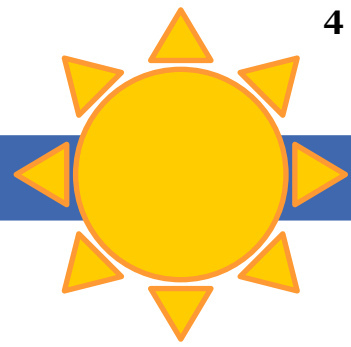
### Directions to Poe's Healthy Habits Camp:

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)





## 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.hart@poehealth.org](mailto:a.hart@poehealth.org) or (919) 231-4006.

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 behavior or disrespectful actions from staff or children.
5. Use of electronic devices such as: tablets, phones, games or toys.

### **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

## Verification & Permission Information

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**My child is eligible for/receives free or reduced lunch or my family is enrolled in a qualifying government assistance program.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read, understand and agree to the Poe Center for Health Education's 2023 Youth Programs Policies.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read, understand and agree to the Poe Center for Health Education's 2023 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/Guardian Signature

\_\_\_\_\_  
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 hear about Healthy Habits Camp?

- ☐ Friend or Relative   ☐ Poe Website   ☐ Child's School (please specify: \_\_\_\_\_)   ☐ Guidance Counselor   ☐ Attended Before
- ☐ Facebook   ☐ Twitter   ☐ Wake County Human Services   ☐ Other \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO THE POE CENTER**

# Healthy Habits Camp

## Registration & Emergency Contact Form

Please enroll my child for Healthy Habits Camp for the week of: ☐ June 26<sup>th</sup> – 30<sup>th</sup> OR ☐ July 17<sup>th</sup> – 21<sup>st</sup> –  
(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, 2023): \_\_\_\_\_ 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: \_\_\_\_\_

Home Address (If different from Child): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_

Mobile#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Secondary (Emergency Contact) Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_

Mobile#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO THE POE CENTER

# Poe Center for Health Education: Youth Programs Policy

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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. ▶ \_\_\_\_\_
1. **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 1<sup>st</sup> 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 starts at 4:00pm and ends at 4:30pm everyday. We will be doing a carpool lane system. You will provide the Poe Center with three (3) people, including yourself, who are authorized to pick up your child. When you arrive, please have photo I.D. ready to show staff before your child is released to you. A photo I.D. is required for the Poe Center to release your child.

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.

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

---

Parent/Guardian Name

---

Phone number

---

Name

---

Phone number

---

Name

---

Phone number

**\*If you are late past 4:30pm, there is a \$5 penalty for the first minute and a \$1 penalty for each minute after.\***

I understand and agree to all the above:

Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_