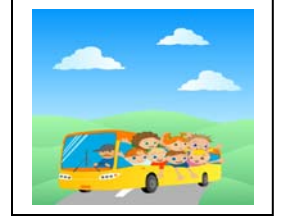


PORTLAND PARKS AND RECREATION  
265 Main Street  
PO Box 71  
Portland, CT 06480  
(860)-342-6757  
(860)- 342-6763 FAX



## **Portland Parks and Recreation Summer Playground Programs**

**Kiddie Camp**

**Summer Playground at Gildersleeve**

**Playground Plus Program at Noyes Camp**

**Teen Adventure Camp**

**Councilor in Training Program**

## Portland Parks and Recreation Mission Statement

The Portland Parks and Recreation Department is committed to offering diverse leisure activities to meet the interests of our citizens. Our purpose is to provide a variety of safe, affordable programs to develop personal enrichment, promote enduring friendships make accessible recreational use of the environment, and provide fitness-related activities for all age groups. In this capacity, we hope to improve the quality of life for all our residents, physically, socially, and intellectually, thereby nurturing the health and cohesiveness of our community. We try to offer something for everyone.

### General Information

The regular camp session will be from June 21<sup>st</sup> – August 20<sup>th</sup>. (No Camp July 5<sup>th</sup> )  
Extended Summer session will be from August 9<sup>th</sup> – August 20<sup>th</sup>  
Camp is Monday – Friday with the exception of July 5<sup>th</sup>.  
You must be a Portland Resident to attend one of the Summer Playground Programs.

**Registration Information** - Registrations will be accepted starting **March 15<sup>th</sup>**. Registrations should be submitted by June 1<sup>st</sup> to assure that your child to be counted to receive a shirt. **A current Health Form must accompany the registration.** *Registrations received after June 1<sup>st</sup> will be charged a \$25 late fee. Registrations* will be on a first come/first served basis. Pre-Registration is required for all summer camps. A registration form must be completed and signed by a parent or guardian, a health form and a permission form (if required) must be completed for each child. Registrations can be dropped off at the Recreation Office at 265 Main Street or mailed to the Parks and Recreation Department at 265 Main Street. P.O. Box 71., Portland, CT 06480.

**PAYMENT & Health Form Policies.** The payment for weeks **1 & 2 must accompany** the registration **with the child's Health Form** and the payment for **weeks 3 - 9** is due by **July 1<sup>st</sup>**. *If payments are not received or late, it may jeopardize your child's enrollment in the camp.* Parks and Recreation understands that there may be changes in your schedules since forms are completed in advance. If any changes are made, they must be received in writing **2 weeks prior** to the start of camp. Any changes after camp starts must also be in writing **at least one week prior** to that particular week. Payments must be complete for the summer by **July 1<sup>st</sup>**

**Refund Policy** - Refunds are issued only in the following circumstances: The program is cancelled by the Parks and Recreation Department or if there is a medical reason and a written note from the physician explaining the cause. **Once the program has started there will not be any refunds given.** Credits will not be given for absences.

**Health Record** - In order to meet state requirements, all campers must have a current health form on file at the Parks and Recreation Office. **Camp health forms are required at the time of registration.** A copy of a current health form which is on file at school will be acceptable. (Parents should obtain a copy prior to the end of the school year.)

**Medication**

Parents must fill out the Medication Authorization form. All medications must be presented in their original containers. For all prescription medications, the Medication Administration Form must be completed and signed by the child's physician. One person on site will have Medication Certification training. There is not a staff nurse on site. All medications must be administered either orally, injection topical or inhalant.

**Pick-up and Drop-off** - Parents are responsible for signing their child in and out of the program. If someone other than yourself is picking your child up, you will need to provide a note to the staff that morning. Parents & Guardians **must** complete a pick-up/drop off form.

**Games and Toys** – **Games and toys from home are not permitted.** There may be a sharing time but notice will be given in advance. We will provide any supplies for the program activities. We are not responsible for lost, stolen or damaged items.

**Photos and Publicity** - During the summer, there may be an opportunity that a local newspaper or Parks and Recreation Staff photograph your child. It will be assumed that the parents agree for the photos to be used in the paper or in future Parks and Recreation brochures or website. If you do not wish your child's photo to be used in any way please provide a written note to the staff.

**Discipline** It is our goal to make sure that every camper is safe at all times. Improper behavior will not be tolerated. The staff will be fair but firm in the discipline. If the camper has repeated issues, the staff will discuss the problem with the parents and determine how the situation can be corrected. Any violent behavior such as physical contact with other children or staff or threatening will result in suspension from camp. Staff will notify parents of any behavior issues.

**Scholarships** will be awarded on a limited basis. A Child Care/Program Financial Assistance Application may be obtained at the office and must be completed with camp registration. All scholarship requests must be in by **May 15<sup>th</sup>**. Any scholarship request received after May 15<sup>th</sup> is dependent upon funding availability.

**Age/Grade:** Kiddie Kamp is for children ages 3-5. The ages are based on the child's age on the Monday of the week of camp that they are registered to attend. Playground Plus and Summer Playground at Gildersleeve are for youths completed grades K-6. The Teen Adventure Camp is for youth who have completed grade 6 to 8, and the C.I.T. Program (Councilor In Training) is for youth who have completed grades 8 and 9 in 2010.

## ***Kiddie Kamp***

**Kiddie Kamp** is for children ages 3 - 5. (Children must be potty trained). It meets Monday – Friday, 9:00 a.m. – 12:30 p.m. at the Brownstone Intermediate School. Registrations will be taken on a ***weekly basis only***. Pre-registration is required. Activities include themed weeks, organized play, outdoor activities, arts and crafts and special events. The ratio of staff to campers is 1:6. Maximum enrollment is 20 per week. Camp Staff: Kristen Zajac and Alyssa Brunk. PLEASE PROVIDE A LUNCH WITH YOUR CHILD.

Week 1: June 21 – 25	Fee: \$60
Week 2: June 28 – July 2	Fee: \$60
Week 3: July 6 – July 9 (no program on 7/5)	Fee: \$48
Week 4: July 12 – July 16	Fee: \$60
Week 5: July 19 – July 23	Fee: \$60
Week 6: July 26 – July 30	Fee: \$60
Week 7: Aug. 2 – Aug. 6	Fee: \$60

Total: \_\_\_\_\_

## ***Summer Playground***

**Summer Playground** at Gildersleeve School is for youths **completed Grades K-6**. The program will meet Monday – Friday, 8 a.m. – 3 p.m. Activities include field trips, special events, social time, outside games, sports activities, arts and crafts and free time. Pre-registration is required. The ratio of staff to campers is 1:10 Maximum enrollment is 50 per week.

**Fees - Summer Playground** - \$100 per week - \$90 for 2<sup>nd</sup> child - \$80 each additional sibling. Week 3 – (four days) is \$80 per week - \$70 for 2<sup>nd</sup> child - \$60 each additional sibling.

Week 1: June 21 – 25	Fee: \$100
Week 2: June 28 – July 2	Fee: \$100
Week 3: July 6 – July 9 (no program 7/5)	Fee: \$80
Week 4: July 12 – July 16	Fee: \$100
Week 5: July 19 – July 23	Fee: \$100
Week 6: July 26– July 30	Fee: \$100
Week 7: Aug. 2 – Aug. 6	Fee: \$100

Total: \_\_\_\_\_

## Playground Plus

Playground Plus is an all day camp for youths **completed Grades K-6**. The program meets at Brownstone Intermediate School and Noyes Junior Camp at 207 Penfield Hill Road in Portland. The hours for Playground Plus will be 7:30 a.m. – 6:00 p.m. Registration will be taken on a weekly basis. Pre-registration is required.

Activities for Playground Plus will include arts & crafts, special events, outside games, nature activities, organized sports, and special activities. The ratio of staff to campers is 1:10. Maximum enrollment for Playground Plus is 60.

### General Information

The regular camp session, weeks 1 – 7, will be from June 21<sup>st</sup> – August 6<sup>th</sup>. Extended Weeks, 8 + 9, are August 9<sup>th</sup> – August 20<sup>th</sup>. Playground Plus starts the session at the Brownstone Intermediate School, June 21 – July 9 then moves to Noyes Camp, 207 Penfield Hill Road, Portland from July 12 – Aug. 20.

**Fees - Playground Plus** - \$160 per week - \$150 2<sup>nd</sup> child - \$140 each additional sibling  
Week 3 – (four days) is \$128 per week - \$118 2<sup>nd</sup> child - \$108 each additional sibling.

Week 1: June 21 – 25	Fee: \$160	Brownstone Intermediate
Week 2: June 28 – July 2	Fee: \$160	Brownstone Intermediate
Week 3: July 6 – July 9 (no program 7/5)	Fee: \$128	Brownstone Intermediate
Week 4: July 12 – July 16	Fee: \$160	Noyes Camp
Week 5: July 19 – July 23	Fee: \$160	Noyes Camp
Week 6: July 26– July 30	Fee: \$160	Noyes Camp
Week 7: Aug. 2 – Aug. 6	Fee: \$160	Noyes Camp
<b>Session 3: Noyes Camp Extended Weeks</b>		
Week 8: Aug 9 – 13	Fee: \$160	Noyes Camp
Week 9: Aug. 16 – 20	Fee: \$160	Noyes Camp
Total: _____		

**Extended Hours for Teen Camp and C.I.T program** will be offered for campers that attend the Teen Camp and Councilor in Training Program from 3:00 to 6:00 p.m. Transportation will be provided from the Portland Middle School to the Playground Plus Program.

Week 1: June 21 – 25	Fee: \$50	Brownstone Intermediate
Week 2: June 28 – July 2	Fee: \$50	Brownstone Intermediate
Week 3: July 6 – July 9 (no program 7/5)	Fee: \$40	Brownstone Intermediate
Week 4: July 12 – July 16	Fee: \$50	Noyes Camp
Week 5: July 19 – July 23	Fee: \$50	Noyes Camp
Week 6: July 26– July 30	Fee: \$50	Noyes Camp
Week 7: Aug. 2 – Aug. 6	Fee: \$50	Noyes Camp
Total: _____		

## Teen Adventure Camp

**Teen Adventure** Activities include Kayaking, Fishing, Rock Climbing, Hiking, Canoeing and Painting. The structure of the week will be Mondays, the group will meet to set their goals for the week. Tuesdays, the group will have educational workshops to plan and prepare for the adventures. Wednesday and Thursday the group will embark on an outdoor adventure related to the weekly theme. Friday will be the most fun! The ratio of counselors to students will be 1:10. Maximum enrollment for Teen Adventure is 20 per week. Pre-registration is required.

**Fees-Teen Adventure Camp** - \$130 per week and \$104 for week 3. There are no sibling discounts for Teen Adventure Camp.

Day: Monday – Friday      Site: Portland Middle School      Director: Dolores Bates  
Grade: Completed 2010 – 6<sup>th</sup> – 8<sup>th</sup>      Time: 8:00 a.m. to 3:00 p.m.

Week 1: June 21 – 25	Fee: \$130	Discovering Our Outdoors
Week 2: June 28 – July 2	Fee: \$130	Survivor Week
Week 3: July 6 – July 9 (no program 7/5)	Fee: \$104	Fishing Week (limit of 12)
Week 4: July 12 – July 16	Fee: \$130	The Starving Artist
Week 5: July 19 – July 23	Fee: \$130	Adventure Week
Week 6: July 26– July 30	Fee: \$130	Wild World of Nature
Week 7: Aug. 2 – Aug. 6	Fee: \$130	Ultimate Summer Activities
Total: _____		

## C.I.T Program (Councilor In Training)

This program allows participants the opportunity to spend hands-on time working at the Parks and Recreation Summer programs as well as activities for team building, self-esteem, First Aid/CPR, field trips and more. The purpose of this program is to involve students who may be interested in working in the Parks and Recreation Department in the future but does not guarantee employment. The program meets at the Portland Middle School and at the various playground sites. The specific sites will be determined once the program begins. Maximum enrollment for the C.I.T. program is 15.

**Fees-C.I.T. Camp** - \$100 per week and \$80 for week 3.

Day: Monday – Friday      Site: Portland Middle School & Various Playgrounds  
Grade Completed 2010: 8<sup>th</sup> & 9<sup>th</sup>      Time: 8:00a.m. to 3:00 p.m.

Week 1: June 21 – 25	Fee: \$100
Week 2: June 28 – July 2	Fee: \$100
Week 3: July 6 – July 9 (no program 7/5)	Fee: \$80
Week 4: July 12 – July 16	Fee: \$100
Week 5: July 19 – July 23	Fee: \$100
Week 6: July 26– July 30	Fee: \$100
Week 7: Aug. 2 – Aug. 6	Fee: \$100
Total: _____	

## **Directions to Noyes Jr. Camp 207 Penfield Hill Road**

**Attention Parents:** Playground Plus will begin at Noyes Camp on **July 12.**

### **From Main Street-**

Take William Street to Rte. 17. Cross over to Ames Hollow Road. Follow Ames Hollow all the way. Do not take any side roads that may come in from the left or right. At Jobs Pond Road, Ames Hollow Road intersects with Pepperidge Road. Continue up on Pepperidge Road, there will be the old brick schoolhouse straight ahead. Take a right onto Penfield Hill Road. Noyes Jr. Camp will be the big white house on the left. Sign in will be held in the red barn.

### **From Rte. 66 area-**

Take the turn to Rte 17 at Dairy Queen. Take the next right, which is Ames Hollow Road. Follow Ames Hollow all the way. Do not take any side roads that may come in from the left or right. At Jobs Pond Road, Ames Hollow Road intersects with Pepperidge Road. Continue up on Pepperidge Road, there will be the old brick schoolhouse straight ahead. Take a right onto Penfield Hill Road. Noyes Jr. Camp will be the big white house on the left. Sign in will be held in the red barn.

Please pull into the driveway and park to allow for cars to enter and exit.



PORTLAND PARKS AND RECREATION

Po Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763
www.portlandct.org

Participant's Name: Phone Number:

Street Address Apt. # Town: Zip Code:

Male: Female: Date of Birth School Grade:

Mother's Name Father's Name

Home Number E-mail Address:

Mom's Work Phone: Dad's Work Phone:

Mom's Cell Phone: Dad's Cell Phone:

If a parent is not available:

Emergency Contact: Relationship:

Home Phone # Work Phone: Cell Phone #

Child's Physician: Phone #:

\* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form).

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

Table with 5 columns: Program(s), Date(s), Week(s), Time, Fee. Rows 1 and 2 for program details.

TOTAL:

Shirt Size (Please circle) Youth Medium Large Adult Small Medium Large

My child is in good health and has my permission to participate in this program and on field trips. I understand that various activities during camp present a risk of injury. I have read the camp brochure including the registration and refund policies and hereby give my child permission to participate in all camp activities. I also agree to provide an updated health and history form with the registration.

Parent or Guardian: (Print Name) (Signature) (Date)

Parent/Guardian Authorization for the Administration of Non-Prescription of  
Topical Medications by Youth Camp Personnel

To Youth Camp Director, Nurse or Teacher:

I hereby request that a staff member of the Youth Camp administer the following non-prescription topical medications to my child. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotic or steroidal components.
2. Non-prescription medicated powders.
3. Non-prescription insect repellants.
4. Non-prescription teething medications.
5. Non-prescription sunscreen lotions/sprays that are free of amino benzoic acid (PABA) or its derivatives.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Medication: Name, method of administration, area of application:

\_\_\_\_\_  
\_\_\_\_\_

Time of administration: \_\_\_\_\_

Medication to be administered from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Reason for which medication is being administered:

\_\_\_\_\_

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_<sup>(Print)</sup> Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**PORTLAND PARKS AND RECREATION**  
265 Main Street, PO Box 71, Portland, CT 06480  
(860)-342-6757 (860) - 342-6763 FAX

SUMMER CAMP PICK UP LIST

Please list below the individuals that are allowed to pick up your son/daughter at camp. Please realize that we request a photo ID for anyone picking up your child so we can ensure that you child goes home with the correct person.

CAMPERS NAME: \_\_\_\_\_  
(Please print)

- |     |                  |                          |         |
|-----|------------------|--------------------------|---------|
| 1.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 2.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 3.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 4.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 5.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 6.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 7.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 8.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 9.  | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |
| 10. | _____            | _____                    | _____   |
|     | (Name of person) | (Relationship to camper) | (Phone) |

_____	_____	_____
(Please Print)	(Please Sign)	(Date)

**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**  
Physical Exams Are Valid For 3 Years  
From Date of Last Examination

**Please Return Completed Form To Parks & Recreation Office**

- Camper
- Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Arrival at Camp: \_\_\_\_\_ Departure Date \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Exam** \_\_\_\_\_

\_\_\_\_ May participate in all camp activities  
\_\_\_\_ May participate except for: \_\_\_\_\_  
\_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_  
\_\_\_\_\_

Is this individual taking prescription medication?     YES     NO  
If yes, indicate prescription: \_\_\_\_\_

Does the individual have allergies?     YES     NO    Explain: \_\_\_\_\_  
Is the individual on a special diet?     YES     NO    Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_  
Medical care provider's address: \_\_\_\_\_  
Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, APRN or AP

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number

