



SUMMER CAMPS

This packet is good for all camps offered during the 2024-2025 school year.

Child's Last Name: _____ Child's First Name: _____
D.O.B. _____ M/F: _____ Current School: _____ Grade in 2024-2025 _____
Youth T-Shirt Sizes: YS YM YL YXL
Adult T-Shirt Sizes: AS AM AL AXL AXXL

Primary Guardian: _____
Address (required): _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____
Emergency Contact: _____
Emergency Contact (Phone): _____

Secondary Guardian _____
Address (required): _____
City: _____ State: ____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____
Emergency Contact: _____
Emergency Contact (Phone): _____

Camp Weeks

Sessions of camp are \$725 for Residents and \$775 for Non-Residents (the Bonus Session is \$165 for Residents and \$200 for Non-Residents). There is a \$150/session non-refundable deposit due at the time of registration (50% of the bonus session cost is due at the time of registration).

Session 1:

- Week 1 - June 3rd-7th
- Week 2 - June 10th-14th
- Week 3 - June 17th-21st
- Week 4 - June 24th-28th
- Week 5 - July 1st-5th

*No camp July 4th.

Session 2:

- Week 6 - July 8th-12th
- Week 7 - July 15th-19th
- Week 8 - July 22nd-26th
- Week 9 - July 29th-August 2nd
- Week 10 - August 5th-9th

Bonus Session:

- Week 11 - August 12th-16th

I, the undersigned, parent/guardian having legal custody of said minor, give permission to attend any of the Hive Five Summer Camp activities. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities which I have given my permission and thereby, will not hold The Hive or Howell Area Parks & Recreation Authority liable for any injury incurred during these activities.

I do hereby grant permission for photos/videos of my child to be used by The Hive of Howell Area Parks & Recreation Authority for promotional and educational purposes.

I do hereby grant permission for my child to participate in Hive Five Camp surveys and program evaluations.

I have read and acknowledged the behavior management rules and agree to abide by them.

Parent/Guardian Signature (Required for Enrollment)

Date

Return Registration Form and Payment to:

Howell Area Parks & Recreation Authority, Bennett Recreation Center, 925 W. Grand River Ave. Howell, MI 48843
www.howellrecreation.org/hive-five-camps 517-546-0693 www.facebook.com/howell.rec.day.camp

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to Hive Five Summer Camp, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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SUMMER CAMPS

Child Immunization Document

- My child is a student in Howell Public Schools and his/her immunizations are up to date and records are on file at his/her school.
- My child is NOT a student at Howell Public Schools, his/her immunizations are up to date, and I will provide a copy of his/her immunizations to The Hive.
- I am exercising my option to refuse immunizations and am providing a certified State of Michigan Immunization Waiver Form with a revision date of January 1st, 2024 which includes the county health department stamp and signature of the authorizing agent.

Confirmation of Good Health

Parents/Guardians of school-age children shall provide a signed statement that the child is in good health. Activity restrictions shall be noted below. Also, please identify any special needs and/or information you would like to communicate to staff as it relates to your child participating in Howell Recreation Preschool programs. Please check all that apply to the participant.

- | | |
|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Asperer's Disorder | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Physical Limitation |
| <input type="checkbox"/> Diet Restrictions (specify) | <input type="checkbox"/> Other (please specify) |

In this box please list any medication (precription or non-prescription) that your child is currently taking. If none, please state "none".

Signature of Parent/Guardian

Date

Parent notification of the Licensing Notebook:

Child Care Organizatons Act, 1973 Public Act 116
Michigan Department of Human Services

All child care center must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports, and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult licensing website at: www.michigan.gov/michildcare

Sunscreen

I give permission for Howell Area Parks & Recreation Authority staff to assist my child with the application of sunscreen (that I have provided) throughout the day. Sunscreen will not be applied to broken skin or if a skin reaction has been observed. Sunscreen bottles must be labeled with the child's name.

Transportation

I agree to allow my child to be transported by Howell Area Parks & Recreation Authority vehicles or third party transportation services employed by the authority as part of off-site field trip transportation. Parents will be given prior notification of all field trips. In case of emergency, children may be transported to a safe site.

In the event of any injury, permission is hereby given to Howell Recreation, and to the Director of such department to see that first aid and emergency medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. I acknowledge that any medication authorized by a physician's order/prescription to be administered in an emergency (e.g., EpiPen or inhaler) is intended to the extent possible to be self-administered by my child, and not under the supervision of the Howell Recreation staff, officers, agents, employees, volunteers, sponsors, and organizers. I verify and attest that my child has the knowledge and skills to safely possess, self-administer, and use an EpiPen or inhaler in a camp setting. I specifically waive and release all claims against the Howell Recreation, including its officers, agents, employees, volunteers, sponsors, and organizers for injuries, damages, or loss that I or my child might sustain in connection with the possession, self-administration, emergency administration, or use of such medication. I further agree to indemnify, defend, and hold harmless Howell Recreation and its officers, agents, employees, volunteers, sponsors, and organizers from and against all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) as a result of the possession, self-administration, emergency administration, or use of such medication.

Please sign below to indicate that you have read and understand the above statements.

I have read the above statement issued by the Howell Area Parks & Recreation Authority:

Child(ren)'s Name (s) _____

Parent Name _____

Parent Signature _____ Date _____

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems Child

Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE



DAY CAMPS RUN TIME

- A) Session 1:
 - a. June 3rd – July 5th
 - b. Monday – Friday (No Camp Thursday, July 4th)
 - c. Final Payment Deadline: April 30th
- B) Session 2:
 - a. July 8th – August 9th
 - b. Monday – Friday
 - c. Final Payment Deadline: May 31st
- C) Bonus Session
 - a. August 12th-16th
 - b. Monday – Friday
 - c. Final Payment Deadline April 30th
- D) Time
 - a. 7:30 AM – 5:30 PM (10 hours)

REGISTRATION

- A) All registrations will take place in person at our Registration Open House night at the Ocala Community Center Tuesday, January 23rd from 6pm-9pm. Residents: \$725 per session per child. Non-residents \$775 per session per child. Week 11 is \$165 for residents and \$200 for Non-residents.
- B) Registrations will be capped at 50 campers for Sessions 1 and 2 and 30 campers for the Bonus Session.
- C) Camp will be open to participants between Kindergarten through Fifth Grade (completed).

REGISTRATION FEE

- A) \$725 for sessions 1 and 2 for Residents & \$775 for sessions 1 and 2 for Non-Residents (No sibling discount). \$165 for the bonus session for Residents and \$200 for Non-Residents.
- B) Deposit
 - a. \$150.00 non-refundable non-transferable deposit to be made at the time of registration per session, per camper. Deposit will go towards registration balance. 50% of the week 11 fee is due at the time of registration.
- C) Payments
 - a. Payments for camp sessions must be paid in full by the final payment deadline.
 - b. After registration payments can be made online from your account, over the phone, or in person.
- D) Late Payments
 - a. All registrations not paid in full by 5:00 PM on the deadline date of your session of camp a \$15.00 late fee will be assessed.
 - b. All payments must be allowed a **minimum 24 hours** for processing.

REGISTRATION PACKET

- A) You should receive a camp packet once you register your camper. Camp registration packet can be turned in, in person, or scanned and emailed to the youth services manager at ktroshak@howellrecreation.org at **least one week prior to your child's first day of camp. Camp packets must be allowed 24 hours for review. This means if you turn in the camp packet the Monday of the week your camper starts camp, that camper may not attend camp until Tuesday of that same week.**

DROP OFF AND PICK UP

- A) Parents must confirm that their child is in good health before camper will be allowed to camp that day.
B) Parent drop off will take place between 7:30 AM and 9:00 AM. Creating a drop off line in the drive through in front of the Bennett Recreation Center.
C) Parents must physically sign their camper in each day.
D) Child must be able to put all belongings in ONE zipper bag or backpack.
E) Parent pick up will take place on the drive through in front of the Bennett Recreation center. Parents will call the day camp phone or facility phone if they arrive before the scheduled pick up time of 4:00PM. (Staff will be present at pick up location starting at 4:00 PM)
 a. Person must be on the approved pick up list on the emergency sheet in the camper packet and present a picture ID (NO EXCEPTIONS)

DAILY PROTOCOLS

- A) Camper must be able to adhere to all of these protocols.
B) Camper must be able to put on their own sun screen (if help is needed the waiver must be signed)
C) All campers must put belongings in designated cubby or bins. No items may be placed on the floor.
D) Campers may only go to the designated areas within the facility during "free time" periods
E) Groups
 a) Camp will be split into 5 groups of 8-12.
 b) Groups will be separated using the following criteria.
 i) 1. Grade
 ii) 2. Age
 iii) 3. Family/Friends (on request)
F) Lunch
 a) All Campers must wash their hands or use hand sanitizer before eating their lunch.
 b) It is recommended campers bring a sack lunch that can be thrown away once completed.
 c) Campers will not be able to utilize the refrigerator or microwave.
 d) Campers must remain at their table until lunch time has concluded or are excused from their table. (Unless to use the bathroom)
G) Snacks
 a) All Campers must wash their hands or use hand sanitizer before eating their snack.
 b) Campers will be provided with an afternoon snack
 c) Campers are allowed to bring their own snacks. Please pack an additional snack for mornings.
 d) It is HIGHLY recommended campers bring a reusable water bottle that has their name clearly written on it.
H) Group Activities
 a) Camp will possibly be attending 1 field trip or assembly per week.
 b) During the mornings campers will stay with their designated groups for activities. In the afternoons campers will be able to choose their activities from a list of scheduled activities.

c) Please keep all toys, games, and phones at home.

d) Daily themed activities consist of crafts, circle games, running around activities, puzzles, and educational games.

SICK CAMPER

- A) If a camper is feeling ill they **MUST** stay home.
Campers will be required to be 48hr symptom free before returning to camp.
- B) Camp must be notified if the camper is staying home sick.
- C) If a camper starts showing symptoms while attending camp, or expresses that they are ill, that camper will be isolated from the rest of the group and need to be immediately picked up by parents or guardians.

BEHAVIOR MANAGMENT

Now more than ever this camp does not allow for one-on-one attention. When a discipline problem occurs, it takes a counselor (occasionally two) away from the rest of the camp, making the job of the remaining staff more of a challenge. In order for us to ensure the safety of all the participants we must have our entire staff working with the camp as a whole. We strictly enforce the following discipline policy so we may offer a quality experience for the campers.

Please review this with your child before attending camp.

General Camp Rules

- A) Listen to the counselors.
- B) Take rules seriously during activity times.
- C) Play safely and use good sportsmanship.
- D) Use proper language. Foul language, putdowns, and bullying will not be tolerated.
- E) Keep hands, feet, head, and body to yourself.
- F) Do not take items that do not belong to you.
- G) No sharing food.
- H) Show respect to everyone.
- I) Treat all equipment and supplies with proper care and respect. Put all equipment away once you are done with it.
- J) Have a positive attitude and have fun!
- K) Stay with your designated group

Listed below are the discipline procedures for campers who are exhibiting unacceptable behavior. Depending on the severity of the behavior, we may skip a particular step (i.e. aggressive behavior will not be tolerated.) These consequences can occur for failing to adhere to our rules and guidelines.

1. Verbal warning
2. 3-5 minute time out. During a time out a camper may have to sit out from activities.
 1. Parents will be notified of their child's time out.
3. A write up will be given if a child persists in unacceptable behavior. The Day Camp Director will speak with the child and their parent/guardian. The parent/guardian will be required to sign the write up when picking their child up from camp.

***If a child receives two write ups the child's parent/guardian will be called to pick up the child for that day. ***If we send a camper home, they cannot return the following camp day.

*****After receiving three write ups the child will be dropped from Summer Day Camp and will not be permitted to sign up for Summer Day Camp in the future. No refunds will be given. Note: We will not deprive a camper of food, allow them to be alone without staff supervision or interaction, subject them to ridicule, threat, corporal punishment, excessive physical exercise or excessive restraint.**

HOWELL AREA PARKS & RECREATION AUTHORITY:

Agreement to Refunds, Acknowledgments and Waivers of Liabilities:

In consideration for my (or my minor child's) participation or attendance at a Howell Area Parks & Recreation Authority (hereafter referred to as "HAPRA") event or function, I hereby agree as follows:

Refund & Cancellation Policy:

I understand and agree to the following cancellation and refund policy. Refunds and credits may take up to 3 weeks to process. Rental contract refunds and cancellations follow the contract terms.

If Howell Area Parks & Recreation Authority cancels an entire program, participants will be given a full refund. Refunds will be issued based on your original method of payment except cash transactions will be issued as checks.

Participants who choose to be removed from a program prior to the close of registration will be issued a credit to their Recreation account minus a \$10.00 cancellation fee. After the close of registration, no credits will be granted. Credits can only be used by family members on the user's account and are valid for 1 year. The following are NOT eligible for credits at any time: one day programs, tuition, drop-in programs, memberships, sponsorships, travel, and team registrations. Registrations are not allowed to be transferred to other customers for any reason.

Liability Waiver:

I, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the HAPRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HAPRA's equipment or facilities, including such claims which allege negligent acts or omissions of the HAPRA, its directors, organizers, coaches, sponsors, managers, or any other appointed supervisor. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I do not have any medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Michigan Sports Concussion Law:

A concussion is a brain injury, caused by a blow, bump, or jolt to the head that can have serious consequences. It can occur in any sport or recreational activity. Michigan was the 39th State in the Union to enact a law that regulates sports concussions and return to athletic activity. The law went into full effect on June 30, 2013. The sports concussion legislation requires all coaches, employees, volunteers, and other adults involved with a youth athletic activity to complete a concussion awareness

online training program. I acknowledge HAPRA has provided educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a statement acknowledging receipt of the information for the organizing entity to keep on record. The law also requires HARPA immediately remove any athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The student athlete must then receive written clearance from an appropriate health professional before he or she can return to physical activity. I acknowledge and agree to comply with this Policy.

HAPRA Photo Waiver:

I authorize the Howell Area Parks & Recreation Authority to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my family's participation for any and all purposes. Furthermore, I understand that this waiver will be held on file for a total of 365 days, at the end of which I will have to agree to another liability waiver.

[Note: The Howell Area Parks & Recreation Authority is unable to police photography at all events and we require your assistance. If you see someone taking your picture, please let them know you exempted yourself from photographs or move out of the framed space. Furthermore, note that at festivals and events consisting of large numbers of participants, it may be impossible to ensure your photograph is not taken and used in marketing publications]