

IT'S ALMOST TIME FOR UKE CAMP!

Sanctuary

Uke Camp 2017

Our week of Uke Camp at Sanctuary (July 24-28) is fast approaching and included with this letter are a few things you'll need to know to have a great week. We're excited to have maxed out on registrations and for your kids to meet our incredible Uke teachers this year!

We start each day promptly at 9:00 am and finish at 1:00 pm. To ensure the safety of your campers, please sign them in each morning at the registration table and, if there are any changes, indicate who will be picking your child up after lunch. Only the person indicated (or those on your approved pick-up list) will be allowed to sign your child out at the end of the day.

Please provide a snack and lunch with a drink for your child each day. While we would love to provide lunch for everyone, due to food allergies each child will only be able to eat the food they bring to camp. You may also wish to apply sunscreen and send some with your child each day. We will have some outside sessions each morning.

The week will conclude with a Uke Camp Cookout and Concert on Friday 7/28 at 5:00 pm. Grandparents, neighbors and friends are welcome to attend! Hamburgers, hot dogs and veggie burgers will be provided. Bring a dish (side or dessert) and join us with the whole family! Sign up fliers will be available during the week of camp. We'll also have performances from our Adult Uke Camp participants that night too!

If you would like to volunteer at camp for any duration during the week, you'll need to complete a CORI form prior to camp week. E-mail Amy at amy@sanctuarymarshfield.org if you need to complete a CORI. Only parents with an approved CORI check on file are able to stay during the day at camp.

It's going to be a great week, and we look forward to seeing you on July 18th!

QUESTIONS?

Feel free to contact our Program Director, Jacey Glass

phone **781.837.2746 ext 5** email **jacey@sanctuarymarshfield.org**

UKE CAMP PARENT INFORMATION

We're excited for Uke Camp!
The following packet will walk you through everything you need to know.

THINGS TO BRING

Your child should come to camp dressed for indoor and outdoor activity. Sturdy sneakers are a must. In addition, your child should bring the following:

- morning snack
- lunch
- water bottle
- hat (a baseball cap or sun hat will be fine)
- sunscreen
- ukulele

FORMS

All Forms and Payment are due by July 1st

1 Per Family

PARENT/GUARDIAN INFORMATION FORM

This form gives us emergency information and authorizes us to provide emergency treatment for your child.

PICK-UP AUTHORIZATION

We will only release your child to persons authorized by you in writing. Any arrangements, which are different from the initial authorization, must be made ahead of time **in writing**. Persons authorized by you must be prepared to present appropriate identification.

1 Per Camper

PERMISSION TO ATTEND

This form grants permission for your kids to participate at camp.

IMMUNIZATION RECORD

We are required to have an immunization record for each camper on file before they can participate at camp.

PARENTAL CONCERNS FORM

This form will help us to know your child prior to arrival. Please indicate all allergies, restrictions and concerns.

ORDERS FOR MEDICATION

If your child must take medication during the day, please provide the medication daily. All medications must be in their original prescription container. One person from Sanctuary will be designated to handle these medications.

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PARENT/GUARDIAN INFORMATION FORM

Camper Name _____

Week(s) Attending July 10-14 July 17-21 July 24-28 August 7-11

Second Camper _____

Week(s) Attending July 10-14 July 17-21 July 24-28 August 7-11

Third Camper _____

Week(s) Attending July 10-14 July 17-21 July 24-28 August 7-11

Family Mailing Address _____

Town _____ State _____ Zip _____

Mother's Name _____

Phone _____ Other Phone _____

E-mail _____

Father's Name _____

Phone _____ Other Phone _____

E-mail _____

If parent/guardian is not available in an emergency, notify:

Name _____

Phone _____ Address _____

Do you have family medical insurance? Yes _____ No _____ If yes, indicate:

Carrier _____

Policy or Group # _____

Carrier Address _____

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CAMPER IMMUNIZATION RECORD

The State of Massachusetts and the Marshfield Board of Health **require** the following immunizations for campers and staff.

MMR, Measles, Polio (OPV or e-IPV), Diphtheria, Tetanus Toxoid and Pertussis, Hepatitis B

Provide a copy of your child's immunization record from your family physician with this paperwork.

PARENT/GUARDIAN PERMISSION TO ATTEND AND PARTICIPATE

Camper Name _____

I understand and certify that my child/children's participation at Sanctuary Day Camp is completely voluntary.

I recognize that there are a wide variety of activities that will take place. I acknowledge that although the church has taken reasonable safety precautions, it cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for the safety of all.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by the day camp staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the day camp staff to secure and administer treatment, including hospitalization for my child.

Name of Parent/Guardian _____

PLEASE PRINT

Signature of Parent/Guardian _____

PLEASE SIGN

Date _____

Photo and Video Release: Because Sanctuary Day Camp campers present so many classic picture-taking opportunities, we may use a picture of your son/daughter in our promotional materials (print or web). Please contact Sanctuary in writing if you DO NOT want your child's picture used in Sanctuary materials.

PARENTAL PICK-UP AUTHORIZATION

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Camper(s) Name(s) _____

In the event of an emergency contact:

Parent _____

Phone () _____ - _____ cell () _____ - _____

Alternate contact name and phone: _____

Phone () _____ - _____ cell () _____ - _____

My son/daughter will be picked up by his/her parent(s):

Mother's Name PLEASE PRINT Father's Name

or

The following person(s) will pick up my son/daughter:

PLEASE PRINT

SPECIAL NOTE

The following person is **never** authorized to pick up my child:

Name _____

Please attach copies of any court papers or documents related to custody rights of parents / guardians.

Parent/guardian sign here before returning this form to camp. Children must have the permission of their parent/guardian in order to be released to go home from day camp each day. If you carpool or if a change needs to be made, we will be happy to make adjustments.



Signature of parent/guardian