**Summer Camp begins June 21st with orientation @ 3:30 p.m.**

**First day of Summer Enrichment Camp is June 24th, 2024**

**RENA Community Center/Summer Enrichment Camp**

 **(919) 918-2822 Policies and Code of Conduct**

The following rules are set in place so that everyone can enjoy opportunities offered by the Rogers Road Community Center. **ATTENDANCE OF THE ABOVE OREINTATION IS MANDATORY**

* **No vulgar, disrespectful, or intimidating language.**
* **No Fighting or violent behavior.**
* **No loitering.**
* **No spitting on the floor.**
* **Respect the facility, staff, instructors, and participants.**
* **Return all equipment to its proper storage place after use.**
* **The Community Center is not responsible for any personal items brought to the center that are lost, misplace or damaged.**
* **The Community Center will provide any equipment required for program participation, including basketballs. Please leave yours at home.**
* **Please arrive in a timely fashion for programs or field trips, doors are locked at 8:30**
* **No smoking, tobacco products, drugs, alcohol, or weapons.**
* **No Running, pushing shoving, littering, or throwing objects that are not part of a supervised activity.**
* **Refrain from any lewd, obscene or indecent conduct, expression, or clothing.**
* **Dress code will be strictly enforced. Program participants should wear pants on or above the hips. Offensive clothing will be unacceptable. Staff will use their discretion when attire is under question.**
* **Personal cleanliness and hygiene.**
* **Mask must be worn at all times when indoors (Must have Covid Vaccination)**

The above code of conduct will be enforced by the RENA Community Center staff, instructors, and facilitators, whose authority shall prevail in all cases. The following program or corrective actions will be in effect for repeat or habitual offenders.

1. Violations of the code that do not constitute an immediate and apparent threat to
2. the safety of others or their property will result in all or some of the following actions
3. including, but not limited to:
4. A verbal warning and the suspension of the field trip for the upcoming week.
5. A suspension of the right to participate in the program for the remainder of that session and written warning to parent/guardian, which must be signed and returned before participation in the program can continue.
6. A permanent suspension from the program for failure to correct behavior for repeat violations of this code. Program fees are nonrefundable if dismissed due to failure to follow the above code of conduct.

Violations of the code that are deemed to constitute an immediate or implied threat to the safety of others or their property may result in a permanent suspension form the program. The circumstances and severity of the incident as determined by the Community Center Director will determine the length of suspension.

I agree to abide by the RENA Community Center Policies and Code of Conduct:

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

Participant/Guardian Date

RENA Community Center Summer Enrichment Program Policies

RENA Community Center (919) 918-2822

101 Edgar Street, Chapel Hill, NC 27516

Welcome to the RENA Summer Enrichment Program! We’re happy your child is coming to learn with us, and we look forward to a fun, rewarding time together. To help ensure that the program runs smoothly, we ask that you read and agree to follow the policies outlined in the following three documents. Please note that the Summer Enrichment camp participants (the children) also need to sign the Community Center Polices and Code of conduct.

1) RENA Community Center Summer Enrichment Camp Program Registration

2) Participant Release and Waiver of Liability

3) RENA Community Center Policies and Code of Conduct

4) Permission for Photo/Video Consent and Interviews

5) Field Trips

**There will be a $150.00 fee for one child This fee is non-refundable no exception, and for any additional children (immediate family siblings only proof of identity) $50.00 per child to attend the RENA Summer Enrichment Camp Program, payment due upon enrollment no exception**. **All applications, and payment are due by June 3rd, 2024 no exceptions. If not received your application will be forfeited/canceled. The program opens at 8:00 a.m. and ends promptly at 5:00 P.M. Children must be picked up by 5:30 P.M. Please understand that the program is not a babysitting service; if a child is not picked up by 5:35 P.M., parents or guardians will be charged a late fee of $1.00 per minute, up to a maximum charge of $15.00 per day. This late fee is due upon arrival of parents or guardians for pick-up of the children. A 10% additional charge will be added if the late fee cannot be paid until the next day of attendance. \*After 2 late fees your child will not be permitted to attend the field trip for that week: Please refer to rules on 1st page. Please call the center at (919) 918-2822 if your child will be later than 8:30 a.m., please give them breakfast, we will not serve breakfast after 8:30 a.m. If your child will be later than 9:00 a.m. please keep them at home, if your child refuse to participate in the activities for the day, please keep them at home or you will receive a phone call to have them removed from the center. we do not have the staff to babysit your child.**

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**ALL CHILDREN MUST BE VACCINATED BEFORE PERMITTED TO CAMP WE MUST HAVE VACCINAITON PROOF (VACCINATION CARDS)** Children **MUST** be signed in and signed out by a parent or guardian, unless the Center has been notified in writing that another adult is being granted permission to do so.

The Center must have up-to-date contact information. Community Center staff must be able to reach you within 15 minutes in case of emergency or if otherwise necessary.

The Center must be provided with a list of your child’s allergies and foods that your child cannot eat. If we are unable to accommodate such restrictions, it is the responsibility of the parents/guardians to provide a healthy afternoon snack.

Please provide a change of clothing for your child, labeled with his or her name.

No electronic devices (iPods, CD players, cellphone, tables, etc.) permitted at the camp! Your child is able to have his/her cell phone just in case a parent/guardian is needed to be reached for an emergency, but it is not to be used during camp hours of activities. If in violation of phone usage, the phone will be taken by a staff member and will be returned to parent or guardian at the end of the day.

\*If child is sick the attendance limitations follow the same guidelines as those provided by the public school, if your child has a fever, or is vomiting they cannot return to camp for 24 hours.…

RENA Summer Enrichment Camp (919) 918-2822

REGISTRATION

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade 2024 – 2025 \_\_\_\_\_\_\_\_\_\_\_\_\_

**All Children must be age 5, MUST HAVE ALREADY ATTENDED PRE-K NO EXCEPTION**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON(S) TO WHOM YOUR CHILD MAY BE RELEASED IN YOUR ABSENCE:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will your child be arriving at the RENA Community Center?

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

Does your child have any special needs that we need to be aware of?

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

The information I have provided is accurate and complete to the best of my knowledge. I agree to abide by the RENA Community Center Enrichment Camp Program Policies as described in the RENA Summer Enrichment Camp application.

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

Parent or Guardian Signature Date

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

Parent or Guardian Signature Date

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

RENA Staff Signature Date

To the best of my knowledge, all health history and information provided above is correct, and I am hereby giving my permission for the person herein described to engage in all prescribed Summer Enrichment Camp Program.

I hereby give my permission to the physician selected by the Program Director to order x-rays, routine

test and any treatment for the health of my child in the event that I cannot be reached in an emergency. Yes No

I hereby give my permission to the physician selected by the Program Manager to hospitalize, to secure proper treatment for, to order injection and/or anesthesia, and/or authorize surgery for my child as named above on this application in the event I cannot be reached in an emergency. Yes No

I hereby authorize any pictures of my child taken at the Summer Enrichment Camp to be used for promotional material at the center. Yes No

This discipline Policy is used as a guideline. The Summer Enrichment Camp reserves the right to bypass steps when it is appropriate. The safety of all children and staff is the highest priority of the Summer Enrichment Camp.

Your signature below indicates that you have read the above Discipline Policy and that you support our disciplinary standards.

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

Parent/Guardian Signature Date

Rena Summer Enrichment Camp Program (919) 918-2822

Medical History

PARCIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to anything? Yes No What Kind?

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

Is your child on any medication? Yes No Please describe

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

Has your child had any previous hospitalizations or operations? Yes No Please describe

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

Does your child have any history of: Significant previous diseases or recurrent illness: Yes No Please describe

Diabetes: Yes No If yes what kind of medicine. Convulsions: Yes No What treatment was used.

Participant’s Health

In anticipation of the Participant’s enrollment in the Summer Enrichment Camp Program, the Undersigned acknowledges that the participant has no physical or mental conditions which would cause him/her to be a danger to himself/herself or to others and is capable of participating in all activities associated with the Summer Enrichment Camp Program. Please have participant to sign also.

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

Parent/Guardian Date

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

Participant Signature Date