



CASP

Clintonville Academy Summer Program

Are You Ready for Some Fun?

UPDATE – 5/26/2020

C.A. Summer Program is a wonderful environment for children. This program is for kids whose parents work every day and need great childcare, or those who just need a little something extra to do for a day or more each week. Clintonville Academy welcomes cousins, siblings or C.A. family friends to join in the fun. Please ask for extra registration packets if you wish to include others in enrollment.

While we are unable to take trips offsite, we are planning engaging fun right on campus!

Morning and afternoon snacks will be provided each day by Clintonville Academy. We expect a packed lunch from home every day unless otherwise noted on the schedule.

The program hours are 7:30 a.m. until 5:30 p.m. Full days are offered Monday through Friday. The half day options are available, for up to a maximum of 4 hours.

Please sign the attached form and send it into the school office by Monday, June 1st. Registrations received after that date will incur a late fee of \$15.00 so please plan ahead!

After we have received your registration, a second packet will be sent home which will include a detailed field trip schedule, daily activities, permission slips, health forms, and questionnaires.

Tim Walter will be our program leader this year along with CA graduates.

Please direct any questions to the office at Clintonville Academy or to Tim directly at twalter1@columbus.rr.com, or by cell (614) 554-1178.

Clintonville Academy
3916 Indianola Avenue
Columbus, Ohio 43214
Office: (614) 267-4799
Fax: (614) 267-1723

SUMMER PROGRAM PRICING

The CA administration and CASP staff have developed a program that offers summer fun for children that attend while also providing affordability for the family.

Tuition:

FULL DAY (available Monday *through* Friday): over 4 hours

...\$45.00 / day for the first child

...\$39.00 / day for the second child or more

HALF DAY (available *only* Monday and Friday): 4 hours or less

...\$31.00 / day for the first child

...\$26.00 / day for the second child or more

Tuition is due the first day of the week a child is enrolled and is non-refundable unless cancelled a week in advance. This allows us to schedule staff according to registrations and have appropriate staffing levels.

CASP REGISTRATION 2020

Please return registration information with a fee of \$55.00 for one child, or \$95.00 for a family of 2 or more children by Monday, June 1st. Children entering kindergarten through 7th grade are invited to enroll.

Circle the dates that you **anticipate** enrollment for your children. **Please be aware of weeks with irregular scheduling.**

JUNE

Monday	Tuesday	Wednesday	Thursday	Friday
8 Opening	9	10	11	12
15	16	17	19	20
22	23	24	25	26

JULY

Monday	Tuesday	Wednesday	Thursday	Friday
June 29	June 30	1	2	3 NO CAMP
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Child's Name: _____ Age: _____

Parents' Names: _____

Home Phone: _____ Cell Phones: _____

Email Address: _____

I understand that I will be financially responsible for tuition unless I cancel one full week in advance.

Parent Signature: _____ Date: _____

CASP Schedule: week one

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time
9:00 am	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play
10:00 am	Snack crafts	Snack crafts	Snack crafts	Snack crafts	Snack crafts
11:00 am	Outdoor play	Outdoor play	Outdoor play	Outdoor play	Outdoor play
12:00 pm	Lunch free time	Lunch free time	Picnic lunch! free time	Lunch free time	Lunch free time
1:00 pm	Outdoor play	Outdoor play	Organized games	Outdoor play	Water games
2:00 pm	Quiet time	Quiet time	Quiet time	Quiet time	Quiet time
3:00 pm	Snack movie	Snack movie	Snack movie	Snack movie	Snack movie
4:00 pm	Pick-up begins free time	Pick-up begins free time	Pick-up begins free time	Pick-up begins Free time	Pick-up begins free time
5:30 pm	Camp closes	Camp closes	Camp closes	Camp closes	Camp closes

CASP Schedule: week two

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time	Drop-off begins Free time
9:00 am	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play	Drop-off ends Outdoor play
10:00 am	Snack crafts	Snack crafts	Snack crafts	Snack crafts	Snack crafts
11:00 am	Outdoor play	Outdoor play	Outdoor play	Outdoor play	Outdoor play
12:00 pm	Lunch Free time	Lunch free time	lunch free time	Lunch free time	Lunch free time
1:00 pm	Outdoor play	Outdoor play	Outdoor bowling	Outdoor play	Water games
2:00 pm	Quiet time	Quiet time	Quiet time	Quiet time	Quiet time
3:00 pm	Snack movie	Snack movie	Special treat movie	Snack movie	Snack movie
4:00 pm	Pick-up begins free time	Pick-up begins free time	Pick-up begins free time	Pick-up begins Free time	Pick-up begins Free time
5:30 pm	Camp closes	Camp closes	Camp closes	Camp closes	Camp closes



Clintonville Academy Summer Program COVID-19 Policies and Procedures

We are excited that CASP will be able to operate and serve our families again this year. However, we understand that many families may have concerns regarding changes to camp operations and how we will keep everyone safe and healthy. Below are the changes we are making to our normal operations in order to meet state requirements and recommendations for a healthy summer. Please refer to <https://coronavirus.ohio.gov/static/responsible/Day-Camps.pdf> for the detailed recommendations by the state of Ohio regarding day camps, which these protocols are based off of.

Operating Hours:

CASP will be operating under reduced hours in order to allow time for increased sanitation efforts, from **8 AM to 5:30 PM**. Drop off will be from **8-9 AM**. Children must be picked up by **5:30 PM**.

Pick-up and Drop-off:

Drop-off and pick-up will be conducted curbside. Parents and guardians will **not** be allowed inside the facility at any point. A staff member will retrieve camper(s) and bring them to your car at the end of the day. Only one child will be allowed escorted in or out of the building at a time.

Health checks:

In order to protect the health and safety of our staff and campers, temperature checks will be conducted and recorded each morning on arrival for campers and staff. **If a staff member or camper has a temperature over 100°, or one which is drastically higher than normally recorded temperatures, they will not be allowed to enter the building and may not return until they have remained fever-free without fever-reducing medications for 24 hours. Temperatures will also be checked before lunch.** CASP reserves the right to take any child's temperature again throughout the day, and if a fever is detected, the child must leave camp immediately and remain at home until fever-free without fever-reducing medications for 24 hours. Staff will also be required to complete a daily symptom assessment.

Medical forms and waivers:

All campers must provide completed medical forms and waivers on their first day of camp. If these forms are not provided, the child will **not** be able to attend. If a child is particularly high-risk for infection, additional information may be requested in order to keep them safe and healthy.

Group Sizes:

Campers will be assigned to groups on their first day at camp. These groups will allow campers to remain in the same group of 9 or less throughout the duration of camp. Counselors will also be assigned to these same groups, and groups will not be allowed to intermingle.

Sanitation:

Sanitation efforts will be heightened throughout the duration of camp. Rooms will be cleaned at least twice a day, and toys will be sanitized after each use before another child may play with them. In addition, campers' hands will be washed upon arrival, before and after outside play, before and after meals, and before departing for the day. Staff will assist in handwashing, and handwashing and cleanliness practices will be taught in a kid-friendly way to all campers at the beginning of camp. All staff will adhere to these same standards.

PPE:

Staff will wear masks anytime they are within 6 feet of another camper, staff member, or parent. Additionally, masks and gloves will be utilized when preparing food or assisting campers at mealtime.

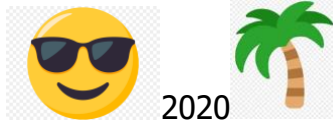
Personal belongings:

Campers will only be allowed to bring a limited number of items to camp each day, as noted on the provided "packing list." Personal items, including lunches, must remain in each camper's locker. Items will not be allowed to be shared between campers and must return home daily. Lockers will be sanitized weekly.

COVID-19-Positive Staff and Camper Policy:

If any staff member or camper tests positive for coronavirus, or is in contact with someone who tests positive, they will be **required to notify CASP staff immediately**. This person must remain quarantined for 14 days and then may return to camp if healthy. CASP will notify families of any situations which arise.

CASP Packing List



As noted in the 2020 COVID-19 Policies and Procedures, campers will be restricted on what can come to camp this summer. Please review this list and pack accordingly! We can't wait to see you!

Pack and send on the first day of camp:

- Extra change of clothes, underwear, and shoes
- Swimsuit
- Towel
- Sunscreen
- Prescription medications (including epi-pens and inhalers)
- Completed medical forms and waivers

Pack and send at the beginning of each week:

- Quiet time items (blanket, pillow only), packed in a trash bag with camper's name on it!

This bag will be kept separate from all other campers and will be sent home to be washed on the camper's last day of camp each week. Please no extra stuffed animals or toys!

Pack and send each day:

- Electronics (ipads, portable gaming devices) **at your own risk!
- Books for quiet time
- Lunch and water bottle with camper's name on it

Daily items must all fit in **one backpack**. Please clean these items accordingly each night before sending again.

Please do not bring:

- ⊗ Toys
- ⊗ Snacks (unless camper will not be participating in daily snack provided by casp) - please let us know on the medical form)
- ⊗ Other items from home

**CLINTONVILLE ACADEMY SUMMER PROGRAM
MEDICAL HISTORY FORM
3916 INDIANOLA AVE. COLUMBUS, OH 43214**

This form must be completed and given to CASP staff by the camper's first day of attendance. A new medical form must be completed each year, and students who attend Clintonville Academy must still submit a form.

Camper Name _____ Nickname _____

Dates attending _____ DOB _____ Age _____

Parent/guardian 1 name _____

Parent/guardian 1 address _____
Street

_____ City _____ State _____ Zip Code

Parent/guardian 1 cell phone _____

Parent/guardian 1 work phone _____

Parent/guardian 2 name _____

Parent/guardian 2 address _____
Street

_____ City _____ State _____ Zip Code

Parent/guardian 2 cell phone _____

Parent/guardian 2 work phone _____

Emergency Contact Name _____

Relationship to child _____

Phone number _____

HEALTH HISTORY

The following information must be completed by the parent or guardian prior to camp. This information is intended to provide camp personnel the background necessary to provide appropriate care throughout the duration of camp. Any changes to this form should be communicated to staff as soon as possible. Please provide complete information so camp staff can be aware of your camper's needs.

ALLERGIES List all known allergies. Please note degree of severity and appropriate course of action if necessary. *Campers with severe allergies should provide camp with an epi-pen on the child's first day of camp.*

MEDICAL CONDITIONS List all medical conditions a child suffers from, providing special detail to those which could affect daily life at camp (asthma, heart conditions, hard-of-hearing, etc.) Please list any previous severe conditions or surgeries as well.

DIETARY RESTRICTIONS Please list any dietary restrictions, especially those which may affect daily life at camp. Please note that CASP provides snack twice daily, and occasional meals which family will be notified about in advance. If your child is not able to participate in snack, please indicate so on this form and provide daily substitutions.

MEDICATIONS Please list any medications taken on a daily or routine basis, along with dosing. *If your child has any emergency medications (inhalers, epi-pens, etc) please send them in a labelled bag on the first day of camp.*

<input type="checkbox"/> My child does not take any medications on a daily or routine basis.
<input type="checkbox"/> My child takes medications as follows: Med #1 _____ Dosage _____ Time taken _____ Reason taken _____ Med #2 _____ Dosage _____ Time taken _____ Reason taken _____ Med #3 _____ Dosage _____ Time taken _____ Reason taken _____ Med #4 _____ Dosage _____ Time taken _____ Reason taken _____ <i>Please attach additional medications on an additional page.</i>

GENERAL QUESTIONS Explain any yes answers below.

Has/does the participant...

- | | |
|--|---|
| Had a chronic illness?..... Y__N__ | Have diabetes?..... Y__N__ |
| Ever been hospitalized?..... Y__N__ | Been diagnosed with a heart murmur?
..... Y__N__ |
| Have frequent headaches?.... Y__N__ | Wear corrective lenses?..... Y__N__ |
| Had a head injury?..... Y__N__ | Wear orthodontic appliances? Y__N__ |
| Had frequent ear infections?.. Y__N__ | Have any skin problems?..... Y__N__ |
| Passed out after exercise?..... Y__N__ | Been diagnosed with a psychiatric
disorder?..... Y__N__ |
| Been dizzy after exercise?..... Y__N__ | Been diagnosed with a learning
disability?..... Y__N__ |
| Had chest pain after exercise? Y__N__ | Sought treatment for emotional
difficulties?..... Y__N__ |
| Had seizures?..... Y__N__ | |
| Have asthma?..... Y__N__ | |
| Had high blood pressure?..... Y__N__ | |

Please explain any questions to which you answered "yes."

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which CASP should be aware.

Please provide dates of most recent immunizations for the following, or attach immunization record to this document:

Tetanus _____ MMR _____ Hepatitis B _____
Polio _____ DPT Series _____ Varicella _____

Most recent physical exam date _____

Name of participant's pediatrician or family physician:

Office phone _____ Address _____

Preferred hospital in case of emergency _____

Parent/Guardian Authorization

I, _____, parent/guardian of _____, confirm that this health history is correct and complete as far as I know. I agree to notify CASP if any change occurs in my child’s medical condition. The person herein described has permission to engage in all camp activities as noted above. I hereby give permission to the camp to provide routine health care and seek emergency medical treatment. I give permission to the camp to arrange necessary transportation for my child if necessary. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician and hospital stated above to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Clintonville Academy Summer Program and its staff from any and all liability for any injury or illness incurred at camp.

Signature of parent/guardian _____

Printed name _____ Date _____

MEDICATION AUTHORIZATION FORM

MEDICATION REQUIREMENTS:

All prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

Non-prescription (OTC) medications must be labeled with child's name. CASP will maintain basic OTC medications and will call for authorization if necessary.

Please bring all medications, **including epi-pens and inhalers**, and give to staff upon arrival for your child's first day of camp.

Camper name _____

Authorization in effect from _____ until _____.

I authorize the administration of _____ by day camp staff.

Instructions for administration of medication (including dosage):

OTC AUTHORIZATION:

I hereby authorize CASP to administer over-the-counter medications to my child, _____, as necessary after discussion via phone call.

I do not authorize the administration of any over-the-counter medications to my child, _____, while at CASP.

COVID-19 POLICIES AND PROCEDURES
AGREEMENT AND WAIVER

I, _____, parent/guardian of _____, affirm that I have reviewed the policies and procedures adopted by Clintonville Academy Summer Program (CASP), in accordance with state and local government, in order to prevent the spread of COVID-19 during the 2020 camp season. As such, I agree to follow said policies and procedures, including notifying CASP if my child has any contact with someone who has tested positive or if the child tests positive for coronavirus. Additionally, I agree to keep my child home from camp for the required duration of time if they should develop a fever or other symptoms as described by the CDC. I consent to the recording of my child's temperature daily at camp. I hereby waive and release Clintonville Academy Summer Program and its staff from any and all liability for any illness incurred while at camp. I understand that failure to comply with required policies and procedures will result in dismissal from CASP.

Signature of parent/guardian _____

Printed name _____ Date _____