

# perkins center summer arts camp camper packet

Thank you for registering your child for our Summer Arts Camp! Please save this page for your records. All forms in the camper packet, including the health and behavioral form, must be completed, and returned as soon as possible.

## **camp dates\* & hours:**

### **Moorestown Location:**

Camp hours are 9:00 AM - 4:00 PM. Drop-off is from 8:45-9:00 AM. Camp begins promptly at 9:00 AM. Extended care is available (at Moorestown location only) for an additional charge. The hours for extended care (at Moorestown location only) are 8:00-9:00 AM & 4:00-5:00 PM.

Session M1: June 28 - July 9 (Skip July 5)

Session M2: July 12 - July 23

Session M3: July 26 - August 6

Session M4: August 9 - August 20

\*Teen Arts Lab (ages 12-14) runs during all 4 Sessions.

### **Collingswood Location:**

Camp hours are 9:00 AM-4:00 PM. Drop-off is from 8:45-9:00 AM and pick-up is from 4:00-4:15 PM. Camp begins promptly at 9:00 AM. Extended care is currently NOT available in Collingswood.

Session C1: June 28 - July 9 (Skip July 5)

Session C2: July 12 - July 23

Session C3: July 26 - August 6

Session C4: August 9 - August 20

## **Guidelines for Summer Camp Operation**

Perkins Center will implement the following prevention and mitigation strategies to slow and limit COVID-19 exposure and spread:

1. **General policies and procedures-** Perkins will communicate and educate staff, parents, and campers in COVID-19 safety measures including:
  - Staying home when ill
  - Proper hand hygiene and respiratory etiquette
  - Wearing face coverings
  - Avoiding touching your face as much as possible
  - Reporting illnesses and symptoms to the Camp Director
2. **Drop Off & Pick Up-** Perkins will implement a car line. Parents must stay in their vehicles during this time. Campers must be wearing a face mask and temperatures will be taken. If a camper has a temperature of 100.4 or higher, they will not be permitted to attend camp.
3. At drop off, campers will gather while maintaining social distancing with their

small groups and counselor.

4. At pick-up, campers will be dismissed directly to their parent's or caregiver's car. Parents must wait in line and remain in their vehicles.
5. **During Camp** - Class size will be limited to 8 campers per group to account for social distancing in classrooms.
6. Staff and campers shall, at minimum, wear cloth face coverings when social distancing of 6 feet between individuals and/or assigned groups cannot be maintained, (except where doing so would inhibit that individual's health or in extreme heat outdoors). It is understood that face coverings may be challenging to campers (especially younger campers) to wear in all-day settings such as camp.
7. Handwash and hand sanitizer stations will be provided in numerous areas around the camp. Additionally, counselors will have hand sanitizer with them at all times for camper use.
8. Perkins has enhanced cleaning and disinfection procedures using EPA approved disinfectants and following [CDC guidance](#). Regular cleaning of high-touch surfaces will be performed throughout the day.
9. Perkins discourages the sharing of items that are difficult to clean, sanitize, or disinfect. Each camper will receive a kit of materials that will be used solely while they are at Perkins during their camp session.
10. Perkins has instituted infection control procedures for areas around the camp, including entrances, dining areas, restrooms, and other areas prone to congregation. Perkins has dedicated specific entrance and exit doors to be used in each of our buildings. They are clearly marked with signage.
11. **Lunch** will be eaten outdoors when possible. In the case of extreme heat or rain, campers will eat lunch in their classrooms with their group.
12. **Food** will not be served on the premises. Campers are required to bring their own nut-free snack, nut-free lunch, and bottled water. (Can be in a reusable container) These items must be kept in their backpack throughout the day.
13. **Bathrooms** and high-touch surfaces will be cleaned multiple times throughout the day by Perkins staff.
14. **Play** - Campers will remain in their assigned groups for lunch and recreation times. All play equipment will be sanitized between uses.
15. Perkins will limit on-site visits by non-essential visitors and volunteers.
  - a. Visitors are required to wear cloth face coverings while visiting the youth

camp unless doing so would inhibit the individual's health. If a visitor refuses to wear a cloth face covering for non-medical reasons at the point of entry, Perkins reserves the right to decline entry.

- b. Perkins has restricted all group events, gatherings, and meetings where social distancing of at least 6 feet between people cannot be maintained. For this reason, there will not be a final exhibition or performance. Perkins will instead create a camp "lookbook" and share it with families digitally.
  - c. Field trips will not be held this summer.
16. **Illness** - If an individual exhibits signs and symptoms of COVID- 19 (e.g. fever, cough, shortness of breath) while on-site, Perkins will immediately separate the ill person from the well people until the ill person can leave camp.
17. If the camp becomes aware that an individual tests positive for COVID-19, Perkins will immediately notify [the Department of Health-Youth Camp Project](#), local health officials, staff and families of a confirmed case while maintaining confidentiality. Close contacts and/or sick staff members or campers that have had a positive COVID-19 diagnosis or exposure should not return to camp until they have met CDC's criteria to discontinue home isolation.
18. **Closures**- If Perkins Center needs to close camp for any reason, pro-rated refunds will be issued.
19. **Refund Policy for Camp 2021** - A full refund will be given up to 3 weeks before the start of the session. Significant care and planning go into making camp a safe and fun experience for each and every child.

## **allergy note:**

**Please inform the Perkins Center of any and all camper allergies.**

Perkins Center's camp program is now peanut-free & nut-free, however our facility and grounds are not. Campers are asked to not bring peanuts or tree nuts and oils that include, but are not limited to, walnut, almond, hazelnut, cashew, pistachio, and brazil to camp. Parents, please take the time to read labels to make sure the ingredients in packed foods do not contain these products.

**Please note:** Perkins Center is located on an arboretum which contains nut-bearing trees.

## **what to bring:**

1. Snack (nut free)
2. Lunch (nut free) with ice pack\*
3. Labeled bottle of water\*
4. Backpack

**\*There will be no onsite refrigeration available. We also ask that you send an additional water bottle to last the whole day.**

*These items must be labeled and packed separately.* Please note: Perkins Center no longer provides a daily snack.

**Please leave at home:** toys, trading cards, and video games.

## **IMPORTANT info:**

- Please note that Perkins Center has a "NO FOOD" policy for celebrating birthdays/events.
- For the safety and wellbeing of our campers, all off-site field trips have been canceled due to COVID-19.

## **drop-off & pick-up procedures:**

### **Moorestown Location:**

DROP-OFF begins at 8:45 AM and ends promptly at 9:00 AM. Perkins will implement a car line. Parents must stay in their vehicles during this time. Should we still be under COVID restrictions, campers must be wearing a face mask and temperatures will be taken. If a camper has a temperature of 100.4 or higher, they will not be permitted to attend camp.

PICK-UP: Campers are dismissed at 4:00 PM. For pick-up, we have a drive-through pick-up line. Please enter the driveway from Camden Avenue and proceed along the driveway toward the front of the building. A Perkins staff member will be on the driver's side of your vehicle to assist with signing out your child.

**Note: The driveway is one way. You must enter Perkins Center on Camden Ave and exit out onto Kings Highway.**

### **Collingswood Location:**

DROP-OFF: Campers will meet in front of the gallery entrance between 8:45 - 9:00 AM. NO PARKING is allowed in the driveway leading to the gallery entrance. Parents can pull-up on Irvin Avenue in front of the Collingswood building during drop-off. There will be staff and camp personnel by the curb to assist your child from your car to the gallery entrance.

**If you want to walk your child to the meeting area, DO NOT pull up next to the building. You MUST park (in nearby lots or at available street parking spots).**

PICK-UP: Camp pick-up time is between 4:00 - 4:15 PM. Parents/guardian or those with pick-up permission must park their car (parking lot or street parking) and come inside to sign-out campers with staff and/or camp personnel.

# perkins center summer arts camp registration form\*

## camper information

PLEASE COMPLETE. INCOMPLETE FORMS CANNOT BE PROCESSED.

\*in an effort to safely and effectively ensure the highest quality instruction for all of our campers, please complete this form and return it to Perkins Center for the Arts asap- Attn: Camp Director. Enrollment in camp is subject to a thorough review and evaluation of the information provided. All applications are pending. There is a potential for assessment of tuition in the event that an initially enrolled student is later found ineligible.

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CAMPER FIRST NAME

MIDDLE INITIAL

LAST NAME

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SESSION(S) ATTENDING

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DATE OF BIRTH

AGE AT TIME OF CAMP

GRADE COMPLETED

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CAMPER'S SCHOOL

LOCATION

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PLEASE LIST ANY ALLERGIES (Feel free to include any details you think may be helpful.)

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PARENT(S) / GUARDIAN(S) NAME

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MAILING ADDRESS

CITY

STATE

ZIP

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PRIMARY PHONE

SECONDARY PHONE

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EMAIL

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EMERGENCY CONTACT NAME

RELATIONSHIP

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EMERGENCY CONTACT PHONE

## **pick-up permissions**

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All campers must be signed out before leaving the camp grounds. Please list the names and phone numbers of people who have permission to pick-up your child (note: Identification may be required at pick-up)

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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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## **photo, video, and media permission and release**

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Photographs and videos of my child participating in Perkins Center programs may be used by Perkins' staff for the limited purpose of inclusion in Perkins' publications, press materials, and social media.

YES \_\_\_\_\_ NO \_\_\_\_\_

## **statement of understanding**

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The following information is important to safely and effectively ensure the highest quality instruction for all of our campers. Please read this information and sign below.

- I understand that my child's camp registration is pending until the Universal Child Health Record (endorsed by the American Academy of Pediatrics, New Jersey Academy of Family Physicians and New Jersey Department of Health) has been completed and reviewed.
- I understand that enrollment in camp is subject to a more thorough review and evaluation of the information provided. All applications are pending.
- I understand that there is a potential for assessment of tuition in the event that an initially enrolled student is later found ineligible

I have read and understand the statements above regarding Perkins Center for the Arts policies and procedures.

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PARENT/ GUARDIAN SIGNATURE

DATE

## **statement of authorization**

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1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the Center as soon as possible.
2. The parent/guardian's signature authorizes the management and staff of Perkins Center for the Arts to act for me according to their best judgment in the event of a medical emergency. The parent/guardian grant permission for the emergency medical treatment by the Perkins Center for the Arts staff, emergency rescue squad, hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. The parent/guardian signature waives/ releases Perkins Center for the Arts from any and all liability/ financial responsibility for any medical expenses incurred.

By signing below, you are authorizing all of the above.

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PARENT/ GUARDIAN SIGNATURE

DATE

## **field trip permission slip\***

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For the safety and wellbeing of our campers, all off-site field trips have been canceled due to COVID-19.

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth /    /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number (    )    -		Work Telephone/Cell Phone Number (    )    -	
Parent/Guardian Name _____		Home Telephone Number (    )    -		Work Telephone/Cell Phone Number (    )    -	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:				Weight (must be taken within 30 days for WIC)	
				Height (must be taken within 30 days for WIC)	
				Head Circumference (if <2 Years)	
				Blood Pressure (if ≥3 Years)	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
<b>MEDICAL CONDITIONS</b>					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
<b>PREVENTIVE HEALTH SCREENINGS</b>					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp:		
Signature/Date _____					