



2017-18 AC HANDBOOK PACKAGE & REGISTRATION

2017-18 CAMP DISCOVERY AFTER CARE

OUR MISSION Is to create a structured environment that exalt the Name of the Lord and Savior, Jesus Christ, encourage academic excellence and engage students through extracurricular/ recreational activities.

ACADEMIC EXCELLENCE Through a structured study hall where we will give homework assistance as needed.

ENROLLMENT INFORMATION

All children must be registered in the program before attending. Registration forms need to be completed each year for each child. Forms of payment money order or cashier's check **absolutely no cash or personal checks.**

Registration fee per child \$40 (NON-REFUNDABLE)

Aftercare Services/Rates

- After Care - \$80 per week
- Drop-In Fee - \$25 per day (members only)
- No Call/ No Show - \$5.00 per day per child

School Closing Services/Rates

- Kidz Day Out - \$25 per day (including field trips)
 - Drop In Member - \$30 (must sign up one week prior to kidz day out)
 - One Day Drop Off (non-registered member) - \$40
- Winter Break Camp (Program Members) - TBA
 - Drop In Member - TBA (must sign up one week prior to kidz day out)
 - One Time Drop Off (non-registered member) - TBA
- Spring Break Camp (Program Members) - TBA
 - Drop In Member - TBA (must sign up one week prior to kidz day out)
 - One Day Drop Off (non-registered member) – TBA

Statement of Purpose

Camp Discovery is a service of Mount Calvary Baptist Church, “Church Without Walls”. The Bible tells us

*“Train up a child in the way he should go
Even when he is old he will not depart from it.”
 (“Proverbs 22:6”)*

Camp Discovery also understands that because the early years are so important in a child’s total development, we provide each child with a wide range of learning experiences. Camp Discovery maintains a warm, loving, Christ centered environment with planned activities.

Goals

- To provide opportunities for learning about Jesus Christ as Lord and Savior.
- To provide opportunities and activities to help each child understand their talents and limitations as God has blessed them, to cultivate each individual’s God-given talents, and to accept himself/herself as one forgiven by Christ.
- To provide activities that will help the child grow, spiritually, emotionally, socially, physically, intellectually, and creatively.

Camp Discovery offers a program that includes indoor and outdoor play, music, dance, sports, drama, arts and crafts, education and Bible study.

KDO Discount Rate Policy

In order to receive the \$25.00 rate for Kidz Day Out, you must adhere to the following policy. Your child(ren) must be signed up for Kidz Day Out the last Friday within the previous month.

Example

There is a Kidz Day Out on September 5th. In order to get the rate of \$25.00 you must sign your child up by the last Friday in the month of August (8/30/16). This ensures that your child only pays \$25.00. This rate can be paid the date the service is rendered but can't be adjusted if you did not follow the above policy. Payments for KDO can be made separately or appended to your weekly tuition.

If you are not signed up by the last Friday of the previous month you will have to pay the standard rate of \$30.00 – NO EXCEPTIONS!

Kidz Day Out Dates

October 20, 2017

February 9, 2018

Winter Break: December 26-29, 2017

Spring Break: April 2-6, 2018

Half-Day/Early Dismissal Policy

Camp Discovery is open for aftercare pick-up during half-day and early dismissals. Our altered office and operational hours are found below.

Camp Discovery Office Hours:

9:00 am – 6:00 pm

After Care Operation Hours:

11:30 pm – 6:00 pm

September 29, 2017

October 30, 2017

November 3, 2017

November 13, 2017

December 8, 2017

January 26, 2018

March 29, 2018

Camp Discovery Closures

November 10, 2017

November 23-24, 2017

December 25, 2017

January 1, 2017

February 16-19, 2017

March 30, 2017

May 28, 2017

June 8, 2017 Last Day for BAC

Please note, during the winter months Camp Discovery follows P.G. County School system as it relates to early dismissals and closures.

Example: if P.G. County School closes two hours early, we close two hours early; if school is closed Camp Discovery is closed.

Illness at Camp Discovery

Every attempt is made to keep diseases from spreading throughout the camp. Parents can help by keeping a sick student at home and by promptly picking up a student who has become throughout the day

Students should be kept at home if they are vomiting, running a fever, or have diarrhea. A student who has been running a fever should remain at home for 24 hours after the student's temperature has returned to normal **without the aid of a fever reducing medicine.** By sending an ill student to aftercare, you are exposing both the staff and students to the illness. Students should also remain at home if they have any of the following infectious diseases; ***Chicken Pox, Hepatitis A, Impetigo, Pink Eye, Infectious Diarrhea, Lice, Ringworm, Strep Throat, Scarlet Fever, and any vaccine-preventable diseases.*** (The Director will require a note from the doctor before your student may be brought back into the camp.)

If a student becomes ill while at before/aftercare, parents will be called and asked to come and pick up their child(ren). If parents are unavailable, the person(s) listed as emergency contact on the admission application will be called. Parents may also be called if a student has an accident or injury. All illnesses, accidents, and injuries are noted and kept on file. In an emergency, students will be taken to Doctor's Hospital unless otherwise noted by the parents on the consent forms.

Medication Policy

Here at Camp Discovery we do not administer any medicine.

Insurance Policy

Camp Discovery does not provide medical insurance coverage. Each student will be covered under his/her parent's policy.

Confidentiality Policy

All records will be kept confidential between parents, Camp Discovery Staff and the Youth Pastor. Our policy is to release no information about a camper or family without prior written consent.

Termination Policy

Camp Discovery operates a quality program that strives to teach children to use manners, self-discipline, conflict resolution skills, and Christian values. When a child consistently disrupts the activities being conducted, documentation of the incidents will be placed in the child's file, and a copy will be given to the parents. When two documents are in the file, Camp Discovery will request a family conference. The child will then be put on a "behavioral probation". During the probationary time and additional documented misbehavior will result in immediate termination from the program.

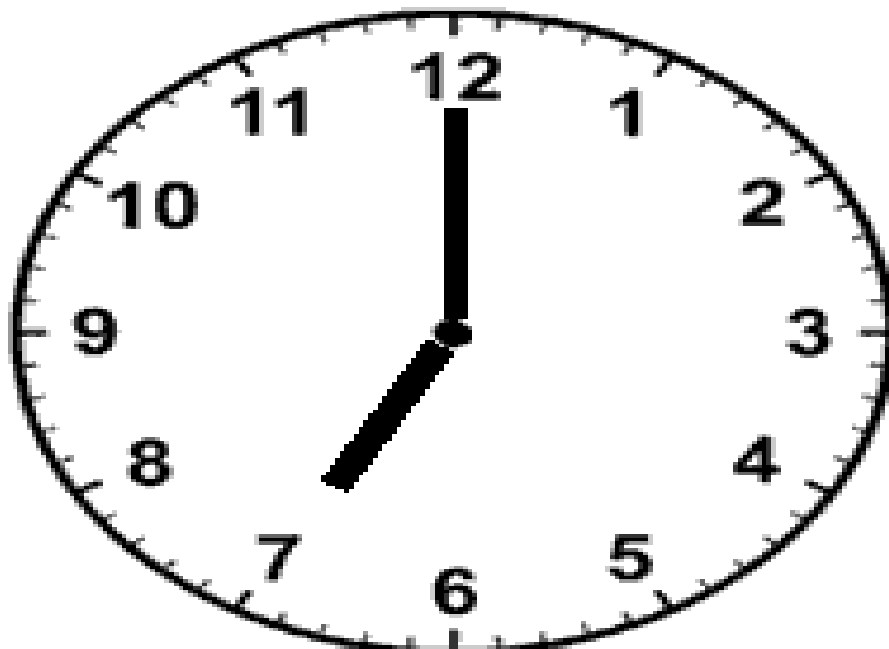
Withdrawal Policy

Camp Discovery requests a two week notice in writing when withdrawing a child from the program. This allows us to fill his/her spot with someone on the waiting list.

LATE PICK UP POLICY

Aftercare hours are 2:30 - 7:00 p.m.

- If you're going to be late YOU MUST CALL!!!
- Parents picking their children up after 7:00 p.m. will be charged:
 - 7:01-7:04 (No charge), 7:05 (\$5.00), 7:06-7:09 (\$5.00), 7:10 (\$10.00), 7:11-7:14 (\$10.00), 7:15 (\$15.00) and 7:16 -up (plus \$1.00 until pick up)
- Late pick up payments ARE due at the time of pick up (cash is acceptable). However, the payment can be appended to your current weekly tuition. If the payment is not cleared within the week that the late pick up occurred. It will result in suspension of services for the following week.



PAYMENT INFORMATION AND POLICIES

After Care Dates: September 6, 2017 – June 8, 2018

(Last Day Subject to Change)

Camp Discovery Office Hours: 11:00 am – 7:00 pm

After Care Operation Hours: 2:30 pm – 7:00 pm

KDO Operation Hours: 7:00 am - 6:00pm

(Hours may change depending on Holidays and/or weather)

Weekly Tuition

After Care \$80.00 per child

\$25 per day drop in rate

Payment Policy

Payments are due the 1st school day of the week. Payments received after the 3rd school day of the week will accrue a \$10.00 late payment per day and \$5 thereafter. Payments that are not reconciled by the close of the school week WILL result in suspension of services for the next week.

**NO PERSONAL CHECKS WILL BE ACCEPTED
AND/OR ABSOLUTELY NO CASH. Money orders and
Cashier checks only!**

CAMP DISCOVERY BUS RULES & REGULATIONS POLICY

- 1.** No Food and/or Drinks are allowed on the bus.
- 2.** No Standing up on the bus.
- 3.** All students must be sitting and facing front at all times.
- 4.** No throwing trash off the bus.
- 5.** Everything should be kept inside of the book bags at all times.
- 6.** Toys are prohibited on the bus.
- 7.** No yelling and/or singing out loud.
- 8.** Follow all instructions given by counselors and/or bus driver.
- 9.** Under no circumstances is a student allowed to leave the bus once they are on and seated. Students **MUST** use the bathroom prior to departing from school/field trip.
- 10.** Aisle **MUST** be clear at all times.



ENROLLMENT & PARTICIPATION POLICY

1. (Initial for verification) **STUDY HALL** Study hall is a one hour a day (Mon-Thurs) homework assistance program. There is no one-on-one tutoring. There is **no** project (book reports, science projects, & etc) assistance. Any homework not completed during study hall **must** be completed at home.
2. (Initial for verification) **LATE PICK-UP POLICY** The Late Pick-up Policy will apply if camper is picked up after 7pm. All late payments must be paid the next camp day at the time of drop-off.
 - a. Fees are as followed: 7:01-7:04 (No charge), 7:05 (\$5.00), 7:06-7:09 (\$5.00), 7:10 (\$10.00), 7:11-7:14 (\$10.00), 7:15 (\$15.00) and 7:16 -up (the amount above plus \$1.00 until pick up)
3. (Initial for verification) **ATTENDANCE POLICY** If a student will not be using Camp Discovery transportation to and from school, a phone call and left message must be made before 12:00pm. \$5.00 fee will be applied to the next payment.
5. (Initial for verification) **REFUND POLICY** Weekly tuition fees are not transferable nor do we pro-rate due to absences from the program or early withdrawals.
6. (Initial for verification) **LOST OR PERSONAL DAMAGES** While every reasonable effort is made to safeguard camper's belongings, I understand Camp Discovery cannot be held responsible for the loss or damage of any of my child's belongings.
7. (Initial for verification) **PARTICIPATION AGREEMENT** As the Parent/Guardian of an enrolled participant, I agree to allow my child to participate in all activities of Camp Discovery.
8. (Initial for verification) **EXCURSIONS AWAY FROM CAMP** I give my consent for my child to be taken off the program premises by the staff on a bus or on foot, as a scheduled part of the program.
9. (Initial for verification) **DISCIPLINE POLICY** As the Parent/Guardian of an enrolled participant, I agree to the Discipline Policy and all of the consequences that follow.

- 10 (Initial for verification) **EMERGENCY MEDICAL TREATMENT** In the event of an accident or illness involving my child while attending camp, I understand Camp Discovery will make every attempt to notify myself and/or my emergency contact person. I give my consent to Camp Discovery to act on behalf of my child in the event of an emergency, and further, to be transported, assessed and treated in a hospital if necessary. I understand I must notify Camp Discovery of any changes in the medical or health

condition of my child between the time of completion of this form and participation at camp. **If you don't want your child to be transported to the hospital please advise us of what steps you'd like to be taken after we contact you and/or emergency contact**

- 11 (Initial for verification) **AUTHORIZATION FOR PUBLICITY** I give my consent for my child to be photographed at camp for purposes of promotion and public relations.
- 12 (Initial for verification) **INCLEMENT WEATHER POLICY** Camp Discovery follows PG County School system during inclement weather. If PG County Schools are closed due to inclement weather Camp Discovery is closed. If PG County Schools opens has a two hour delay due to inclement weather Camp Discovery will open two hours late. **If PG County Schools close two hours early Camp Discovery will close two hours early. **Scheduled to change based on weather conditions.
- 13 (Initial for verification) **WITHDRAWAL PROCEDURES** If a student is absent for ten days without notification, the student will be withdrawn. Camp Discovery requests a two week notice in writing when withdrawing a child from the program. This allows us to fill his/her spot with someone on the waiting list.
- 14 (Initial for verification) **SICK/ HEALTH POLICY** If a student is absent from Camp Discovery due to any illnesses and/or skin break-out, for safety purposes, Camp Discovery must immediately be informed and a doctor's note must be signed and brought back **prior** to the student using Camp Discovery's services.
- 15 (Initial for verification) All accounts that have an open balance after the last day of school will automatically accrue a \$25.00 charge to the account.
- 16 (Initial for verification) As the Parent/Guardian of an enrolled participant, I am aware that the last day of school is scheduled for **June 13, 2018**. I am aware that Camp Discovery's BAC Program will close **June 8, 2018**

PAYMENT POLICY

I do understand that.....

1. (Initial for verification) **PAYMENT POLICY:** All tuition payments must be submitted on the **1st school day of the week**. If the tuition is not paid by the **3rd school day** the account will accrue a late fee of \$10.00 per day. This fee will also apply when partial payments are received (i.e. partial tuition payment, tuition less the late fee, etc.). Late fees will be rolled into your next tuition payment. **After one week** of non-payment services will be suspended. **After two weeks** of non-payment the student will be withdrawn from the program and will have to be re-registered before services are rendered. Please read example and initial EACH BULLET.
 - a. (Initial for verification) **MONDAY (day 1):** *You did not submit your payment on Monday*
 - b. (Initial for verification) **TUESDAY (day 2):** *Grace period*
 - c. (Initial for verification) **WEDNESDAY (day 3):** *By the close of business day 7:00 p.m.) Your account will accrue a \$10 late fee.*
 - d. (Initial for verification) **THURSDAY (day 4):** *If payment is still not received by the close of business Thursday, all non-received payments will accrue an additional \$5 late fee.*
 - e. (Initial for verification) **FRIDAY (day 5):** *By the close of business day Friday, all non-received payments will accrue another \$5 late fee. In addition, you will receive a letter concerning pending service suspensions.*
 - f. (Initial for verification) *Payments not received by **MONDAY (day 6)**, will result in service suspension which will be in effect on the next school day **TUESDAY**.*
 - g. (Initial for verification) **TUESDAY (day 7):** *My child will not be able to utilize Camp Discovery services until the payment is received in full.*
2. (Initial for verification) **PAYMENT POLICY:** As the Parent/Guardian and the person responsible for payment, I understand all fees must be paid in cashier check or money order. Absolutely NO cash or personal checks.
3. (Initial for verification) **KIDZ DAY OUT/DROP IN POLICY:** I understand that all KDO's MUST be paid by the due dates (i.e KDO sheet) in order to receive AC-KDO rate. The drop-in rate will be applied to all who sign up and pay after the deadline date.
4. (Initial for verification) All accounts that have an open balance after the last day of school will automatically accrue a \$25.00 charge to the account.

Camp Discovery Discipline Policy

1. 1 Verbal Warning
2. 10 minute time-out
3. 30 minute detention
 - a. The entire 30 minutes must be completed before leaving detention. Ex: If the child leaves and only 15 minutes were completed, the remaining 15 will be resumed on the following school day.
 - b. A detention form must be filled out prior to the student going into detention.
4. Parent conference
 - a. A parent conference can only be issued by an instructor and/or coordinator.

Suspension Terms

Suspensions are subject to change depending on the situation

Automatic Suspension

1. Profanity
2. Fighting
3. Violation of Bus Rules
4. Vandalizing camp property
5. Insubordination on Field Trips
6. Instigating a fight (2nd Offense)
7. Continuous Insubordination (2nd Offense)
8. Hitting/ Harming a camper (2nd Offense)

Long-Term Suspension (2 or more days)

1. Hitting/harming a counselor
2. Stealing
3. Hitting/ Harming a camper (3rd Offense)
4. Same incident AFTER a parent conference was held.

In-House Suspension

1. Instigating a fight (1st Offense)
2. Continuous Insubordination (1st Offense)
3. Hitting/ Harming a camper (1st Offense)

After multiple suspensions, a request for removal will be submitted.

Parent/ Guardian Name (Print)

Parent/Guardian Name (Signature)

Parent Information

Mother Full Name			
Father Full Name	Last	First	M.I.
Address	Last		First
	Street Address		Apartment/Unit #
	City		State ZIP Code
Home Phone	()	Alternate Phone	()
Mother Work Phone	()	Father Work Phone	()
Mother Email Address			
Father Email Address			
Emergency Contact (In the event that the parent cannot be reached)			
Full Name			
	Last	First	M.I.
Address			
	Street Address		Apartment/Unit #
	City		State ZIP Code
Primary Phone	()	Alternate Phone	()
Relationship			
Medical Information (child's number must correspond to the name listed on the registration form)			
	Child 1 BIRTHDAY (MM/DD)	Child 2 BIRTHDAY (MM/DD)	Child 3 BIRTHDAY (MM/DD)
	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
Are there any health issues/concerns (i.e., seizures, asthma, allergies)?	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain
If your child does not attend a school in Maryland The Md. Dept. of Health requires that students not already enrolled in Maryland public or private schools have their doctor complete a health inventory in order to attend camp. Please request this form from our office.			
	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
Are the participant shot records current? Date of last tetanus or DPT shot	<input type="checkbox"/> no <input type="checkbox"/> yes Date	<input type="checkbox"/> no <input type="checkbox"/> yes Date	<input type="checkbox"/> no <input type="checkbox"/> yes Date
	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
Is your child currently taking any medication?	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain

2017-18 AFTER CARE PARTICIPATION & RELEASE FORM

STUDENT PARTICIPATION WAIVER

Being the person responsible for payment and the parent/guardian of:

who is enrolled with Camp Discovery AC Program, I have read and agree to all of the attached Enrollment Participation Policies. I further agree to release and indemnify Mt. Calvary Baptist Church and Camp Discovery Aftercare program from any accidents or injuries which may arise from participation in activities. I have read this waiver and I understand its content. I have voluntarily signed this waiver on behalf of my child.

(Parent/Guardian's Signature)

(Date)

2017-18 AFTER CARE FIELD TRIP PERMISSION FORM

PROGRAM: Camp Discovery
ADDRESS: 5120 Whitfield Chapel Rd. / Lanham, MD 20706

CHILD(REN) NAME(S): _____

I, _____, give permission for my child(ren) to attend all local and big field trips (Metropolitan Area: Washington, DC, Maryland, Virginia and Out of State) sponsored by Camp Discovery After Care 2017-2018. I understand that all children will be transported using the church transportation of Mt. Calvary Baptist Church of Lanham and/or chartered bus through reputable bus service. I further agree to release Mt. Calvary Baptist Church, Camp Discovery and the staff from any accidents or injuries which may arise from participation in these field trips.

(Parent/Guardian's Signature)

(Date)

SPORT'S ACTIVITIES PARTICIPATION

I certify that my daughter(s)/son(s) _____ is physically fit to participate in the Camp Discovery's Sport's Activities. I understand that there is inherent risk of participation in this physical activity, and I further state that Camp Discovery and their staff will not be held liable for injuries as a result of participation in camp activities.

I also give permission for camp officials to administer first aid to my child, and to seek medical assistance in the event I cannot be contacted through reasonable efforts. I have read this waiver and I understand its content. I have voluntarily signed this waiver on behalf of my child.

(Parent/Guardian's Signature)

(Date)

**2017-18 AC DAILY PICK-UP AUTHORIZATION &
RELEASE FORM**

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

I give the following individuals permission to pick up my child from camp:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

RELATIONSHIP: _____

(Parent/Guardian's Signature)

(Date)

2017-18 AFTER CARE PROGRAM

2017-2018 PICK UP PERMISSION SLIP FORM

Mt. Calvary Baptist Church (Camp Discovery)

5120 Whitfield Chapel Rd
Lanham, MD 20706
301.577.5131
301.577.7907 (fax)

This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: _____

Student Name: _____

Teacher's Name: _____ Classroom# _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____

CAMP DISCOVERY COPY

If you have more than one child, each child will need 3 separate sheets of the next 3 sheets

2017-18 AFTER CARE PROGRAM

2017-2018 PICK UP PERMISSION SLIP FORM

**Mt. Calvary Baptist Church
(Camp Discovery)**

5120 Whitfield Chapel Rd
Lanham, MD 20706
301.577.5131
301.577.7907 (fax)

This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: _____

Student Name: _____

Teacher's Name: _____ Classroom# _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____

SCHOOL OFFICE COPY

If you have more than one child, each child will need 3 separate sheets of the next 3 sheets

2017-18 AFTER CARE PROGRAM

2017-2018 PICK UP PERMISSION SLIP FORM

**Mt. Calvary Baptist Church
(Camp Discovery)**

5120 Whitfield Chapel Rd
Lanham, MD 20706
301.577.5131
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This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: _____

Student Name: _____

Teacher's Name: _____ Classroom# _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____

TEACHER COPY

If you have more than one child, each child will need 3 separate sheets of the next 3 sheets