

*** PAYMENT REQUIRED AT DROP OFF ***

Camp ADVENTURE

READY. SET. SUMMER!

CAMP ADVENTURE is a summer program for kids 5 - 12 years old who like to have fun! This camp is designed to provide children with an active summer at a reasonable price. Camp Staff participate in all activities with the campers.

June 12th thru August 11th, 2023 (8 weeks)

Open Monday thru Friday 7:00 a.m. - 5:30 p.m.

Location: Dillon Elementary on Schumacher off of Fenton Road

Each week will have a theme and storyline with related activities and crafts.

Open Monday thru Friday
7:00 a.m. - 5:30 p.m.

June 12th thru June 30th
CLOSED Week of July 3rd
July 10th thru August 11th



Daily Schedule:

** You may come at any time. This is just a preview of a sample day at Camp Adventure. Campers will have a choice for each Activity Period. Campers will be outside for a lot of activities – please dress according to the weather.*

7:00 - 8:30 am	Sign in, Choice time
8:30 - 9:00 am	Recess
9:00 - 9:30 am	Breakfast
9:30 - 10:00 am	Math/Reading
10:00 am - 12:30 pm	Activities
12:30 -1:30 pm	Recess/Lunch
1:30 - 2:00 pm	Math/Reading
2:00 - 4:00 pm	Activities
4:00 - 5:30 pm	Recess, Pick Up

Prepay \$1,000 for the entire Summer. Save \$200. Due by June 3, 2023

Fees: Payments are required at drop-off
Full Day: (Over 4 Hours) 7:00 a.m.- 5:30 p.m.

\$150 a week for one child
(\$125 a week for each additional child)

Half Day: (Less than 4 hours)
\$85 a week for one child

(\$80 a week for each additional child)

Before & After Summer School: \$85

(Transportation to and from Summer School will be provided.)

Payments are due at the beginning of each week,
NO exceptions. DHS Accepted (Prior Approval Required).

Limited Space Available - Register Early!

Choices for Activity Period: **Field Trips**

- | | |
|-----------------|------------------|
| Arts and Crafts | Baseball |
| Basketball | Clay |
| Cooking | Computer Lab |
| Dancing | Dodgeball |
| Fusion Beads | Kickball |
| Movies | Stack Cups |
| Tag | Volleyball |
| Water Day | And Many More!!! |



(Some trips will have a small fee)



For questions, call 591-3600 or 591-7238.

Enrollment packets available in your school office or online at www.carman.k12.mi.us/camp

CAMP ADVENTURE SCHEDULE 2023

CHILD'S NAME: _____

PARENT'S NAME: _____

EMAIL: _____

EMERGENCY #: _____

For more information, call 810-591-3600 or 810-591-7238

Please fill in estimated start and finish times for weekly

Schedule: Week 1 June 12 thru June 16:

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 2 June 19 thru June 23:

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 3 June 26 thru June 30:

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

CLOSED - Week 3 July 3 thru July 7:

Week 5 July 10 thru July 14

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 6 July 17 thru July 21

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 7 July 24 thru July 28

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 8 July 31 thru August 4

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Week 9 August 7 thru August 11

Monday __: __ to __: __ Tuesday __: __ to __: __ Wednesday __: __ to __: __ Thursday __: __ to __: __ Friday __: __ to __: __

Payment amount: _____ **Payment method:** Cash _____ Check _____ # _____ CC _____

Credit Card # _____ Exp. Date: _____ 3 Digit Code _____

Signature _____ Print Name _____

Please return the registration form to your child's school office with the first week's payment no later than June 3, 2023. Or you may mail to the Learning Community, 1181 W. Scottwood, Flint, MI 48507. Registration and payment may also be dropped off or mailed to C-A Administration Building, G3475 W. Court St, Flint, MI48532.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)		
Address (Number and Street, Building/Apartment Number)		City
		State
		Zip Code
Parent/Legal Guardian's Name		Child's Date of Birth
Home Address (if not child's address)		Parent/Legal Guardian's Name (Optional)
City		Home Address (if not child's address)
State		City
Zip Code		State
Email Address (optional)		Zip Code
Employer Name		Email Address
Work Phone		Employer Name
Work Phone		Work Phone
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number
Hospital Preferred for Emergency Treatment (optional)		()
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2. ()
3.	()	4. ()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.					
AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation					

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2022-2023

**PHYSICAL HEALTH/IMMUNIZATIONS
PARENT ACKNOWLEDGEMENT
FOR SCHOOL-AGE PROGRAMS**

Child's date of birth: _____

This acknowledges that my child, _____, who attends
Carman-Ainsworth Kids' Connection at _____ school, a school-
age program registered with the Division of Child Care Licensing, is in good health and that
his/her immunizations are current.

In addition, any health restrictions, allergies, medications taken by the child – or any other needs
are noted below:

Signature of Parent/Guardian

Date

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Carman-Ainsworth Community Schools.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**I understand that this Concussion Awareness Acknowledgement Form will last
For my entire educational career at the High School level.**

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not “Feeling Right”
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	“Feeling Down”	Sleep Problems
		Grogginess	Lost Consciousness	

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY – DON’T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician’s Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Picture and Video Release

My child, _____, may be photographed or video-taped while attending Camp Adventure for use in posters, scrapbooks, video presentations, slide presentations or group work that will be used for the promotion of Camp Adventure.

Signature

Date

Parent Handbook

I am aware that the parent handbook for Camp Adventure/Latch Key is available on the school's web page and that I may request a printed copy if I choose to.

Signature

Date

Child Custody and Release Policy

Only those persons listed on the emergency card, and legal parents or guardians may take a child from Camp Adventure. According to licensing regulations, either parent may take the child from Camp Adventure, unless there is a court order prohibiting one parent from visitation rights. **ALL PERSONS PICKING UP CHILDREN FOR THE PARENTS (OR PARENTS NOT NORMALLY PICKING UP THE CHILD) WILL BE ASKED TO SHOW A PICTURE IDENTIFICATION.** If an emergency arises and a person not appearing on the emergency card must pick up the child, please contact the Camp Adventure supervisor.

_____ A Child Custody order **IS** on file that affects pick up.

_____ A Child Custody order **IS NOT** on file that affects pick up.

Signature

Date