

Parent Information Package

Our Purpose:

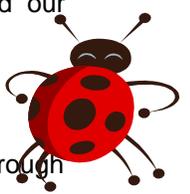
FCSS is committed to building strong children, strong families and a strong community.

Our Values & Beliefs:

We will empower our children and youth by encouraging self worth. We will respect others and our community. We will build a safe and healthy community for everyone to enjoy.

Our Vision:

FCSS will foster opportunities that inspire our children and youth to grow, develop, and learn through leadership in building a healthy and caring community.



Our Expectations:

We promote respect for the rights of all individuals and expect children and youth to use socially acceptable behavior.

We promote respect for the rights of all individuals and expect children and youth to respect the rights of all others.

We hope the children and youth recognize they are responsible for the choices they make and consequences of their behavior.

In order to assure a positive, safe summer program and equal participation it is essential that certain rules, policies and procedures be observed in the summer program.

When dealing with children, we feel it is important that we teach the appropriate behaviors we desire. Our summer staff will strive to encourage, model and teach appropriate behavior throughout our camps. Some of these modeled attributes will include:

Care and Compassion

- To be sensitive to the well-being of others, and to help others when we can.

Honesty

- To tell the truth, to act in such a way that is worthy of trust, to have integrity, to make sure your actions match your values.

Respect

- To treat others, as you would have them treat you; to value the worth of every person, including yourself and community property.

Responsibility

- To be accountable for your behavior and obligations.

Health

- To maintain a balanced and positive lifestyle and to be actively engaged in your own and others well-being.

Inclusion

- To accept others for whom they are, to be open to new ideas and methods, to embrace diversity in all respects.

Child to Staff Ratios:

While at the meeting place in the Spirit River MD yard, or within 0.5 kilometers, the following child to staff ratios will be observed at Camp Wanago:

Children ages 5-7 yrs	Children ages 8 + yrs
8 children -1 supervisor	15 children -1 supervisor

*Additional supervision will be provided in the event of field trips or excursions away from our base meeting place.

Rainy Days or Inclement Weather

Rainy days won't spoil the fun; we have sheltered activities on rainy days.

Cost & Fee Payments

Cost for the program is \$60.00 per week per registrant for all children residing in the Municipal District of Spirit River, the Village of Rycroft, Town of Spirit River, County of Saddle Hills and Birch Hills County. Fees are due upon registration and can be paid directly at the Spirit River MD office in the form of cash, cheque or credit card. Cheques are to be made payable to the "MD of Spirit River".

Drop-In Registration

Drop-in space **MAY** be available. All children attending on a casual basis (1-2 days per week) will need to fill out ALL applicable forms. We need current and accurate information for insurance and emergency purposes. Drop-in registration fee is \$15.00 per day.

Withdrawal Policy

All participants who chose to leave the program must give a minimum of one week's notice. Those who fail to do so will not be refunded their fees. Cancellation due to family emergency or illness (with medical certificate) will be refunded in full for the days that could not be attended.

What Does Your Child Need to Bring Each Day?

Youth should wear appropriate clothing and footwear for the day. Keep in mind some activities can be messy! All children must pack:

- a backpack
- hat for sun coverage
- extra clothing
- sunscreen and bug spray
- enough lunch and snacks for the day
- a water bottle



All personal items must be clearly labeled. Our program will not be responsible for lost or stolen items.

Camp starts at 9:00 am each day. When you pick up your child from the Spirit River MD yard, please make personal contact with one of the leaders to let them know that you are leaving with your child. Children are only allowed to leave the center with the parent/guardian or alternate contact stated on the registration forms. If you have made other arrangements for the day, please let the staff know **in writing** in order to avoid confusion. No child under 10 yrs. of age will be allowed to leave for home unaccompanied. We expect parents/guardians to pick up their child(ren) on time every day. If your child is not picked up at 3:00 pm and you have not notified the staff, you may be charged a late fee of \$10.00 per ½ hour to cover the staff overtime.

Summer Staff

Our staff will provide quality care and direction in arts and crafts, cooperative games and sports, songs, and other special events geared to your child's age group. Staff is chosen for their ability to act as a team and as role models to the children and youth entrusted in their care. Our staff is required to have valid first aid certification, clean criminal record checks as well as sign an oath of confidentiality.

Volunteers

If you would like to volunteer during any part of the program, please let us know as we also encourage parent involvement and volunteering! We will especially appreciate this help with any special field trips during our programming

Incident Reports

Incidents may include, but are not limited to; illness, injury, discipline problem, conflict, frightening situation, any unusual or unexpected occurrence. It is important that all incidents be reported promptly within 2 days of the incident. If an incident occurs involving your child while at camp, you will be required to review and sign an incident form. If you would like to make staff aware of an incident you discover while your child is at home, please feel free to request an incident report from the Day Camp Staff or the FCSS Program Coordinator. Your matter will be reviewed and dealt with accordingly.

Code of Conduct and Child Disciplinary Policy

Important Note:

Please demonstrate that you, the parent or legal guardian along with your child, have read, understand, and agree to the terms of the Code of Conduct and Child Disciplinary Policy by signing the appropriate form in your Registration and Medical Information package.

Freedom of Protection of Privacy Act

Important Note:

Please demonstrate that you, the parent or legal guardian, have read, understand, and agree to the terms of the Freedom of Information and Protection of Privacy Act by signing the appropriate page in your Registration and Medical Information package.

Medical & Emergency Information

The welfare and safety of your child is extremely important to us. When you register, please be sure to complete all parts of the necessary forms including the medical and emergency contact information. If information should change over the course of the summer program, be sure to contact us for updates. Summer program staff will complete medical and first aid treatment forms when any medication or first aid is administered.

Health Care Policy

If a child is determined ill at day camp, the parent or guardian will be contacted. For the best interest of the children in the program and their leaders, the appropriate place for an ill child is at home. We ask you to respect staff discretion when asked to pick up your child due to illness. Our concern is to provide a healthy, safe environment for all children to enjoy. If a child has had a communicable disease, (i.e. chicken pox), readmission to the program relies on a note of good health from a doctor.

If a child is taking prescription medication, it must be kept in its original container with the directions. The same rule applies with non-prescription medication. In regards to medications, please note the following:

Our staff **will**:

- Store medications safely out of the reach of others
- Remind children to self-administer medication
- Handle the prescribed dosage for self-administration by the child
- Supervise the self-administration of medication according to the written specifications by the parent

Our staff **will not**:

- Assist or force the ingestion of prescription or non-prescription medications

If extensive attention regarding medical administration is required, arrangements must be made by the appropriate parents or guardians to personally administer the medication.

Central Peace Family and Community Support Services and its staff accept no responsibility in the event that medication dosages are missed, or misused.

In the unlikely event that a child endures a serious injury (i.e. broken limb) or other alarming medical crisis (i.e. seizure), especially if it requires medical attention by either emergency response or other health-care professionals, the affected child will take a minimum two day leave of absence from the camp. This is in the best interest of the affected child, the staff, and the other participating children as such events can often be traumatic for all people involved. Such incidents merit adequate recovery. The program will refund the family for the portion of day camp that is missed due to this necessary leave.

**If you have any further questions on our program or policies, please contact Kelly Hudson, CAO MD of Spirit River at 864-3500
Program management can also be reached via email at: fcss@mdspiritriver.ab.ca**

Informed Consent

We would like to thank you for choosing to use the programs and services of Central Peace Family and Community Support Services. We request your understanding and cooperation in maintaining the safety and health of us all by reading the following declaration.

I declare that my child intends to use some or all facilities, programs and/or services offered by Central Peace Family and Community Support Services and I understand that each person, my child included, have different capacities for participating in such facilities, programs and or services.

I am aware that the program, is recreational, educational or self-directed in nature and I acknowledge the risks and dangers may include, but not be limited to; accident or illness, negligence of other participants, travel by automobile or other conveyances, bodily injury, death and property damage to my child and/or others during this program.

I acknowledge that my child's choice to participate in these facilities, programs and/or services brings with it the assumption by me of risks or results stemming from this/these choices, which may be impacted by the fitness, health, awareness, care and skill possessed and used by my child.

I further understand that my child will be required to wear protective gear such as: appropriate foot wear and clothing in order to participate in the facility and/or program.

I understand that part of the risk involved in undertaking any activity or program is relative to ones own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in these facilities and programs brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce or modify involvement in any program activity.

I do hereby waive and release and will not hold any of the Central Peace FCSS staff, volunteers, instructors, or members of the Village of Rycroft, the Town of Spirit River, Birch Hills County, Municipal District of Spirit River and Saddle hills County administrations or councils responsible for any injury including fractured bones, bruises, abrasions, cuts, and possibly death which may occur during the time of my child(ren)'s participation in Camp Wanago Summer Day Camp Program.

You must demonstrate that you, the parent/legal guardian, have read, understand, and agree to these terms by signing below.

No registration form will be accepted without this signature, and this signature must come from a parent or legal guardian over the age of 18. By signing this form, parent or legal guardian acknowledges that they have read and understood the content of this informed consent, and agree to it in full.

Signature _____ Date _____