

2025 Camp Cromwell Parent Handbook

Dear Parents/Guardians:

Welcome to the Cromwell Recreation Department's summer camp program, Camp Cromwell.

Camp Cromwell will run from 9:00 a.m. to 4:00 p.m. each day, Monday through Friday, from June 23 through August 8. There will be **no** camp on **Friday, July 4**. We will be running a pre and post camp this year. Pre-camp will run from 8:00 a.m. to 9:00 a.m. and Post camp will be from 4:00 pm to 5:00 pm

The goal of the Cromwell Recreation Department is to offer a safe, secure environment for our children and be responsive to the needs of our employees and the residents of Cromwell.

Each day campers should bring (all items labeled with camper name):

- Bathing suit and towel (when indicated in weekly Newsletter)
- Sunscreen
- Bagged lunch
- Snack (Packed separately. Please try to be cautious of any food allergies.)
- Bottled water or a refillable water bottle
- Sneakers (No flip flops or Crocs)
- Any necessary medication and appropriate paperwork (to be given to/held onto by the Head Counselor). Please make sure all medication is properly labeled. See page 4 for details.

If you have any further questions, please contact the Cromwell Recreation Department at 860-632-3467.

| Name | Position | Phone | Email |
|-----------------|-----------------------|----------------------|------------------------|
| Scott Kieras | Recreation Director | 860-632-3467, Ext. 4 | skieras@cromwellct.com |
| Shelby Jones | Recreation Supervisor | 860-227-3865 - cell | sjones@cromwellct.com |
| Jonah Adler | Camp Director | 917-543-6167 | jadler@cromwellct.com |
| Abby Fortenbach | K-1 Site Director | 860-338-5453 | |
| Nick Allen | 2-4 Site Director | 860-878-5542 | |
| Sebby Fazzino | 5-8 Site Director | 860-406-1154 | |
| Antonio lozzo | 5-8 Site Co-Director | 860–754-4679 | |

Addresses and Drop Off/Pick Up locations for our Campsites

| Grades | Camp Site | Address | Drop Off/Pick Up |
|--------|------------------------------|------------------|-------------------------------------|
| K - 1 | Woodside Intermediate School | 30 Woodside Road | Front of School See attached map |
| 2 - 4 | Woodside Intermediate School | 30 Woodside Road | Back of School See attached map |
| 5 - 8 | Woodside Intermediate School | 30 Woodside Road | Back of School See attached map |

Drop Off Procedure:

- o Drop off will be from 8:50 a.m. to 9:15 a.m.
- o Parents are strongly encouraged to keep children home if they are not feeling well.
- In the event of a late drop off, parents will be asked to call the Site Director's phone number and a Site Director will go outside to meet the camper.
- Head Counselors will take attendance during drop-off. Attendance will be taken again in each classroom each day by the counselors.
- Parents will be requested to call a child out if they will not be attending camp that day.
- As the campers arrive to their designated classroom, counselors will check them in and collect any notes. Any medications will go to the Site Director.

Daily Camp Schedule

Campers will be divided into groups with two to three counselors to each group. Group assignments will be made by the Site Director the Thursday before a session begins. Any requests to have children in the same cohorts with their friends must be made to our office *in writing* prior to **12 noon the Thursday before the session begins**. Both sets of parents have to agree to pair friends together before any accommodations will be made. Campers will be grouped by grade: K-1, 2-4, 5-6, and 7-8. Each group will have their own daily/weekly schedule of special activities specific to their group.

Campers will remain in the same group each day with the same two to three counselors. Each group will remain in their designated room the entire session.

The basic daily outline is as follows:

| Time | Activity |
|----------------------|--|
| 8:45 a.m. | Staff arrives and gets organized |
| 8:55 a.m 9:15 a.m. | Campers arrive and head to their designated room |
| 9:15 a.m 12:00 p.m. | Morning Programs and Activities |
| 11:30 a.m 12:15 p.m. | Lunch (depending on site schedule) |
| 12:15 p.m 3:30 p.m. | Afternoon Programs and Activities |
| 3:30 p.m 3:45 p.m. | Closing Activities |
| 3:45 p.m 4:00 p.m. | Campers Depart Camp |

Pick Off Procedure:

- o Pick up will be from 3:45 p.m. to 4:00 p.m.
- Site Director will check IDs as necessary and mark the attendance sheet as each camper is picked up.
- Campers will be walked to vehicles by camp staff.

Valid photo identification is required for all campers to be picked up. This pertains not only to parents and guardians but also to any family or friends that may be picking up your child. If the person picking up your child is not the usual person, there must be a handwritten note from the parent/guardian identifying who will be picking the child up on that specific day(s). The name on the pickup list must match the name on the photo identification. **Please make sure to have a photo identification immediately available** when picking up your child(ren) as you will be asked for it. Please respect this policy as it has been designed to safeguard our campers and their family. Parents/Guardians must notify us if there are any custody issues and provide appropriate documentation.

Camper Early Dismissal

If you will be picking up your child early you must send a note in writing signed and dated. If you will not be able to pick up your child, please send a note in the morning as to who is authorized to pick up your child. Please do not walk school grounds looking for your child - check-in with the Site Director. Only the Site Director may sign a child out early.

Pre-Camp and Post-Camp Program

Pre-Camp will be from 8am - 9am. Post camp is from 4pm - 5pm. Pre-camp drop off is at your Pick up/drop off location. Post camp pick up is in the gym lobby.

Late Pickup

A **\$25** late fee will be charged to a parent/guardian picking their child up after **4:15** p.m. Please call the Recreation Department or the Site Director if you are going to be late or if someone will be picking up your child instead of you. Any child picked up after 4:15 PM will be brought over to Post Camp.

Communication/Visits

If at any point you have any questions, comments or concerns, please feel free to contact camp via the Recreation Office at 860-632-3467 or the individual Site Director according to the numbers in the beginning of this handbook.

Discipline Policy

Camp Cromwell staff adhere to a fair but strict discipline policy. The overarching camp-wide expectations are:

"Take care of yourself, take care of others, take care of the things around you."

All site-specific rules fall under these expectations. These three expectations create a cohesive framework for all expected behaviors, which can easily be used by staff and parents alike.

Cromwell Youth Services supports Camp Cromwell Staff in the implementation of the discipline policy and behavior management.

| Level 1 Behaviors | Level 1 Consequences |
|---|---|
| Level 1 behaviors are minor rule violations that will result in an immediate verbal correction with a possible consequence implemented by a counselor. - Running indoors - Unsafe/Rough play (hands on) - Littering or spitting - Electronic equipment at camp - Failure to follow camp rules - Uncooperative behaviors - Minor defacement of property - Using unacceptable language - Out of assigned area w/out permission - Put downs/Teasing others - Unwillingness to take part in activities | The first time a child misbehaves for level 1 behaviors they will be reminded of expectations and redirected. The second time a child misbehaves for Level 1 behaviors they will be reminded of expectations and warned of the consequence should they continue. If the child misbehaves a third time for Level 1 behaviors they will be reminded of the expectation they did not follow and spend time away from the group. Before rejoining the group, the child will work on the behavior worksheet with a counselor about what happened, who they affected, how they can make it right, and how they can do better next time. |

Level 2 Behaviors

Level 2 behaviors are more serious in nature. Level 2 behaviors will result in an immediate verbal correction, a logical consequence, and a written behavior report that is signed by and discussed with the camper's counselor and parent.

- Chronic Level 1 behavior
- Vandalism (minor)
- Hitting or pushing (unwanted contact)
- Bullying repeated behaviors over time
- Verbally disrespectful to peers or staff

Level 2 Consequences

When a child misbehaves for level 2 behaviors, they will immediately be reminded of the expectation they did not follow and spend time away from the group. Before rejoining the group the child will talk with a counselor about what rule/expectation was broken, why the behavior was wrong, who they affected, and how they can do better next time. The Youth Services Administrator may be contacted if behavior concerns are noted by staff.

Level 3 Behaviors

Serious fighting, harassment, and verbal abuse violating the dignity, well-being, and safety of another camper or person. These behaviors will not be tolerated and will result in referral to the office as well as a written documentation to be sent home to the parents/guardians. Some Level 3 behaviors may be corrected using a variety of logical consequences.

- Chronic Level 2 behaviors pattern over time (3 incidents)
- Stealing
- Fighting/assault/physical aggression
- Vandalism (serious)
- Possession of unsafe items
- Intimidation/verbal threats
- Harassment
- Verbal abuse/directed profanity
- Disrespect towards adults
- Insubordination

Level 3 Consequences

Campers who engage in Level 3 behaviors will be referred to the Camp Director for immediate corrective action. A Referral Report Form is required for all campers sent to the office for these behaviors. The names of campers who engage in Level 3 behaviors should be sent forward at this time. The Youth Services Administrator may be contacted by staff. After consulting with the parents and appropriate camp personnel, the Camp Director will issue appropriate consequences and facilitate corrective action designed to help the camper improve his/her behavior.

- Parental conference
- Behavior plan
- Expulsion from camp after 3 referrals

Clothing

Please make sure your child is dressed for active, outdoor play each day, including sneakers every day – **no** open-toed sandals allowed. All clothes should be labeled with your child's name. Your child should bring a bathing suit and towel on days indicated in the weekly newsletter for water games. Please dress your child appropriately based on the weather. Be sure to supply your child with their own sunscreen that they can apply themselves.

Lunch/Snack

Please send your child with a lunch and a water bottle with his/her name on it every day in a lunch cooler with ice packs. Lunch will be stored indoors at each of the camp locations. **There are no facilities available for heating food.** Lunch should include a drink. Snack time will be available for those campers choosing to bring a snack – snacks should be put in a separate bag from lunch and labeled as well. Also, if your child has a specific food allergy, even if already reported to the Site Director, please confirm this with your Site Director on the first day of camp for that week.

Rainy Days/Hot Days

Camp is held regardless of weather. On rainy days, please send your child with rain gear or an extra set of clothing, as we will be in and out of the buildings. On extremely hot days we make every effort to keep our campers cool and hydrated – it is your choice to keep your child(ren) home if you so choose.

Cell Phones, Video Games, Cards, etc.

Camp is an active and fun place. All electronics/games such as smartphones, handheld gaming systems, iPods, are not allowed at camp and should be left at home. These items distract from the group activities that our staff has planned. If any of these items are found at camp, the Site Director will keep them until the end of the day. We are not responsible for lost or stolen items.

Lost and Found

Children often misplace/lose their items at camp. Each group will have their own Lost and Found designated area. Please check with the Site Director for any lost items. Make sure to write your child's name on their belongings so they can be returned if found at camp.

Publicity

By registering for our program you give us permission to take and publish photos of your child participating. If you do not wish to have him/her photographed you must put this in writing prior to the start of camp.

Illness:

If your child becomes ill at camp, they may be subject to a temperature check and additional health screening at the discretion of the counselor/Site Director. A separate room has been set aside in order to isolate any ill campers from the rest of the campers/staff. A parent/guardian will immediately be notified in case of any illness.

Medication

If your child will need medication while at Camp Cromwell the attached form must be filled out and on file, including the *signature of a physician or dentist*. Please give your physician's office ample time to complete this form prior to the start of camp. Regardless of whether your child will self-administer or the medication will be administered by the Site Director this form must be completed in its entirety; this applies to both prescription and over-the-counter medications. Please use a separate form found on page 9 for each medication.

Medicine may not be stored at camp overnight; it will be destroyed at the end of the day. Each <u>day's single dose</u> must be sent to camp *in its original container* with the pharmacy label with the camper's name, the medication type, dose, and time that it needs to be taken. This container should be given to the Site Director for safe keeping throughout the day. Failure to comply will result in your child not being able to stay at camp until the issue is resolved.

Permission to Treat

This form permits any trained professional, doctor or medical facility to administer an anesthetic and perform emergency procedures. If you opt <u>not</u> to sign this form you must state in writing to the Site Director that you do not wish to have this kind of care for your child.

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication administration, and date of the prescription.

| Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician, Optometrist, Opt | · | · · |
|--|--|--------------------------------------|
| | | |
| Address of Child/Student | Town | <u> </u> |
| Medication Name/Generic Name of Drug | | Controlled Drug? × YES × NO |
| Condition for which drug is being administered: | | |
| DosageMethod /Route Time of Administration | Start Date// | End Date/ |
| Specific Instructions for Medication Administration | | |
| DosageMethod/Route_ | | |
| Time of Administration If PRN | , frequency | |
| Medication shall be administered: Start Date:// | End Date://_ | |
| Relevant Side Effects of Medication | | × None Expected |
| Explain any allergies, reaction to/negative interaction with food or drugs | | |
| Plan of Management for Side Effects | | |
| Prescriber's Name/Title | Phone Number | · () |
| Prescriber's Address | Town _ | |
| Prescriber's Signature | | Date// |
| Parent/Guardian Authorization: | | |
| \times I request that medication be administered to my child/student as described and discrete that medication be administered to my child/student as described and discrete the contract of the | rected above | |
| \timesI hereby request that the above ordered medication be administered by school, ch | nild care and youth camp personnel an | d I give permission for the exchange |
| of information between the prescriber and the school nurse, child care nurse or cam understand that I must supply the school with no more than a three (3) month supply | | administration of this medication. I |
| \times <u>I have administered at least one dose of the medication to my child/student without</u> | ut adverse effects. (For child care only) | |
| Parent/Guardian Signature | Relationship | Date// |
| Parent /Guardian's Address | | |
| Home Phone # () Work Phone # () | | e#() |
| SELF ADMINISTRATION OF MEDICATION | ON AUTHORIZATION/APPROVAL | |
| Self-administration of medication may be authorized by the prescriber and parent/gu accordance with board policy. In a school, inhalers for asthma and cartridge injector medication with only the written authorization of an authorized prescriber and written | uardian and must be approved by the sestor medically-diagnosed allergies, st | udents may self-administer |
| Prescriber's authorization for self-administration: ☐ YES ☐ NO | | |
| Parent/Guardian authorization for self-administration: □ YES □ NO | Signature | Date |
| | Signature | Date |
| School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO | Signature | Date |

| Today's Date _ | 11_ | Printed Name of Individual Receiving Written Authorization and Medication | |
|----------------|-----|---|--|
| _ | | | |
| Title/Position | | Signature (in ink) | |

Parental Permission to Treat

| In the event of an emergency during which we cannot be reached we hereby give permission to the bearer of this form to allow any doctor, medical facility, volunteer or employee of the Town of Cromwell to administer first aid or CPR until emergency medical treatment can be obtained. | | | |
|--|---|--|--|
| We also give permission to the bearer of this for administer an anesthetic and perform emergen | orm to allow any doctor or medical facility to cy procedures as may be necessary for our child: | | |
| I will not hold the officials or agents thereof fina may be provided. | ncially responsible for whatever emergency care | | |
| Parent/ Participant Signature | Date | | |