



FAIRFAX COUNTY PARK AUTHORITY

Parent Information & Program Policies



Welcome to Fairfax County Park Authority camps and workshops! Our goal is to provide children with a safe and enjoyable experience where children can develop skills, discover new interests, form friendships and enhance self-esteem. Please make sure your child comes to camp with their completed forms which are attached. For your tax records, the tax ID for Fairfax County Park Authority is 54-0787833.

PAPERWORK/FORMS

This packet contains camp forms your child will need to bring on the first day of camp. Please make copies for each camp session your child is attending. You may receive additional forms/waivers that are specific to your child's camp through email before the camp begins.

SIGNING IN/OUT

Authorized individuals, 18 years or older, must sign child in and out each day. Staff are required to I.D. all persons picking up children. Parents must sign-in and walk children to the specific meeting area.

ADMINISTERING MEDICATION

If your child needs medication administered, download the authorization form from our website at www.fairfaxcounty.gov/parks/campforms. Staff is not permitted to administer medications until the proper paperwork is completed. A doctor's signature is required for medications to be taken longer than 10 days.

LATE PARENT POLICY

If a parent or authorized person is late picking up the child, a late fee of \$1 for every minute will be applied.

PREVENTING THE SPREAD OF ILLNESSES

Please keep children home if they show signs of illness including vomiting, diarrhea, rashes or a temperature of over 100 degrees. If a camper becomes ill, parents must pick up the sick child immediately.

CHILDREN'S BELONGINGS

Please label ALL belongings. Personal belongings should be kept in a bag or backpack. FCPA follows public school's policy on cell phones and electronic devices. These are allowed to be carried in the child's backpack, but must be turned off during camp hours. We strongly discourage campers bringing these items to camp.

REFUNDS/TRANSFERS

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call 703-222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons.

Refunds and transfers must be requested at least fourteen days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds per session. Refunds are not permitted for those who register within fourteen days prior to the start of the program. Transfers cannot be done within the fourteen day period. Within fourteen days of the start of the program, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp ends. Requests received after the camp session ends will not be granted.

POOL USE

Not all programs use the pool. Those that include swimming require children to pass a proficiency test to go in water above their shoulders. Children with symptoms of skin infections, rashes or open wounds are not permitted in the pool.

BEHAVIOR MANAGEMENT

All participants must read and sign the camper Rules of Conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support; (2) stay with assigned group; (3) respect others (listen, follow directions, use appropriate language, keep hands to oneself); (4) maintain self-control; (5) meet the prerequisite skills for the program.

For inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action. FCPA reserves the right to immediately dismiss a child from any program.

FOOD FROM HOME/SNACK MACHINE USE

Snacks and lunches must be brought from home. Please label food with child's name and date. Parents will be notified to bring in lunch in the event a child does not have one.



Accommodations: If participation accommodations or alternative formats are needed in accordance with the Americans with Disabilities Act, please call (703)324-8563 at least 10 working days in advance of the date needed. TTY 703-803-3354

Fairfax County Park Authority

Emergency/Medical Information & Parent Agreement



Child's Full Name (last name, first name)	Nickname	Date of Birth	Sex
Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency situation)			
To ensure the best possible experience, tell us about your child (include any emotional, behavioral, physical or developmental challenges and any special accommodations needed (please explain):			
Have you requested special accommodations through our ADA Accommodations office 703-324-8563? Y or N			
Child's Physician		Phone	

PARENT(S)/GUARDIAN(S) INFORMATION (write N/A when not applicable)

Parent's Full Name	Email Address	Cell Phone
Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone
Parent's Full Name	Email Address	Cell Phone
Home Address (#, street, apt, city, state, zip)	Place Employed	Home or Work Phone

EMERGENCY INFORMATION (the state mandates 2 emergency contacts other than the parents)

Emergency Contact #1	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)
Emergency Contact #2	Address (#, street, apt, city, state, zip)	Phone (home, work, cell)

AGREEMENTS

<p>If swimming/wading activities are included in the program, my child is allowed to participate and his/her swimming ability is CHECK ONE <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner Swimmer <input type="checkbox"/> Experienced Swimmer* *swim test may be req'd</p>
<p>I give my child permission to apply sunscreen and/or insect repellent to him/herself and I will be supplying my child with the product. If my child has an adverse reaction to the product, take these actions:</p>
<p>The center shall notify parents/guardians whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Parents agree to inform the center within 24 hours if their child or any member of the household develops a reportable communicable disease (immediate notification required if the disease is life threatening)</p>
<p>I hereby grant approval for my child to be photographed and/or videotaped by FCPA, its partner contractors or the media to be used for the sole purpose of promoting or publicizing FCPA programs.</p>
<p>I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises I carry health insurance for my child.</p>

I have read the policies for the program and agree to adhere to them. I certify the information above is complete and correct. I have made a copy of this for my own records.

Parent/Guardian Signature

Date

BRING FORMS ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS.



Fairfax County Park Authority
Pick Up Authorization
 (bring this form on the first day)



Child's Name:

List those individuals authorized to pick-up your child (include yourself). Your child will be permitted to leave with these individuals only and photo identification will be required at sign-out. **BRING THIS FORM ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS.**

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up child (appropriate custody papers shall be attached if a parent is not allowed to pick up the child):

Authorized individuals must sign children in and out each day and show ID.

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian
Signature _____ **Date** _____



Fairfax County Park Authority Camp Program Rules of Conduct



Children and parents should review this required document together and sign below.

Children must:

- ☺ Maintain personal care (toileting, changing) without staff support
- ☺ Stay with assigned group at all times
- ☺ Respect others in what you say and do. Teasing and bullying are not tolerated and children should report any incidents immediately to their counselor
- ☺ Listen to program leaders and follow directions
- ☺ Use appropriate language
- ☺ Keep hands to oneself and maintain self control
- ☺ Take care of their own belongings
- ☺ Use equipment and supplies in a safe and appropriate manner
- ☺ Follow the policy for cell phones and other multimedia devices: FCPA follows the schools policy in that campers/CIT's are allowed to have cell phones and other multimedia devices, but they must be turned off and kept in the child's backpack during camp hours. We strongly suggest these items be left at home. FCPA will not be held responsible for lost or stolen items. Care for these items is solely up to the child.

Parents must:

- Complete and submit appropriate paperwork from the parent packet
- Sign children in and out of the program, bring proper I.D. and be on time
- Contact the Director or Program Manager immediately when issues arise

Grounds for Immediate Dismissal (no refund given):

- A parent who refuses to follow FCPA policies as stated in the parent packet
- A child who brings a weapon to the program
- A child who intentionally harms himself or causes injury to another child or staff member
- A child who vandalizes or steals property from the facility, staff or other children
- A child who displays inappropriate behaviors repeatedly
- A child who fails to comply with the Rules of Conduct

Management of Behavior

From time to time, staff must take actions to resolve problems disruptive to the program/other participants. Behavior guidance requires specialized skills; although staff is not behavior specialists, staff are trained to provide basic behavior interventions. To manage disruptive and inappropriate behaviors, staff will acknowledge the behavior, address it with the child, assess the reasons for the behavior, discuss with the child what is appropriate behavior, redirect behaviors when appropriate, if necessary, remove the child from the activity until the child can exhibit self control and discuss the behavior problems with the parents to strategize possible solutions. In situations where inappropriate or disruptive behavior is reoccurring, the child's enrollment in the program may be terminated. The staff does NOT use physical punishment, humiliation, shaming or denial of food as methods to manage behavior. Staff uses a proactive approach to meet the needs of the children by planning age/ability appropriate activities in a fun and safe environment.

We have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable experience for everyone (please bring this form with you on the first day).

Child's Name (please print) _____

Signature of Child _____ Date _____

Signature of Parent/Guardian _____ Date _____

Parent's Cell Phone _____ Home or Work Phone _____



Fairfax County Park Authority Parent Feedback Form



The Park Authority cares about the quality of our programs; therefore, your feedback is important to us. Please use this form to share your comments, suggestions, compliments or concerns so they can be addressed immediately. Please forward this to the Youth Services office below. Thank you for your time.

Camp Name _____ **Location** _____

Comments:

**Please forward this to Youth Services:
Fax 703-324-3976
Mail: 12055 Government Center Pkwy, Suite 927
Fairfax, VA 22035-1118**

Thank you to the following PACT (Parks & Community Together) Gold sponsors for 2014: Mars Incorporated; Noblis; USA Mobility Wireless, Inc.; Volkswagen Group of America; Claude Moore Charitable Foundation and The George Preston Marshall Foundation. For more information on how to become a sponsor helping send homeless children to summer camp, please call 703-324-8532.