



## Welcome Letter

Welcome, welcome, welcome!! The Broward Adventist Summer Enrichment Camp team would like to thank you for choosing us. We are very excited about having your family become a part of our family.

B.A.S.E. Camp is a Christian based camp that is designed to build character, build the mind, and build a brighter future for your child. This camp is unique in the fact that it blends creative learning in reading, math and science, as well as develops your child's team building skills, project skills, physical condition and agility alike.

At B.A.S.E. Camp we aim to make a difference in your child's life. You will be able to rest knowing that your child's future will be greatly enhanced. We hope to create a positive experience that both, children and parents will remember for years to come.

This handbook has been created to help campers and family members learn and understand the expectations of B.A.S.E Camp.

Please read this handbook carefully. We are delighted to have you with us and hope this will be a memorable and successful summer for your family.

God bless,

Broward Adventist Summer Enrichment Camp Staff



# B.A.S.E. Camp Registration Form

## Parent/Student Handbook

### 1. Drop Off Policy

B.A.S.E. Camp's hours of operation are 8:00am – 5:00pm. Enrichment begins at 9:00am. Parents/guardians **MUST** sign children IN and OUT every day. Please do not just drop off your child and leave as this is a safety concern.

### 2. Pick Up Policy

Children will **NOT** be released to an unauthorized individual for any reason. There must be written consent from a parent or guardian. Proper identification must be provided at time of pick-up. No exceptions. Parent/guardian or authorized individual must sign child out in the log book.

### 3. Sick Policy

Children will be sent home if any of the following conditions apply and may not return for 24 hours unless accompanied by a doctor's note for the safety of our staff and fellow campers.

- ✓ Fever over 100 degrees
- ✓ Bout of vomiting or diarrhea
- ✓ Contagious skin condition (i.e. rash)
- ✓ Oozing and redness in the eye

### 4. Lunches / Food

- ✓ A healthy lunch should be provided for your child each day.
- ✓ Supply extra snacks for campers in aftercare.
- ✓ Pack non microwavable food items.
- ✓ This is a NUT-FREE camp so please avoid sending products with nuts to camp.

### 5. Allergies

B.A.S.E. Camp Staff will take all precautionary measures to safeguard campers from products that can harm or cause allergic reactions. All campers with allergies must complete a form listing allergies.

### 6. What to Wear

All campers must wear loose-fitting, comfortable clothing and sturdy shoes.

- ✓ Tennis shoes and socks are required. No sandals or open toed shoes!
- ✓ A hat is recommended for outdoor activities.
- ✓ Sunscreen is also recommended and should be applied at home before the start of camp. (Staff will not apply sunscreen to campers, but can assist campers in self-application.)
- ✓ On "water play" days, campers should bring a one piece bathing suit, shorts to wear over their bathing suit, towel, flip flops/sandals, and sunscreen.



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## 7. Personal Items

All items should be labeled with camper's name. (Includes towels, bathing suits, and clothing.) No toys or electronic devices are allowed during camp hours. If signed up for after care, items may be brought; however, the camp staff is not responsible for lost or stolen items. Cell phones are prohibited. In the event of an emergency, parents can contact the school office. The camp staff is not responsible for lost or stolen devices that are brought to camp that have been prohibited.

## 8. Lost and Found

There will be a Lost and Found container located near the sign-in table. If your child leaves anything behind, and it is not labeled, it will be in the lost and found container. At 5:00pm of the last day of camp, any items left in the lost and found that are not labeled will be disposed.

## 9. Drug Policy

B.A.S.E. Camp maintains a drug-free environment. For any suspicion of drug activity, the staff will take punitive action against all individuals involved.

## 10. Behavior Policy

The primary objective of the disciplinary system at B.A.S.E. Camp is to support a quality learning environment, instill a sense of responsibility and self-discipline, and maintain a safe environment for all of our campers. All children are expected to enter the camp site each day ready to conduct themselves respectfully, and cooperate with other members of the camp community. It is *everyone's* duty to build and support the camp community through positive behavior.

A full description of the Camp's Code of Conduct is provided. It gives families a clear understanding of camper expectations and the consequences of failing to meet these requirements. Students are expected to comply with the Code of Conduct at all times.

Throughout the program, the following principles will be emphasized:

- ✓ Character is defined by what one does; not what one says or believes.
- ✓ Every choice a child makes helps, define the kind of person he/she is.
- ✓ Good character requires doing the right thing, even when it is costly or unpopular.
- ✓ What one does matters, and one person can make a difference.



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## CHARACTER MATTERS

The staff will promote and recognize good citizenship, and students will receive both verbal and tangible rewards for demonstrating positive character traits, such as

*Respect*

*Punctuality*

*Courage*

*Trustworthiness*

*Integrity*

*Compassion*

*Citizenship*

## Expectations for Student Behavior

At all times, students are expected to:

- ✓ Be respectful to staff and other campers
- ✓ Treat church property with care and respect
- ✓ Follow directives given by staff the first time
- ✓ Use appropriate language at all times
- ✓ Dress appropriately each day
- ✓ Avoid disruptive behavior
- ✓ Avoid horseplay
- ✓ Avoid bullying, hazing, and name-calling

## POSSIBLE CONSEQUENCES (based on violation)

- ✓ Time-out in classroom
- ✓ "Cool off" time with Director
- ✓ Staff member/student conference
- ✓ Loss of outdoor and/or indoor play
- ✓ Parent/guardian notification and conference
- ✓ Counseling/intervention
- ✓ Loss of camp privileges and a violation of good standing
- ✓ Exclusion from trip
- ✓ Expulsion (Expulsion is a last resort. It will only happen if there is an on-going behavioral issue with the child, and all other options have been exhausted.)



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## CHILD INFORMATION: (Please Print)

_____	_____	_____	_____/_____/_____	_____
Child's Last Name	First Name	Gender	Date of Birth	Grade
				Entering in August
_____	_____	_____	_____/_____/_____	_____
Child's Last Name	First Name	Gender	Date of Birth	Grade
				Entering in August
_____	_____	_____	_____/_____/_____	_____
Child's Last Name	First Name	Gender	Date of Birth	Grade
				Entering in August

## PARENT/GUARDIAN INFORMATION:

### MOTHER'S INFORMATION

### FATHER'S INFORMATION

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____

## EMERGENCY CONTACTS:

Other persons authorized by the parent to pick up child. If parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the responsibility of the registering parent to keep this list current.

	<u>NAME</u>	<u>CELL PHONE #</u>	<u>WORK/OTHER PHONE #</u>	<u>RELATIONSHIP TO CHILD</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Registering Parent's PRINTED NAME: \_\_\_\_\_

Registering Parent's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



# B.A.S.E. Camp Registration Form

## What We Need To Know About Your Child

PLEASE FILL OUT FOR EACH CHILD

1<sup>st</sup> Child's Name: \_\_\_\_\_

\_\_\_\_\_ **Health Record:** I/we acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

Allergies?  NO  YES If Yes, Please List: \_\_\_\_\_

Medical Conditions?  NO  YES If Yes, Please List: \_\_\_\_\_

Please list any other important information that we should be aware of concerning your child.

\_\_\_\_\_ My/our child carries an epi-pen. I am attaching an allergy action plan.

\_\_\_\_\_ My/our child carries an inhaler. I am attaching an individual medical action plan.

2<sup>nd</sup> Child's Name: \_\_\_\_\_

\_\_\_\_\_ **Health Record:** I/we acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

Allergies?  NO  YES If Yes, Please List: \_\_\_\_\_

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Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# B.A.S.E. Camp Registration Form

## Payment Policy

**PROGRAM FEE:** A non-refundable Registration Fee of \$45.00 per family (if registered by May 24<sup>th</sup>) or \$55.00 per family (if registered after May 24<sup>th</sup>) payable to Sawgrass Adventist School is due with completed registration forms. Please note that you can save money by paying for multiple weeks at a time.

\_\_\_\_\_ \*Option #1:  
1st Camper: \$165/per wk  
2nd and 3rd Campers: \$145/wk

\_\_\_\_\_ \*Option #2:  
1st Camper: \$600/monthly  
2nd and 3rd Campers: \$500/monthly

\_\_\_\_\_ \*Option #3:  
1st Camper: \$1,120/one-time (pre-pay)  
2nd and 3rd Camper: \$920/one-time (pre-pay)

\_\_\_\_\_ \*Daily Rate: (max 3 days)  
\$45/Day for each camper

Aftercare (3:30-5:00 pm): \$25/weekly

**PAYMENT POLICY & PROCEDURES:** Tuition is due, IN ADVANCE, each Friday for the upcoming week. Payment may be made by Cash, Check, Credit Card, and ZELLE (treasurer@sawgrasselementary.org). All checks must be made payable to Sawgrass Adventist School (SAS). In the memo section, please write your child’s name and camp dates.

**RETURNED CHECKS:** In the event of a returned check, a \$35.00 fee will be charged to your account. We will require CASH or MONEY ORDER for the total of the check plus the \$35.00 fee by the following business day. All subsequent payments must be made by Cash or Money Order only, for the remainder period of the summer.

**LATE PICK-UP CHARGE:** Aftercare begins at 3:30pm and ends promptly at 5:00 pm Monday to Friday. Children who are picked up after 5:00pm are subject to a late fee of \$1.00 per minute. At 5:30pm, emergency contacts will be called including but not limited to law enforcement if there has been no communication with camp staff.

I acknowledge receipt of the Schedule of Fees to be paid by me for my child’s attendance at Sawgrass Adventist School / B.A.S.E. Camp. I understand that in the event I fail to pay these charges in a timely manner, my child can be exited from the program.

Child(ren)’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PARENTAL PERMISSION AND CONSENT TO FIELD TRIP

I, \_\_\_\_\_, give permission for my son/daughter  
Parent's or Guardian's name

\_\_\_\_\_ to go on all field trips as indicated on the B.A.S.E. Camp  
Child's Name

calendar with the staff members of B.A.S.E. Camp, and the Chaperones for the summer of 2024.

In addition, in the event of an emergency, I, the undersigned parent or guardian of the above minor, do hereby consent to any x-ray, examination, immunization, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be required to aid the minor under the general or specific consultation of a physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Sawgrass Adventist School / B.A.S.E. Camp or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish the insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescription or treatment. Copies of authorization shall be considered as effective and valid as the original.

OR

( ) I do not authorize the staff members of Sawgrass Adventist School / B.A.S.E. Camp to perform the actions above.

In case of an emergency, I may be reached at:

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Family Doctor's Phone #: \_\_\_\_\_

Health History: Serious illness, injuries, medication, allergies, etc. \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# B.A.S.E. Camp Registration Form

## Handbook Acknowledgement Form

### CAMPER

I have read and understood the policies enclosed.

Child's Name \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS/GUARDIANS

I have read, understood, and explained the enclosed policies to my child.

Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_