



Our Community Cares Camp, Inc.

PO Box 503

Richmond, VT 05477

Email: occcvermont@gmail.com

802-434-6006



*** KEEP THIS FOR YOUR RECORDS ***

We are so excited to have your family as part of Our Community Cares Camp (OCCC)/Leadership Adventure Camp (LAC) this summer.

FORM DEADLINE: Friday, April 1, 2020. Submit Registration Forms by the deadline to help ensure preferred access to the bus schedule and routes. As well as your child(Children) acceptance into camp.

** Space has been reserved for your child(children). We may have a waitlist. If you need to change your weeks or cancel your registration, please contact us immediately by calling (802) 434-6006 or email occcvermont@gmail.com. We want as many children as possible to have a great summer camp experience.**

Email and Electronic Correspondence will be the primary method of communication. When completing forms, please provide an email that you use on a daily basis.

OCCC/LAC has scheduled programs. Please schedule appointments after camp or on Fridays. It's disruptive to all campers and disappointing to the camper when they leave in the middle of or miss an activity. Children arriving on time and staying until camp ends provides for the best experience for everyone.

- It's very important that we know of any medical conditions, allergies or any fears your child may have.
- It is also very important we have contact information and names of persons who are authorized to pick up your child. Your child will only be released to those authorized unless we have direct and specific instructions from you.
- If your child will be absent, please call our voice mailbox at **434-6006** by 8 am or email occcvermont@gmail.com. *Your child's safety is very important to us.*
- Call **434-6006** to inform the camp of any late notice change in picking up/dropping off, of any changes to bussing, or of any other changes you need to make.
- Please email or send a note ahead of time for any changes to your child's arrival/departure schedule.

We will send (via email) bus information when we get it – closer to the start of camp. Bus information can also be found on our website as well as the MMUUSD website on the Families-Community tab, under Bus Information.

Thank you for choosing Our Community Cares Camp and Leadership Adventure Camp. We look forward to having your child at camp and making some great memories this summer.

Sincerely,

Susanne Parent

Susanne Parent, Interim Executive Director

Our Community Cares Camp, Inc. is a 501(c) (3) non-profit corporation.

www.ourcommunitycarescamp.org

<https://www.facebook.com/OCCCVT>

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Checklist of Forms

New this year is the Forms Checklist. We know the demands of busy families and work schedules. We hope this tool will help your family as you organize your summer to be a part of Our Community Cares Camp (OCCC)/Leadership Adventure Camp (LAC).

Email and Electronic Correspondence will be the primary method of communication. When completing forms, please provide an email that you use on a daily basis.

- Registration/Transportation**
- Emergency Contact/Allergies/Medical**
- Permission to Pick-up**
- Photo/Field Trip Permissions**
- Protocol for Injuries**
- My Child has a Plan**

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2020 Registration Form

Due Date: Friday, April 10, 2020

To return forms: Email to occcvermont@gmail.com

Mail to the above address or Drop off at the Richmond Town office

You will receive an email confirmation when we have received this application. You will be notified if your child(children) has been accepted or will be placed on the waitlist.

Child's Name: _____ Grade in Sept: _____

Parent/Guardian Name: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Parent/Guardian Name: _____

Phone Numbers: (Home): _____ (Work) _____ (Cell) _____

Mailing Address: _____

Email address: _____ Alternate email: _____

Recommended by: _____ School: _____

Has your child attended OCCC/LAC before? Yes No

Transportation: (Check one)

I would like transportation:

I do *not* need transportation:

Days of the week you need transportation: Mon Tues Wed Thurs

This is ***really important*** for transportation:

Busing address: (a.m. pick up) _____

Busing address: (p.m. drop off) _____

I need to drop my child off early – I will drop off at CHMS at _____ (No earlier than 7:30 please)

(Please rank the weeks in order of preference in case all four weeks are not available. YOU MUST CHOOSE AT LEAST TWO WEEKS AND THE CHILD MUST ATTEND AT LEAST 3 DAYS EACH WEEK.)

What weeks does your child want to attend? (check off at *least 2 weeks*).

My child would like to attend all 4 weeks:

Week 1 July 6 - 9 _____ (Mon - Thurs)

Week 2 July 13 - 16 _____ (Mon - Thurs)

Week 3 July 20 - 23 _____ (Mon - Thurs)

Week 4 July 27 - 30 _____ (Mon - Thurs)

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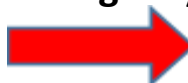
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Emergency Contact Form (Please fill out one for each child)



Please sign every signature line to give permission for all activities.

Camper's Full Name: _____

Parents/Guardian Names: _____

Emergency Contact Information: (Make sure these are numbers that we can reach during the day)

1. Primary Contact Name: _____ Phone: _____

Email : _____ Relationship: _____

2. Primary Contact Name: _____ Phone: _____

Email : _____ Relationship: _____

3. Primary Contact Name: _____ Phone: _____

Email : _____ Relationship: _____

Special Instructions - who may pick up your child?

IMPORTANT: Allergies? (Food, Bee Stings, Latex, etc) Any special considerations (physical limitations, fears, or other information?) – Please continue on back, if necessary.

Does your child take any medications? If so, will they take them before coming to camp?

Primary Care Physician: _____ Phone: _____

I give permission for my child _____ to attend Our Community Cares Camp, Inc. I hereby release any and all rights and claims for damages against Our Community Cares Camp, Inc. and its sponsors in perpetuity. I also give OCCC, Inc. authorization to administer first aid and to arrange for emergency medical care if I cannot be reached at the contact numbers or email listed above.



Signed: _____

Date: _____

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OCCC/LAC Parental Authorization for Pick Up

I, _____ authorize Our Community Cares to release

My child: _____ to the care of the

following persons:

I will inform these persons that they must produce photo identification in order to remove my child from the camp premises.

Signed: _____ Date: _____

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PHOTO AND PUBLICITY PERMISSION

OCCC and LAC will be documenting this summer's camp in photos, video, and print. We would like to be able to use photographs of your child in reports and publicity. OCCC would like to be able to post camper's photos on the website and Facebook page. We must have your permission in order to use your child's photo. Please indicate below whether or not we may use your child's photo. If you do not sign and return this, then we will not use your child's photo outside of the camp boundaries. We do not publish Camper's Names.

I give permission for OCCC and LAC to use my child's photo in publicity, annual reports and other material that may be made available to the public including the OCCC website, Facebook Page and Instagram.

Child's name: _____

 **Parent or Guardian Signature:** _____ **Date:** _____

PLEASE CHECK ONE.

I give my permission for OCCC to publish photos of my child

I do not give permission – please do not publish my child's photo:

FIELD TRIP PERMISSION FORM

OCCC will be taking field trips on various days. We will be going to destinations such as the Monitor Barn in Richmond, Mobbs Field in Jericho, Audubon in Huntington, MMU, Mills Riverside Park or Volunteers Green in Richmond. We may travel as far as Burlington. Please sign below to give your child permission to attend these field trips. There is no cost. Your child will return home on the regular bus at the usual time.

I give my child: _____ permission to go on field trips with OCCC/LAC.

 **Signed:** _____ **Date:** _____

Relationship to child (if not parent) _____

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OCCC/LAC PROTOCOL FOR INJURIES:

Scraped knees and elbows: Administer first aid, apply antibiotic cream and bandage.

- Bloody nose, lip, minor cuts: - Administer first aid, bandage and notify parent/guardian at the end of the day.
- Vomiting, diarrhea, fever – separate child from others, administer first aid, **notify parent/guardian for immediate pick-up.** *Someone must be available to pick up the child during the day.*
- Sprains or possible bone breaks – Administer first aid, call parent/guardian immediately. **Call Richmond Rescue if the parent/guardian is not immediately available for consultation.** Continue attempts to contact parent/guardian or emergency contact.

If you wish to have alternate procedures followed or have other special instructions for your child, please indicate below or attach the instruction sheet and sign.

Please follow these alternate procedures for my child.

Name: _____ Date: _____

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MY CHILD HAS A PLAN

 If your child has a **school behavior plan or receives any counseling services**, please sign the permission form so the provider can share information with us. This will help us provide your child with the assistance they need to be successful at camp.

Does not have a plan

My child has a plan – Please fill out if you give permission for information sharing.

Permission form: My child _____ has a school behavior plan or may need some special accommodations to navigate social situations, or receives counseling during the school year. I give permission for teachers and counselors of CESU or the Howard Center or state agency (such as DCF) to share relevant information with the directors of Our Community Cares Camp in order to help my child have a successful summer camp experience. I trust that CESU and OCCC or other providers will treat this information with the appropriate discretion to maintain my child's privacy.

 **Signed:** _____ **Date:** _____

Relationship to camper _____

Other special instructions or concerns?

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