

Kids First Summer Camp



A Program of the Mental Health Association in Tompkins County (MHATC)

KIDS FIRST is a co-ed day camp for youth in need of a more structured, supervised, supportive environment to fully participate in a camp setting. KIDS FIRST is designed for children who are experiencing a mental health or behavioral disorder and/or a developmental disability, or who have an immediate family member struggling with such a diagnosis that makes it difficult for their children to take part in more typical recreation programs. Siblings are also welcome to participate, regardless of diagnosis. Children ages 5-18 are eligible to participate, so long as they are able to perform basic living skills on their own (ex/ eating meals, changing into bathing suits, must be potty-trained).

DATES & TIMES:

Camp will take place from 9am*-4pm, Monday-Friday, 7/2-8/10**

*Staff are **not** able to provide care to any early arrivals before 8:50am*

Camp will not take place on Tuesday 7/4, Independence Day

CAMP LOCATION: Camp is held at the Henry St. John Building Gym on the corner of South Geneva and Clinton Streets in the morning. After lunch, we travel on the TCAT bus to Cass Park for swimming.

CONTACT PERSON: Melanie Little, Director of Youth Services

ADDRESS: 301 S. Geneva Street, Ste. 109, Ithaca NY 14850

PHONE: 607-273-9250 **FAX:** 607-272-5343 **EMAIL:** mlittle@mhaedu.org

REGISTRATION: KIDS FIRST registration will begin on April 6th, 2018. Enrollment is on a first-come-first-serve basis and fills up quickly, so act fast! **Your child(ren) will be enrolled once your registration packet AND deposit are received, and you will receive confirmation from Melanie Little via phone or email.**

IMMUNIZATION RECORDS:

As per Health Department regulations, MHATC is required to have a current copy of your child(ren)'s immunization records for them to participate in Kids First. A phone call to your child's physician may be all you need to do—ask them to fax your child(ren)'s up-to-date records to MHATC at 1-607-272-5343, Attn: Melanie Little. Alternatively, records may be dropped off at MHATC's offices, mailed, or emailed to

mlittle@mhaedu.org. If your children are not immunized due to your family's religious or other beliefs, please provide a signed statement indicating this. **We request that immunization records are submitted for MHATC's files by 6/15/18.**

ENROLLMENT FEES: The full price for camp is \$1,260/child for six weeks. **A non-refundable deposit of \$60 per child is due with registration to secure your child's spot.** After the deposit is made, payments may be made in biweekly installments of \$400 on Mondays throughout the duration of camp. **MHATC is eligible to receive payment for subsidized childcare through DSS for qualifying families and staff are happy to help you through the application process.** MHATC also has limited **scholarship funding available** for families that are unable to find other funding to pay for camp, available thanks to the help of the United Way of Tompkins County, the Legacy Foundation and the Community Foundation. **Please direct any questions regarding payment to Angie Sill, MHATC Finance Director, at asill@mhaedu.org/607-273-9250.**

MANDATORY PARENT MEETING: A meeting for parents will take place at 6pm on Wednesday, 6/20, when important information will be reviewed, calendars will be distributed, parents can meet staff and ask any questions before the program begins. **This meeting IS mandatory.** If you are unable to attend this meeting due to scheduling conflicts, please contact Melanie to set up a time to meet during business hours before camp begins.

SUPPLY LIST: For camp each day, your child should bring:

- Sunscreen
- Water bottle
- Bathing suit and towel
- Water-shoes (pool has a rough bottom at there are bees in the Cass Park lawn)
- Appropriate clothing and shoes for play (please no flip-flops)

MHATC will be providing each child with a small drawstring backpack. Breakfast, lunch, and a small afternoon snack will be provided through the Ithaca City School District summer feeding program. Breakfast/lunch calendars will be distributed at the parent meeting, youth may bring any additional food for if they do not wish to eat the school lunch or require additional snacks, **EXCEPT for food containing peanuts.** Supply donations are welcome and appreciated if your family can help provide for families in the program with fewer resources. *Please contact Melanie if you have any concerns about the supplies needed for camp.*

Please keep this page for your reference and return the following forms for registration. We look forward to helping you and your family have the best summer ever!

The Mental Health Association in Tompkins County

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Ithaca, NY 14850

Phone: (607) 273-9250

Email: info@mhaedu.org

KIDS FIRST CAMP REGISTRATION FORM

Date: _____

Parent/caregiver Name: _____

Child(ren)'s Name(s): _____

Home Address: _____

Parent/caregiver Contact Information:

Home Phone #: _____

Cell #: _____

Work #: _____

(Use work # between hours of __:__ and __:__)

Email: _____

In Case of Emergency: Alternate Contact

Name: _____

Relationship to Child: _____

Phone #: _____

Alternate Phone # _____

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CONSENT FOR CARE

I, _____ the _____
Parent/caregiver Name Relationship to child(ren)

of _____, age _____
_____, age _____
_____, age _____
Child's Name Child's Age

would like to request the services of the Mental Health Association in Tompkins County's Kids First Day Camp Program.

I have been informed of the scope of the Kids First program. I am aware of my responsibilities to pick up my child on time at 4pm, and send them prepared to play safely (appropriate footwear and clothing, sunscreen). I understand that my child will receive services by a camp counselor trained in respite and skill-building provision in a group setting with a 1:5 provider-to-child ratio. I understand that staff are certified in SCIP-R (Strategies for Crisis Intervention and Prevention-Revised, which includes verbal and physical interventions) and may perform a therapeutic hold on my child if they put themselves or others in serious, immediate danger, and any use of physical intervention will be documented and shared with me within 24 hours. I understand that if my child is unable to behave safely after staff have tried to intervene, I may be asked to pick up my child from camp.

Parent/Caregiver Signature _____ Date _____

Youth Svcs. Director Signature _____ Date _____

EXPECTATIONS FOR BEHAVIOR AND DISCIPLINARY POLICIES

Kids First staff have a responsibility to be role models, follow all safety protocol, and to work to the best of their ability to de-escalate crisis situations and help participants build skills to manage their own behavior to support your child in the camp setting. Kids First staff understand that each camper presents their own unique needs and will do their best to accommodate these needs while maintaining fairness in discipline.

Camper(s) have responsibility to conduct themselves in a manner that is in the best interests of the camp program, its campers and staff. While Kids First offers a high staff-to-participant ratio, we are unable to provide constant 1:1 support to any one participant and need to consider the needs of the group as a whole when addressing behavior.

Parents/Guardians have a responsibility to go over the Camper Behavior Contract on the following page with their camper(s), as we want to make all camper experiences a positive one.

What will happen when this contract is violated?

If an incident occurs where a child conducts themselves in such a manner which jeopardizes their safety, the physical or emotional safety of others:

1. First Violation: A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day, such as swimming, playground, etc. Parents will be asked to sign a behavior/incident report at pick-up time.
2. Second Violation: A staff member will address and document the issue directly with the child. The parent or guardian may be called and asked to pick up their child within the hour depending on the severity of the incident and will be asked to sign a behavior/incident report. The child may or may not be allowed to attend camp the next day depending on the severity of the incident.
3. Third Violation: A staff member will document and, with the Director of Youth Services and/or Camp Director, address the issue directly with the child. Parents may be contacted immediately to pick up their child from camp if needed or child may. The child may be suspended for the following day or remainder of the week and/or lose privileges (ex/ field trips) depending on the severity of the incident. The Director of Youth Services will ask to meet with the child and parent to discuss the behavior and how we can work together to improve. Parents will be asked to sign a behavior/incident report.
4. Fourth Violation: Child may be dismissed from camp for a portion of or the remainder of the program at the discretion of the Camp Director and Director of Youth Services.

*Please Note: We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff.

The above guidelines have been read and discussed.

Child's Signature Date

Date

Parent/ Guardian Signature

Date

CAMPER BEHAVIOR CONTRACT

Parents/Guardians:

Please review the following behavior contract with your child. Ensure that they understand the expectation that they adhere to the terms of the contract at all times while at Kids First. It is very important that families, campers, and staff all work together to create a safe, caring community at camp so that every camper can have the best experience possible.

WHILE AT CAMP, I WILL:

- Show respect and kindness to other campers and staff.
- Show responsibility by being helpful.
- Be honest with other campers and staff.
- Respect the property of camp and other campers.
- Respect other people's feelings and differences.
- Try to have fun and make it fun for others.
- Participate and give others the opportunity to participate
- Take responsibility for my choices

WHILE AT CAMP, I WILL NOT:

- Fight, "rough house" or behave unsafely
- Damage property
- Threaten or bully other campers
- Run away or leave the camp area unsupervised
- Take things that don't belong to me
- Use inappropriate language
- Bring electronics from home such as phones, tablets, game-boys*

***If you require a cell-phone or other device as part of a safety plan to cope/reach out to family for support, the cell-phone must be given to the camp director by your parent/guardian at the beginning of the day and may only be used with staff supervision**

I have read and understood this Camper Behavior Contract, and agree to follow camp rules. I understand that failure to comply with these rules will have consequences, which may include, but are not limited to:

- Prohibition from participation in activities (time-out, time away from group)
- One day suspension from Kids First
- Multiple-day suspension from Kids First
- Permanent expulsion from Kids First

Child's Signature Date

Date

Parent/ Guardian Signature

Date

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FAMILY DATA INTAKE FORM

| | |
|---|--|
| Address: _____ City, State, Zip: _____ Email: _____ | Phone #: _____ Cell #: _____ County: _____ |
|---|--|

| | | | |
|---|--|------------------------------------|----------------------------------|
| Adult Household Members: _____ _____ _____ | Relationship to Child(ren): _____ _____ _____ | Gender: _____ _____ _____ | Race: _____ _____ _____ |
| Children: (First Name, MI, Last) _____ _____ _____ | Date of Birth _____ _____ _____ | Gender: _____ _____ _____ | Race: _____ _____ _____ |

| | |
|--|---|
| <p>Systems of Care (SOC) Your Child(ren)/Family are Engaged In (Please Check All That Apply):</p> <p><input type="checkbox"/> Office of Mental Health (OMH)</p> <p><input type="checkbox"/> Substance Abuse/OASAS</p> <p><input type="checkbox"/> OPWDD (please provide TABS # _____)</p> <p><input type="checkbox"/> Special Education</p> <p><input type="checkbox"/> Probation</p> <p><input type="checkbox"/> PINS/Diversion</p> <p><input type="checkbox"/> Juvenile Justice</p> <p><input type="checkbox"/> DOH/Early Intervention</p> <p><input type="checkbox"/> CPS</p> <p><input type="checkbox"/> Prevention</p> <p><input type="checkbox"/> Other</p> | <p>How did you hear about Kids First?: _____</p> <p>Home School District (<i>Circle One</i>):</p> <p>Ithaca (City) Trumansburg</p> <p>Lansing Dryden Newfield</p> <p>Groton Other: _____</p> <p>Are your children eligible to receive free/discounted lunch at their school? (<i>please circle</i>) YES NO</p> |
|--|---|

Signature of Caregiver: _____ Date: _____

Signature of Youth Svcs. Director: _____ Date: _____

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CONFIDENTIAL INFORMATION FOR SERVICE PROVIDERS

This information is only provided to Kids First Staff for purposes of safety and providing services that best meet your child(ren)'s needs.

Parent/caregiver Name: _____

Child's Name: _____ Date of Birth _____

Please tell us any pertinent information about behaviors your child(ren) may exhibit while in camp (ex/ running away, aggression, self-harm, etc.):

Please share any known contributing factors/triggers to your child(ren)'s behavior:

Please indicate specific behaviors that you child may display that you would like camp staff to help address (ex/ shyness, aggression, etc.):

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CONFIDENTIAL INFORMATION CONT'D

Please describe any rules you may have for your child(ren) that our staff needs to enforce while your child is in our services:

What methods of discipline do you use for misbehavior? (Ex/ Time-out)

Do you have any religious rules/beliefs you would like the camp staff to be aware of?

Does your child(ren) have any allergies or dietary restrictions?

Does your child(ren) have a "Safety Plan" or preferred calming techniques for crisis situations? If so, please describe:

Parent/caregiver Signature: _____ Date: _____

Youth Svcs. Director Signature: _____ Date: _____

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EMERGENCY INFORMATION AND CONSENT FOR MEDICAL INTERVENTIONS

In case of any emergency, such as bee stings, possible broken bone, allergic reactions, severe cuts, etc., a camp staff member or MHATC administrative staff will take your child to the Emergency Room at Cayuga Medical Center for any medical assistance.

As the parent/caregiver of _____, I give my permission for a Mental Health Association staff member to take my child to the Emergency Department at Cayuga Medical Center for treatment.

Parent/caregiver Signature: _____ Date: _____

For Doctor's Use Only-Confidential:

My child currently takes the following medications:

Medication:

Dosage:

Thank you,

Youth Services

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SWIMMING CONSENT FORM

In signing this consent form, the following child(ren) have been permitted to participate in the swimming programs provided by the Mental Health Association in Tompkins County.

Swimming Area for Saturday Recreation Group:

Cass Park Pool

Child(ren)'s Name(s):

I understand and give my permission for my child(ren) to swim at Cass Park.

Parent Signature: _____ Date: _____

Youth Svcs. Director Signature: _____ Date: _____

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ADDITIONAL CONSENTS

I, _____, the parent/guardian of _____

give consent for my child(ren) to (*please circle responses*):

1. Have face paint applied in arts in crafts activities if they choose

YES

NO

2. Have staff assist in applying sunscreen to prevent sunburn if they need help

YES

NO

3. Be photographed during activities at Kids First for use in future promotional materials and reports to funding sources (names will never be attached to photos)

YES

NO

TEE-SHIRTS

This year at Kids First we will be making tie-dye camp tee-shirts! 😊 Please let us know:

_____ I will be providing my child with a white tee shirt for tie dye

_____ I am unable to provide a tee shirt and will need shirt(s) for my child(ren) in size(s): _____

Parent Signature: _____ Date: _____

Youth Svcs. Director Signature: _____ Date: _____

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AUTHORIZATION FOR TRANSPORTATION

The following individuals are authorized to transport my children to/from camp in the event of an emergency or in my absence:

1. _____ Primary Phone # (_____) _____
First and Last Name Alternate Phone # (_____) _____
Relationship to Child: _____
2. _____ Primary Phone # (_____) _____
First and Last Name Alternate Phone # (_____) _____
Relationship to Child: _____
3. _____ Primary Phone # (_____) _____
First and Last Name Alternate Phone # (_____) _____
Relationship to Child: _____

Are there any individuals who are not permitted to have contact with your child?

If so, please list their names and relationship to your child below:

If you would like to change or revoke these authorizations at any time, please request a new Authorization for Transportation form.

Parent Signature: _____ Date: _____

Youth Svcs. Director Signature: _____ Date: _____