

# Camp Adventure

CAMP ADVENTURE is a special summer program for kids 3 year olds thru 6th grade who like to have fun. This camp is designed to provide children with an active summer at a reasonable price. The camp staff participate in all the activities with the campers. Breakfast, snack and lunch served daily.

June 15th thru August 21st, 2015 (10 weeks) < Open Monday thru Friday 6:30 a.m.-6:00 p.m.

Location: Dye Elementary on Graham Between Court & Calkins.

## Weekly Themes:

\* Each theme will have a storyline and theme related arts and crafts.

June 15 - June 19	Olympics
June 22 - June 26	Rock Star
June 29 - July 3	Patriotic
July 6 - July 10	Fear Factor
July 13 - July 17	Gold Rush
July 20 - July 24	Minute to win it
July 27 - July 31	Hero
August 3 - August 7	Mario
August 10 - August 14	Ninja Turtles
August 17 - August 21	Beach Party

Enroll by  
May 29th,  
get a  
free  
Camp  
T-Shirt!

## Fees:

**Full Day:** (Over 4 Hours) 6:30 a.m.-6:00 p.m.  
\$80 a week for one child – \$70 a week for each additional child. Includes Breakfast, Lunch & Snack.

**Half Day:** (Less than 4 hours)  
\$60 a week for one child—\$55 a week for each additional child (Only one meal provided for the half day).

**Drop-in Half Day:** (Less than 4 hours) \$20

**Drop-in Full Day:** (Over 4 Hours) \$30  
(You must call by 2pm the day before so we can order food). **PAYMENT REQUIRED AT DROP OFF.**

Payments are due at the beginning of each week no exceptions. DHS Accepted.

## Daily Schedule:

\* You may come at any time. This is just a preview of a sample day at Camp Adventure. Campers will have a choice for each Activity Period. Campers will be outside for a lot of activities – please dress according to the weather.

6:30 - 9:30 a.m.	Sign in, Breakfast/Recess
9:30 - 10:00 a.m.	Meeting
10:00 - 11:15 a.m.	Activity Period 1
11:15 - 1:00 p.m.	Theme/Lunch/Recess
1:15 - 2:30 p.m.	Activity Period 2
2:30 -3:45 p.m.	Activity Period 3
3:45 -6:00 p.m.	Snack/Recess/Sign Out

## Choices for activity period:

- |                  |                  |
|------------------|------------------|
| Arts and Crafts  | Baseball         |
| Basketball       | Bowling          |
| Clay             | Cooking          |
| Computer Lab     | Disc Golf        |
| Dodgeball        | Egg Drop         |
| Fusion Beads     | Flag Football    |
| Kickball         | Movies           |
| Stack Cups       | Soccer           |
| Tag              | Ultimate Frisbee |
| Volleyball       | Water Games      |
| And Many More!!! |                  |



Field Trips!  
(Some trips may  
have a small fee)

Receive a discount of  
\$100 by prepaying \$700  
for the entire summer.  
Full payment due by  
May 30, 2015.



For questions and to enroll call 591-3600 or 591-7238.



## CHILD INFORMATION RECORD State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>	Date of Admission	Date of Discharge
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Name of Child (Last, First, Middle Initial)		Child's Date of Birth	
Address (Number and Street, Building/Apartment Number)		City	State
Father/Legal Guardian's Name		Home Phone (    )	Mother/Legal Guardian's Name
Home Address (if not child's address)		Cell Phone (    )	Home Address (if not child's address)
City	State	Zip Code	City
Email Address (optional)		Email Address (optional)	
Employer Name	Work Phone (    )	Employer Name	Work Phone (    )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number (    )	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

**See Reverse Side**

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	(    )	2.	(    )
2.	(    )	3.	(    )
3.	(    )	4.	(    )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	(    )	2.	(    )
2.	(    )	3.	(    )
3.	(    )	4.	(    )

I give permission to \_\_\_\_\_, licensed by the Department of Human Services  
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116  
COMPLETION: Required  
PENALTY: Rule Violation Citation.

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# C/A CAMP ADVENTURE SCHEDULE 2015

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY #: \_\_\_\_\_

Please fill in estimated start and finish times:

Weekly Schedule:

**Week 1 June 15 thru June 19:**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 2 June 22 thru June 26:**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 3 June 29 thru July 3 :**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ CLOSED WEDNESDAY THRU FRIDAY

**Week 4 July 6 thru July 10:**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 5 July 13 thru July 17**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 6 July 20 thru July 24**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 7 July 27 thru July 31**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 8 August 3 thru August 7**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 9 August 10 thru August 14**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

**Week 10: August 17 thru August 21**

Monday \_\_:\_\_ to \_\_:\_\_ Tuesday \_\_:\_\_ to \_\_:\_\_ Wednesday \_\_:\_\_ to \_\_:\_\_ Thursday \_\_:\_\_ to \_\_:\_\_ Friday \_\_:\_\_ to \_\_:\_\_

## C/A Camp Adventure Registration

Child(ren)'s Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency # \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Payment amount:** \_\_\_\_\_

**Payment method:**

Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Am.Ex. \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Please return the registration form to your child's school office with the first week's payment no later than June 9, 2015. Or you may mail to the Learning Community, 1181 W. Scottwood, Flint, MI 48507. Registration and payment may also be dropped off or mailed to C/A Administration Building, G3475 W. Court St, Flint, MI48532 or B/C-A Learning Community, 1181 W. Scottwood, Flint, MI 48507

**For more information call 810-591-3600 or 810-591-7238**

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not “Feeling Right”
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	“Feeling Down”	Sleep Problems
		Grogginess		

### WHAT IS A CONCUSSION?

A **concussion** is a **type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

### SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take tests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**

# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **West Side Christian School**.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

Return this signed form to the West Side Christian School to be kept on file as mandated by the state of Michigan for all students participating in a physical education program and/or team sports.

**Parents, please review and keep the attached educational materials for future reference.**