

*Why Remote Care?*

Parents want what’s best for their children, and camp is one of the best experiences to make a positive impact on a child’s life. "Camp is one of the few institutions where young people can experience and satisfy their need for physical activity, creative expression and true participation in a community environment. Most schools don't satisfy all these needs." – *Peter Scales, Ph.D., noted author/educator, and Senior Fellow, The Search Institute*

**AGES**: All registrants must be currently between 1st - 8th grade and must reside in Brentwood, no exceptions! Proof of current grade may be required for students at the time of registration. Current report card is acceptable. Students will be grouped by grade and schedule. If your child is found to be in the wrong grade division, we reserve the right to remove them or cancel them from the program if they do not meet the grade requirement.

**SCHEDULE:** B.R.C. is active during the school year, beginning Monday, February 1st through Thursday, June 17th (pending Exeter School Districts last day of school). B.R.C. is held Monday-Friday, 8:00am-5:00pm at the Brentwood Recreation Complex (rain or shine) on 190 Route 125, Brentwood, NH 03833. **NO REMOTE CARE ON MAY 31ST 2021 (Monday)** **NO REMOTE CARE DURING WINTER AND SPRING BREAK. NO REMOTE CARE DURING DAYS IN WHICH STUDENTS ARE NOT REQUIRED TO ATTEND SCHOOL.** On half days remote care will end at 12 pm but will remain open until 5:00pm

**Typical Day Schedule**: Students will be placed in groups based on grade and school schedule and as the school day progresses, every student will be required to work on their remote schoolwork as given by their teachers. There will be snack and lunch breaks throughout the day and the Remote Care Counselors will be available for tech/school support for the students. Once the school day is over the students will have time for arts & crafts, movies, games, outdoor activities, free time and more!

**REGISTRATION**: Registration begins for Brentwood Residents on Friday, January 15th, 2020, at 8:00am (**AT LEAST ONE LEGAL GUARDIAN MUST LIVE IN BRENTWOOD & YOU MUST SHOW PROOF OF RESIDENCY TO SECURE YOUR SPOT**) Registration is accepted in person or online. We may announce, AT ANY TIME, during the registration that a cap, or limit, has gone into effect, then a waiting list will be taken. SUBMIT REGISTRATION WITH ALL ACCOMPANYING FORMS: 1.) MEDICAL TREATMENT & AUTHORIZATION FORM, 2.) BEHAVIOR MANAGEMENT POLICY, 3.) REMOTE CARE CONSENT FORM, 4.) PICK-UP PERMISSION SLIP, 5.) PROOF OF RESIDENCY.

**FEE**: $150 fee due at registration. A refund request must be submitted in writing to the recreation director. Upon second late pickup offense a $10 fee will be included with a $1 addition every minute past 5:15 PM.

**PICK-UP AND DROP OFF TIMES** STAFF IS ON DUTY AT 8:00AM, UNTIL 5:00PM. Students must be picked up by previously assigned parent/guardian, see “Pick-Up Permission Slip”. **A staff member may request a proof of identification from the parent/guardian prior to leaving with a child**. In the event of an emergency, the parent/guardian must call the B.S.C. Coordinator, or Recreation Director before the child can be released in the custody of someone other than the adult’s named on our, “Pick-up Permission Slip” form. **Please be prepared for this policy should this situation arise with your child!** The Brentwood Recreation Department reserves the right to prevent any child from leaving the B.S.C. premises until an adult is adequately identified. This ruling is in effect for your child’s protection. **The B.S.C. staff has been instructed to notify police upon an adult’s refusal or inability to show proper identification**. If a student is not to be released to, or visited by any certain person(s), a copy of the legal document (i.e.: a restraining order) to that effect must be submitted to the Brentwood Recreation Department.

**Day Drop Ins**

Brentwood Recreation will be accepting daily drop ins for remote care, but be aware if you plan on doing a drop in that there may not be enough space for your child. We recommend registering ahead of time so you are not risking being turned away. (A phone call does not count as registering/reserving) Day drop ins have a $40 fee with a maximum of 2 drop ins a week.

**EARLY/LATE PICK-UP POLICY**

1. 1st TIME: Within 15 minutes after 5:05 PM, warning will be given with a recurring $1 fee every minute after 5:20 PM.

2. 2nd TIME: After 5:20 PM there will be a $10 late fee including a recurring $1 fee every minute after 5:20 PM.

3. 3rd TIME: After 5:20 PM there will be a $10 late fee including a recurring $1 fee every minute after 5:20 PM. Suspension from camp for 1 day (no refunds).

### Habitual Violations

If abuse of late pick up occurs, parents could lose their child’s privilege to attend camp. No refunds will be issued for payments if privileges are revoked. This policy is subject to the master time held by the Brentwood Recreation Department Remote Care. Please sync your personal watches to ours in order to make sure you know what time it is at camp.

**MEDICATIONS**: Students requiring medication during the camp day MUST be responsible for carrying, remembering and administering their own medications. **NOTE: any child who requires an Epi-Pen in the event of a bee sting or other allergy MUST be able to administer his or her self to be permitted to register and they must bring a complete kit with them each day to attend B.R.C. NO EXCEPTIONS!** Please bring any potentially serious allergy or medical condition to the attention of BRD (Brentwood Recreation Dept.) staff upon registration.

**CAMPER MEDICAL INSURANCE** It is the responsibility of the parent or guardian to provide accident and health insurance coverage for their child. The parent or guardian is responsible for all charges and fees for emergency medical treatment.

*On-Site Emergency Procedures*

If a major or life-threatening injury or accident occurs during camp hours, it will be handled in the following manner:

* 911 will be called immediately.
* The parent/guardian will be notified.
* Based on the professional decision of the EMT unit, the child may be transported to the closest medical facility for immediate care or the EMT may advise the parent/guardian or program staff as to how to treat or care for the child.
* In the event of an emergency or natural disaster, the following procedures will be in effect:
  + Children will remain on site until an authorized person picks them up.
  + In the event of a site evacuation, children will be taken to the community center. Efforts will be made to contact parents/guardians should evacuation be necessary.
  + Staff will remain with the children until an authorized person arrives.

**SICK/ABSENT**: It is mandatory to call the recreation office when keeping your child home sick. DO NOT SEND A SICK CHILD TO CAMP! If a student stays home sick, that student will not be allowed to attend Remote Care until a negative COVID test is provided to the Brentwood Recreation Department. If a student becomes sick while at camp, the student will be placed in an isolation zone with a counselor and the child’s parents or guardian will be contacted immediately and asked to pick up their child. If the parent or guardian cannot be reached the emergency contact will be notified.

**COMMUNITY CENTER:** **Covid-19 precautions:** The recreation department will be moving from 2 cleanings a week to 5 days a week to help keep the facility as clean as possible during the social distancing period. Counselors will also be responsible for wiping down the building before, during, and after camp hours.

The Community Center will be available to Students for specific camp activities, bathrooms when necessary, and shelter during inclement weather. The community center includes a kitchen, which some cooking activities may be run.

**PLEASE SEND**: **BACKPACKS, SCHOOL SUPPLIES, SCHOOL BOOKS, SNEAKERS AND ALL ITEMS REQUIRED FOR DAY TO DAY SCHOOL**. All shirts must cover the navel. Any graphics on clothing depicting violence, alcohol, illegal substances are prohibited. Please be sure to label all items! We STRONGLY recommend that your child come each morning with the materials needed to participate in their school activities. **Also, personal items (radios, Walkman, Gameboys, baseball card collections, etc.) are prohibited!** The BRD, town of Brentwood and school department, their staff and representatives are not responsible for items missing, damaged, or stolen within their programs or facilities.

***WHAT NOT TO SEND:***

* Valuable items or objects having personal or sentimental value, especially jewelry
* Unnecessary Electronics of any kind (including, but not limited to, hand-held video games, cell phones, music players).
* Card decks of any kind should remain home.
* The possession of weapons (including knives and camping tools), drugs, alcohol, or cigarettes will be cause for immediate expulsion from camp.

**STAFF**: The Staff is carefully selected to ensure a safe, healthy, and educational environment for your children. All camp staff is certified in First Aid, CPR, and AED training. The camp shed is equipped with First Aid supplies for minor injuries (cuts, scrapes, stings, etc.), and counselors carry a small kit of supplies at all times.

* Staff will maintain incident reports. These reports document injuries, any First Aid rendered, and behavioral issues. Any incidents handled by Camp Staff will be reported to the parent/guardian.
* Staff will carry two-way radios when on-site and will have the ability to contact the Recreation Director, Camp Coordinators, or other Staff at all times.
* In cases of incidents or accidents, the appropriate staff member(s) will fill out a written report and document all actions taken and correspondence made with supervisors and the parents of those children involved. Please notify us if there are ever any changes or additions to your contact information.
* Staff will administer basic First Aid, and in the event of a minor injury will follow the On-Site Emergency Procedure for major injuries.

**LUNCH/DRINKS/SNACKS:** All parents/guardians are responsible for providing their children with adequate and nutritional lunch and snack items. Camp runs from 8am-5pm, Students will be very hungry at lunch and snack breaks. If possible, pack lunches in small cooler-style or insulated bags/boxes. We encourage your children to bring at least 3 cold drinks with them (soda not recommended). Brentwood Recreation, the Town of Brentwood and school department, their staff and representatives are not responsible for money missing or stolen within their programs or facilities. Children will be responsible for their own money.

**CAMP BOUNDARIES**: Boundaries are both physical and visual. Tree lines will provide most physical boundaries. Visual/conceptual boundaries such as when we say, “The dirt road is off limits” or “no trail walking”, are examples of directives that the camper should realize are places they should not be. Leaving the boundaries of camp without express permission is violation of our ***Behavior Management Policies***.

**PLAYGROUND**: The playground will be accessible during camp hours and will be supervised in groups within the different ages. All Students are reminded of the safety rules for being allowed on the playground and are subject to the ***Behavior Management Policies.***

Check-In/Check-Out: This area is located at the Archery Range Pavilion, otherwise known as the, “Castonguay Pavilion”. This is where you can also find the ice rink sign, “Brentwood Recreation Ice Rink”. This is where you will drop off your child, check-in as a visitor, and pick up your child. Otherwise, drop off/pick up will be inside the community center.

**SHED**: All equipment and supplies pertaining to the camp will be stored there. The shed is off limits to all Students.

**Camper Information**

*Parent/Guardian Communication*

Communication, cooperation, and teamwork are a critical part of the Parent/Guardian-Camp relationship. Our staff appreciates parents/guardians who keep us informed of their child’s special circumstances or any transitions in the home life. This keeps up plugged in and sensitive to your child’s needs.

Parents must contact the Recreation Office when:

* Information on your registration has changed.
* Someone other than those listed on your child’s application will be picking your child up. Please send a note or give us a call to let us know.
* A child is not able to be picked up on time.
* An accident or change occurs in your child’s life that alters his/her attitude or behavior or causes severe distress.
* Emotional upset (i.e. divorce, loss of a pet, death in the family).
* Your child is contagious (i.e. head lice, pink eye, chicken pox).

Parents will be contacted immediately when:

* Your child has received an injury which could require immediate medical attention and/or EMT’s have been called. We ask that if we do have to contact you regarding an emergency that you would immediately come and attend to your child.
* Your child exhibits a medical condition which could be contagious or threatening to others in camp. (Covid)
* Your child is ill and is unable to participate in daily activities.

Parents will be notified at pick up time when:

* Your child receives a minor injury that does not require the service of a professional in the medical field.
* Your child complains of a non-emergency condition or symptom.
* Your child exhibits unusual behavior.
* An incident/accident report was documented regarding your child
* We want to share your child’s accomplishments

**Dates/Times of Program:** Remote Care is active during the 2020 school year beginning February 1st

Remote Care will operate 5 days a week, except for the weeks of February 22nd and April 26th.  There will be NO CAMP on Monday, May 31st.

**Camp Hours:**8:00 a.m. - 5:00 p.m.

**Payment Process: $150 due at Registration.**

**Residents:**

**Weekly Registration Rate**

**$150/Week**

**Daily Registration Rates**

**(3 days a week is considered a week registration)**

**$40/Day**

**BEHAVIORAL MANAGEMENT POLICY**

**Town of Brentwood Recreation Department  
Parent/Guardian and participating child must read, understand and sign this form.**

**Discipline will be constructive in nature and include techniques such as:**

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict 

*The program staff will not use any type of physical or verbal abuse as a disciplinary measure.   
The following are the offenses and consequences that will be taken.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSES:** | **1st** | **2nd** | **3rd** | **4th** | **5th** |
| Verbally threaten to use guns, knives or any weapon to harm another | Immediate Expulsion from program NO REFUND |  |  |  |  |
| Possession of a weapon |  |  |  |  |
| The use of drugs and/or alcohol |  |  |  |  |  |
| Stealing | Write Up Parents notified 2 day suspension Damage restitution | Expulsion from Program Damage restitution NO REFUND |  |  |  |
| Willful destruction of property |  |  |  |
| Physically harming another person |  |  |  |
| Physical fighting |  |  |  |
| Bullying |  |  |  |  |  |
| *(Physical or verbal)* |  |  |  |  |  |
| Disrespect of staff | Write Up Parents notified Damage restitution | Write Up Parents notified Damage restitution 2 day suspension NO REFUND | Expulsion from Program Damage restitution NO REFUND |  | |
| Found out of program boundaries |
| Cursing |
|  |  |
| Careless damage to REC property |  |  |  |
| Inappropriate Language | Verbal Warning | Write Up Parent notified | Write up Parents notified Discussion of suspension | Write Up Parents notified 2 day suspension NO REFUND | Expulsion from program NO REFUND |
| Breaking Playground Rules |
| Breaking Program Rules |  |
|  |  |  |  |  |

***Bullying*: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).  
*Physically harming another person:*  includes but not limited to – hitting, biting, kicking & slapping  
*Breaking program rules*: includes but not limited to defiance, uncooperativeness, insubordination, unruliness**

*I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.*

|  |  |
| --- | --- |
| *Parent/Guardian Signature:* | Date: |
| Participant Name: | Age: |
| *Participant Signature:* | Date: |

**Brentwood Recreation Summer**

**Camp Consent Form**

Student’s Name: Grade: 

***Authorization to view G Movies Only***

I give my permission for the above-named child to watch G movies only during the summer program.



Signature of Parent or Guardian & Date

***Authorization to view G/PG Movies Only***

I give my permission for the above-named child to watch G & PG movies only during the summer program.



Signature of Parent or Guardian & Date

***Authorization to participate in Off-Site Walks (BRC Hiking Trails)***

I give my permission for the above-named child to participate in supervised off-site walks through the Brentwood Recreation Complex hiking/walking trails.



Signature of Parent or Guardian & Date

**Pick-Up Permission Slip**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that you cannot pick up your child(s) from the program listed above, please provide the names of the individuals we can release your child(s) to on file.

***The adult that picks up your child MUST BRING PHOTO ID with them or they WILL NOT be able to pick up your child.***

**Please print in clear & legible handwriting**

**Participant’s Name:**

**Mother/Guardian’s Name/Phone #:**

**Father/Guardian’s Name/Phone #:** 

**Adult’s Full Name**

List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.

Relationship to child

Phone #









Parent/Guardian Signature: Date: 

**Brentwood Recreation Department**

**Medical Treatment & Medical Authorization Form**

**Town of Brentwood Recreation Department**

**1 Dalton Rd. Brentwood, NH 03833**

**603-642-6400 ext. 20**

EMERGENCY MEDICAL TREATMENT AUTHORIZATION OR REFUSAL

In the event I, cannot be reached in an emergency requiring medical treatment for my child, , I hereby give my consent to employees of the Brentwood Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Brentwood Recreation Department requires the following information regarding medication needs of participants in Brentwood Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens) used during program hours will remain the child’s possession to be placed in the same location of child’s backpack each day.
2. Camp staff is not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring the adequate medication is provided in a secured contained labeled with your child’s name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: 

Name of Medication # 1: 

Dosage Amount of Medication # 1: 

Frequency of Dosage for Medication # 1: 

Time(s) to be taken during program hours: 

Duration of treatment: 

Possible side effects and adverse reactions (if any):



Other Information: 

Health Care Prescriber: Phone #: 

Name of Medication # 2: 

Dosage Amount of Medication # 1: 

Frequency of Dosage for Medication # 1: 

Time(s) to be taken during program hours: 

Duration of treatment: 

Possible side effects and adverse reactions (if any):



Other Information: 

Health Care Prescriber: Phone #: 

Name of Medication # 3: 

Dosage Amount of Medication # 1: 

Frequency of Dosage for Medication # 1: 

Time(s) to be taken during program hours: 

Duration of treatment: 

Possible side effects and adverse reactions (if any):



Other Information: 

Health Care Prescriber: Phone #: 

Parent Signature: Date: 

Parent’s Printed Name: 

Cell Phone: Home Phone: 

|  |  |
| --- | --- |
| *Parent/Guardian Signature:* | Date: |
| Participant Name: | Age: |
| *Participant Signature:* | Date: |

**I have read and understood the guidelines/policies/procedures stated above in this document:**

Parent/Guardian(s) First & Last Name(s):

Address (City, State, Zip Code):

Home Phone: Work Phone: Cell 

Email: Emergency Contact Name/Phone Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | M/F | DOB | Grade | Camp Program | Fee |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **Total Fees:** |  |

Doctor: Doctor’s Phone:



Please list any allergies or special needs/limitations:

**Liability Waiver:** All persons participating in Brentwood Recreation programs do so at their own risk and without recourse to the Town of Brentwood, its’ agents, officers or employees. I, the undersigned participant, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity listed, and I further agree to hold the Town of Brentwood Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity. I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. The Brentwood Recreation Department may be taking pictures during any programs for use in future publications.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check line if you do not give consent to being photographed during Brentwood Recreation programs:\_\_\_\_\_\_** **\*\*\*Please make checks payable to: BRC\*\*\***