



Welcome to the 2022 Summer Camp Session!

We are thrilled to have your child joining us at Discovery Adventure Camp this year! Each day is sure to bring activities that will spark your child's curiosity along with their imagination with hands-on play and exploration. Please note that we do anticipate on being "mask optional" but will let everyone know when it gets closer to the start of camp as COVID 19 guidance is ever changing.

Each child should bring the following items to summer camp every day. These items can be left at camp for the week. At the end of the week, these items should be brought home for cleaning.

- A backpack or bag with a clean change of seasonal, weather appropriate clothing & footwear*
- *Outdoor footwear should be suitable to get wet in sprinkler/mud pit*
- A labeled water bottle- **NOTE:** *Water bottles will be washed by staff daily if not taken home*
- Labeled sunscreen & bug spray in a labeled Ziploc Bag (No aerosol of any kind!)
- Indoor shoes (A clean pair of NON-TIE shoes/slippers for INDOOR use only)
- A leotard or shorts for gym time & gymnastics instruction (optional)
- Bathing suit and towel (when its warm enough for outside water play, also must wear shoes)

If you are new to camp, please make sure you have all the camp forms completed prior to the first day of camp (these can be found on our website). Every child will have a confidential classroom file containing the documents found in this packet. Please complete these forms and return them along with a copy of your child's current immunization record (or exemption form from your doctor) AND a record of an annual physical/health history form (both forms provided by your doctor). These documents must contain your child's primary health care and dental care (if applicable), names and phone numbers.

*****Each child MUST have ALL of these forms, filled out completely and provide the immunization record and annual physical/ health form (both provided by your doctor) handed in by or at the time of drop off on their child's first day of attendance. This is a VT state licensing regulation and we cannot allow children to attend without one. You will be turned away without one. Unfortunately, we do NOT have a fax machine so please plan accordingly! Please don't forget!*****

In addition, if you would like to pay tuition before your camp week (ignore if you have already), to avoid any early morning lines, please feel free to call in your payment as we are equipped to take credit cards over the phone. Lastly, you will sign your child into camp through the preschool entrance.

If you decide to pay the first day of camp, please drop your child off first, and then stop by the front desk to settle up.

We are excited for a summer filled of fun and excitement, The Discovery Camp Team



ADMISSION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMAIL: _____

ALLERGIES / MEDICAL CONCERNS / IEP'S - (MUST BE APPROVED BY THE PROGRAM DIRECTOR TO MAKE SURE THAT WE HAVE THE APPROPRIATE STAFFING AND/OR THE ABILITIES TO MAKE THE NECESSARY ACCOMMODATIONS **BEFORE THE CHILD'S START DATE):**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE

ENROLLMENT FEE RECEIVED:

CASH _____ CHARGE _____ CHECK _____ # _____ DATE: _____

ENROLLMENT START DATE: _____ ENROLLMENT END DATE: _____



EMERGENCY CONTACT INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

ALLERGIES/HEALTH CONCERNS: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

PEDIATRICIAN:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DENTIST:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION (TWO NON-PARENT/GUARDIANS):

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

MEDICAL EMERGENCY TREATMENT

I HEREBY GIVE *THE BALANCING ACT ENRICHMENT CENTER* PERMISSION TO ADMINISTER BASIC FIRST AID AND/OR CPR TO MY CHILD, _____, AND/OR TAKE HIM/HER TO THE HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S HEALTH.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

INSURANCE INFORMATION

COMPANY NAME: _____

POLICY NUMBER: _____ **OTHER SPECIAL INSTRUCTIONS:** _____



CHILD PICK UP/RELEASE FORM

AS PARENT/GUARDIAN OF : _____

***I GIVE THE BALANCING ACT ENRICHMENT CENTER PERMISSION
TO RELEASE MY CHILD ONLY TO THE FOLLOWING PEOPLE:***

NAME

RELATIONSHIP TO CHILD

IS THERE ANYONE WHOM WE SHOULD BE AWARE OF THAT, UNDER ANY CIRCUMSTANCES, SHOULD NOT BE PERMITTED TO PICK UP YOUR CHILD?

ALL PARENTS OR GUARDIANS MUST SIGN:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FACILITY USE WAIVER

PARENT/GUARDIAN NAME: _____

1. CHILD'S NAME: _____ **DATE OF BIRTH:** _____

2. CHILD'S NAME: _____ **DATE OF BIRTH:** _____

HEALTH INSURANCE CARRIER: _____

TELEPHONE # TO REACH ME AT DURING GYMNASTICS CLASSES: _____

HOME ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE READ CAREFULLY AND SIGN AT THE BOTTOM:

In consideration of allowing the above named child(ren) to participate in Regal Gymnastics activities and training programs, the undersigned, being the legal and acting guardian of child(ren), acting for themselves and on behalf of the participant, release and hold harmless Regal Gymnastics Academy, LLC a Vermont Limited Liability Corporation, its owners, officers, employees, and agents from any and all liability, claims, demands, and causes of action whatsoever, arising out of related to any loss, damage, injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Regal Gymnastics Academy is conducted, or any premises under the control and supervision of Regal Gymnastics, its owners, officers, employees, or agents or in route to or from any of said premises.

Assumption of Risk:

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said limited liability corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this release.

In signing this release, the undersigned acknowledges:

1. a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs voluntarily.
2. b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant or is over the age of eighteen years and is signing for self as participant.

The undersigned gives permission for Regal Gymnastics Academy, LLC, owners, officers, employees and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature (if over 18 years of age): _____ **Date:** _____



PERMISSION FORM / ACKNOWLEDGMENT OF HANDBOOK AGREEMENT

Child's Name: _____

As an important part of our program, we like to take our students on walking trips around the grounds. We have beautiful nature trails and wooded property just waiting to be explored! The purpose of such walks is varied and provides valuable hands-on learning experiences for our young learners. In order to allow flexibility for these natural activities, we ask permission for your child to participate in such walks throughout the summer. As the parent/guardian of the above listed child, I have checked all the applicable information:

_____ I give permission for my child to participate in nature walks for the 2022 summer camp session.

_____ I give permission for the staff to apply sunscreen to him/her while playing outside.

_____ I have provided sunscreen for my child's use

_____ I give permission for the staff to apply bug spray to him/her before playing outside/going into the woods.

_____ I have provided bug spray for my child's use

_____ I give permission for the staff to photograph my child for:

_____ Display in the classroom/Use in promotional materials

_____ Use on The Balancing Act's Facebook Page (No Names)

_____ I give permission for my child to participate in supervised wade pools/sprinkler activities for the 2021 session.

_____ I have read & understood The Balancing Act Enrichment Center Handbook and agree to the policies within it.

Parent/Guardian Signature: _____ **Date:** _____



TELL US ABOUT YOUR CHILD

LIST 5 WORDS THAT YOU WOULD USE TO DESCRIBE YOUR CHILD...

HAS YOUR CHILD EVER BEEN IN PRESCHOOL, CAMP OR CHILDCARE SETTING BEFORE?

PLEASE DESCRIBE HIS/HER EXPERIENCES...

TELL US ABOUT CHILD'S INTEREST/FEARS...

DOES YOUR CHILD HAVE SIBLINGS? PETS?

WHAT ARE SOME OF THE THINGS YOU ENJOY DOING TOGETHER?

WHAT ARE YOUR CHILD'S FAVORITE FOODS AND THOSE HE/SHE DISLIKES?

TELL US ABOUT YOUR CHILD'S BEHAVIOR, ENERGY LEVEL AND TEMPERAMENT...

WHEN YOUR CHILD IS UPSET, WHAT SEEMS TO COMFORT TO COMFORT HIM/HER THE MOST?

WHAT ARE YOUR HOPES & DREAMS FOR YOUR CHILD THIS YEAR?



M E N U

MONDAY

YOGURT PARFAITS WITH GRANOLA, FRUIT AND VEGGIES

[VANILLA OR FLAVORED YOGURT W/ CHOICE OF CEREAL, GRANOLA, BERRIES, MAPLE SYRUP, ECT.]

TUESDAY

HOTDOGS, WITH FRUIT & VEGGIES

[BUN OR NO BUN, KETCHUP, MUSTARD, RELISH, ECT.]

WEDNESDAY

ASSORTED SANDWICHES, FRUIT AND VEGGIES

[CHOICE OF MEAT AND CHEESE, PEANUT BUTTER, JELLIES, NUTELLA, FLUFF, ECT.]

THURSDAY

NACHOS WITH ASSORTED TOPPINGS & VEGGIES

[TORTILLA CHIPS WITH CHOICE OF CHEESE, BEEF, BEAN, SALSA, SOUR CREAM, GUAC, ECT.]

FRIDAY

PIZZA, SALAD, & FRUIT

[CHOICE OF CHEESE OR PEPPERONI]

A.M & P.M. Snacks

will be at least two of the following:

Fresh/Dried fruit, Hummus, Yogurt, Cheese,
Crackers, Granola, Muffins, Cereal Bar, and/or
Granola bars

Milk is offered at lunch
Water is served at snack &
offered throughout the day
MENU IS SUBJECT TO CHANGE



DISCOVERY ADVENTURE CAMP WEEKLY THEMES

CHILD'S NAME: _____

PLEASE CIRCLE THE WEEK(S) YOUR CHILD WILL BE ATTENDING:

June 13 - 17 - Barnyard.

M / T / W / Th / F

JUNE 20 - 24 - SUPERHEROES

M / T / W / TH / F

JUNE 27 - JULY 1 - MAKE - A - MESS.

M / T / W / TH / F

JULY 6 - 8 - CIRCUS

M / T / W / TH / F

JULY 11 - 15 - DISNEY

M / T / W / TH / F

JULY 18 - 22 - CHRISTMAS IN JULY.

M / T / W / TH / F

JULY 25 - 29 - Space

M / T / W / Th / F

AUG 1 - 5 - DINOSAURS & DRAGONS

M / T / W / TH / F

AUG 8 - 12 - BUGS & BUTTERFLIES

M / T / W / TH / F

AUG 15 - 19 - Pirates & Mermaids

M / T / W / TH / F

AUG 22 - 26 - HAWAIIAN LUAU.

M / T / W / TH / F



DISCOVERY ADVENTURE CAMP FINANCIAL CONTRACT

Child's Name: _____ Start Date: _____

No one day options

2 Day Option: \$155 / week

3 Day Option: \$230 / week

4 Day Option: \$305 / Week

5 Day Option: \$360 / week (4 + weeks \$330.00 / week)

Aftercare is available 3:30-5:30: \$18.00 / day

- A \$100 non-refundable deposit is required by or at the time of admission
- In the event of an emergency or extreme weather conditions, the Balancing Act may close for the safety of the children and staff. There are no refunds or make up days in such instances.
- See handbook for other information regarding payments, refunds, and fees.

Parent/Guardian

Signature: _____ **Date:** _____

Best Way to Contact Parent (Telephone Number/Email): _____

Ongoing Considerations and Guidance

PICK-UP/DROP-OFF PROCEDURES FOR NEW AND RETURNING FAMILIES

- **Families must submit their tentative pick-up/drop-off schedule ahead of time.**
 - Notify the center immediately of any changes.
 - This helps us stagger pick-up/drop-off times and maintain social distancing.
- **Families must maintain social distancing while picking-up/dropping-off.**
 - Only one family is permitted at the entrance or in the lobby at any one time.
 - If waiting behind another family, maintain a 6-foot distance in on sidewalk at our entrance. If the sidewalk looks full, please wait in the vehicle until a slot becomes available.
- **Only one pick-up/drop-off person should accompany the child to the front door**

AT DROP-OFF: A staff member will greet you at the front door.

- Only children and assigned staff are permitted in the classrooms.
- ABSOLUTELY NO parents/caregivers will be permitted in the building at the preschool entrance. If you need to come into the building to make a payment, please use the other entrance (Please expect waiting lines.)
- If you have any drop-off rituals, talk about how those will be different, and ask for suggestions from your child.
- Use the drive to school/sidewalk slot as your "goodbye time."
- Make sure they understand that you will be staying outside, and that a teacher will be bringing them to their designated area.
- The staff member will explain the screening procedures and ask a few questions.

AT PICK-UP: A staff member will greet you at the front door.

- **The staff member will gather child(ren) and belongings in the building needed**
 - Please wait outside until child(ren) and staff gather belonging and retreat back outside.
- **Explain the Pick-up/Drop-off procedures to the child ahead of time.**

PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- CDC recommends masking in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off/pick-up are required to wear a mask.
- Cleaning staff will be wearing disposable gloves for all tasks in the cleaning process, including handling trash if possible.
- Staff performing health checks need to be gloved, masked, and when needed, a face shield will be provided.
- Cleaning staff and other staff in the program will clean hands often, including immediately after removing gloves and after contact with a person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
 - We will follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

SAFETY PRECAUTIONS WHILE IN CARE WITH CHILDREN

Teach children and staff to:

- Cough or sneeze into a tissue. Throw away the tissue after they use it and wash hands.
- Avoid touching their eyes, nose, or mouth.
- Wash their hands frequently and for at least 20 seconds with soap and water, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 % alcohol. Always wash hands with soap and water if your hands are visibly dirty.

INDOOR PLAY

We will incorporate social distancing within groups when inside when possible, minimizing the amount of time children are in close contact with each other and incorporate the following:

- Limit the number of children in each program space to Governors current recommendation.
- Increased distance between children during table work when indoors as well as planning activities that do not require close physical contact between multiple children.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items.
- Minimize time standing in lines for bathrooms, outside, gym, etc.
- Adjust the HVAC system to allow for more fresh air to enter the program space.

OUTSIDE PLAY, WATER PLAY, & SUNSCREEN

We will incorporate social distancing within groups when outside when possible, minimizing the amount of time children are in close contact with each other and incorporate the following:

- Incorporate additional outside time.
- Water play will be limited to sprinklers
- Please sunscreen your child before dropping off every morning.

MEALS AND SNACKS

- Child and Adult Care Food Program (CACFP) guidelines will be followed for preparing and serving meals and snacks.
- Family style serving will be avoided. The adults will prepare each child's plate using gloves.
- Eating outside at all meal times and snack times when weather permits.

EMERGENCY PLANS

- Plans are in place to notify families in case of injury or disaster.
- Plans are in place to care for children in case of a child's or an adult's injury.
- Plans are in place in case of fire or other disaster, including flood, intrusion, or terrorism.
- There is at least one alternate exit in case of fire.

RESOURCES

Here are resources we will use to speak with children about the virus:

- [Talking to Children About COVID-19 \(Coronavirus\) - A Parent Resource.](#)
 - [CDC Guidance for talking with children](#)
 - [Everything you need to know about COVID in](#)
-

The following list is true for my family:

- I understand the day-to-day changes in certain aspects of Discovery Adventure Camp such as hand washing, suncreening, social distancing, sanitization etc.
- I will call ahead when picking up EARLY/dropping off LATE so my child will be ready, to reduce contact with other families and staff members.
- I will not enter the classrooms, except for preauthorized circumstances as defined by the program Director/Owner.
- If I bring my child, it is because everyone in our home is healthy and symptom free, with no known exposure to COVID19.
- I will not bring unnecessary items into the program. This includes the storing of car seats.
- I will wait for my child to be screened for signs of illness daily.
- Fever reducers will not be given to my child on any day of attendance, regardless of reason for fever reducer
- If my child shows signs of illness during care, I, or another authorized person, will retrieve my child within 60 minutes.
- I will wait my turn to enter/exit the program, and practice proper social distancing while on program premises.
- I will thoroughly wash my and my child's hands before dropping off, prior to and as soon as we return home.
- Only one guardian is permitted per family at drop off/pick up.
- I understand this situation is fluid and subject to change per state, other local authority, and program needs.
- I understand failure to follow these new safety guidelines may result in termination.

Parent/Guardian signature

Date