COHOES COMMUNITY CENTER
IS PROUD TO OFFER

CAMP DISCOVERY

JUN 26 to AUG 25 2017

22-40 REMSEN ST. COHOES, NY 12047

518.237.7523 518.237.7524

www.COHOESCOMMUNITYCENTER.org
Camp Discovery is for kids entering k-8th grade.

Camp Discovery is a 9 week summer camp program for families looking for a fun filled and memorable summer. At Camp Discovery, children spend their days exploring new skills and learning through play! Please see the enclosed trip and special event schedule for more details.

Parent Orientation is on Saturday, June 10th at 10am. All parents are required to attend.

LOCATION

- Abram Lansing
- Van Schaick (UPK Only)

HOURS

7:00 AM to 5:30 PM

COST

$180.00 per week

*Camp Discovery is not affiliated with the Cohoes City School District. Please contact the Cohoes Community Center for all camp info.

† Ask about a 10% sibling discount
REGISTER YOUR CHILD

- Registration begins March 6th, 2017
- Complete the enrollment form
- Provide us a non-refundable deposit of $25.00 per child, per week

FINANCIAL ASSISTANCE

Child care assistance for camp programs is available for qualifying families through the Child Care Assistance Hotline (NYS D.S.S.) at 447-7435 or the Workforce Development Institute at 272-3500.

If you are currently approved for childcare assistance, a new approval must be requested for summer care.

WHAT TO BRING TO CAMP EACH DAY

Sneakers help keep your child safe each day at camp. We swim every day! Swimsuits are needed even if your camper does not plan to swim. Sunscreen, breakfast (if they did not eat at home), and a bagged lunch should also be brought.

Camp Discovery does not provide meal service.* Camp Discovery is not a food allergy free program. Please contact us if your child has a food allergy!
Camp Discovery operates under a permit issued by the Albany County Department of Health. The camp is inspected at least twice yearly to ensure compliance with guidelines (Subpart 7-2) set forth by NYS Sanitary Code, which governs camp operations. Copies of camp inspections can be reviewed at the Albany County Department of Health. In addition, all camp staff are screened through the NYS Central Registry in compliance with the NYS Child Safety Act.

We ask that children do not bring iPods, video gaming systems, cell phones, or other electronics to camp. Camp Discovery cannot be held responsible for any lost property.

Please contact the Cohoes Community Center with any questions

Phone: (518) 237-7523
Fax: (518) 237-7524
Web: www.cohoescommunitycenter.org
Add: 22-40 Remsen Street. Cohoes, NY 12047

Ben Martin, Camp Administrator for UPK-8th

bmartin@cohoescommunitycenter.org

Large enough to serve. Small enough to care.
Unless otherwise noted, field trips take place on Friday each week. All special events are on site. Bus departs for field trips at 9:00 AM. All campers must arrive by 8:30 AM. Please note that destinations are not final. Trips may be moved or changed due to capacity and/or weather. Children must be at least 7 years old to participate in the City of Cohoes Recreation Program.
| WEEK 5 | Superhero k-1  
Ocean/Beach 2nd-8th | July 24 - July 28  
USS SLater & NYS Museum k-1  
Via Aquarium 2nd-8th |
| WEEK 6 | Insect/Bugs k-1  
Take me out to the "Ball Game" 2nd-8th | July 31 - August 4  
Stone Bridge and Caves k-1  
Tri-City Valley Cats game 2nd-8th |
| WEEK 7 | On Stage  
k-8th | August 7 - August 11 Palace Theatre in Albany |
| WEEK 8 | Ocean/Beach k-1  
Superhero 2nd-8th | August 14 - August 18 Via Aquarium k-1  
Funplex FunPark 2nd-8th |
| WEEK 9 | Circus  
k-8th | August 21 - August 25  
End of Summer Party |

Field trip dates are to be determined. All special events are on site. Bus departs for field trips at **9:00 AM**. All campers must arrive by **8:30 AM**. Please note that destinations are not final. Trips may be moved or changed to capacity and/or weather. Children must be at least 7 years old to participate in the City of Cohoes Recreation Program.
# Camp Discovery

## Child Information Page

- **M** Child’s Name: ___________________________________ Date of Birth: __/__/_______
- **F** Address: ______________________________________ Entering Grade: _______________

**Mother or Guardian:** __________________________ Reside in Home? □ Yes □ No

- Work Phone: ___________________ Cell Phone: ___________________
- Employment: ___________________ Work Hours: ____________

**Father or Guardian:** __________________________ Reside in Home? □ Yes □ No

- Work Phone: ___________________ Cell Phone: ___________________
- Employment: ___________________ Work Hours: ____________

## EMERGENCY CONTACTS

Please give the name, address, and telephone numbers of two people who may be contacted in case of an emergency or illness, when the parent or guardian is not reachable.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Cell Phone</th>
<th>Relationship to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## AUTHORIZED PICK UPS

Your child(ren) will only be released to those individuals listed below unless otherwise specified to us in writing.

1. ___________________ 2. ___________________ 3. ___________________ 4. ___________________

## PARENT AGREEMENTS

**Photo Release:** May we use your child’s photo/picture and/or name for publications, website and/or marketing purposes?

Yes ___ No ___ Parent Initial: __________

**In case of accident or injury,** I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the following pages) necessary for the proper health and well-being of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, sedation, anesthesia, X-ray, or surgery for my child(ren) above, as deemed necessary. The health history I have provided is correct so far as I know and my child has permission to engage in all prescribed activities except as noted by me. I also agree to notify this camp if my child is exposed to any communicable diseases.

**I have provided information** on my child’s special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case or an emergency.

**I agree to review and update** this information whenever a change occurs.

**I give permission for my child(ren) to be transported** on a school bus to and from camp for field trips.

**I have been advised of the trips and destinations planned for the Camp Discovery program.** My child has my permission to partake in any and all swimming activities, under the supervision guidelines set forth by the NYS Sanitary Code. I further understand that my child(ren) need(s) an appropriate bathing suit each day for camp. Further, I have reviewed the Aquatics section of the Parent Handbook and/or have had the opportunity to partake in a Parent Orientation to learn of Camp Discovery’s swimming policies.

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**Signature – Parent or Person (s) Legally Responsible**  
**Print Name**  
**Date**
Camp Discovery

EMERGENCY MEDICAL AUTHORIZATION

___________________________________  __________________________________
Child’s Last Name  Child’s First Name

I agree to return all Camp Enrollment Forms, including the Immunization Records Form prior to my child(ren) starting camp. I understand that children may not attend camp until all forms are completed and on file.

**Children who have special health care needs** are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs, they MUST be discussed with the Program Coordinator before entrance in to Camp Discovery.

I hereby release the Cohoes Community Center from any claim arising out of the doctor’s actions. All medical expenses shall be the parent’s responsibility.

Parents Signature ___________________________________________________  Date:______________

Please list any other information that will be helpful in working with your child (i.e. behavior disorders, fears, etc.) __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Allergy/Medical Information Summary**

1. Is your child currently taking any regular prescription medication that is taken at home or at school? Yes ____  No _____
   If “yes”, please list medications, condition for which it is being prescribed and dosage.

   Med ___________________ Dosage ____________ To Treat _______________ Side Effects ___________________
   Med ___________________ Dosage ____________ To Treat _______________ Side Effects ___________________
   Med ___________________ Dosage ____________ To Treat _______________ Side Effects ___________________

2. Does your child have any food allergies or require a special diet? (Note: This is not a food preference question) Yes _____ No _____

   __________________________________________________________

3. Does your child have any medication allergies? Yes _____ No _____

   __________________________________________________________
Camp Discovery
Enrollment Form

Mother or Guardian: __________________________
Cell: __________________________ Work: __________________________ Home: __________________________
Address: _________________________________________________

Father or Guardian: __________________________
Cell: __________________________ Work: __________________________ Home: __________________________
Address: _________________________________________________

Account Ownership

☐ Mother or Guardian
☐ Father or Guardian
☐ Joint Account
☐ Court Ordered.

Information regarding the account will only be shared with the designated parties who are responsible for the account. In cases of a joint account, unless otherwise specified, it will assume to be a joint account between both biological parents. In cases of a court ordered agreement, please furnish us with a copy of the ruling and two accounts will be created reflecting the percentages outlined in the agreement.

Camper’s Name: __________________________

Shirt Size

☐ Youth 6-8
☐ Youth 10-12 ☐ Adult Medium
☐ Youth 12-14 ☐ Adult Large
☐ Adult Small

$180.00 per week $25 per week deposit required (check all that apply)

Week 1: June 26 – June 30

Week 2: July 3 – July 7

Week 3: July 10 – July 14

Week 4: July 17 – July 21

Week 5: July 24 – July 28

Week 6: July 31 – Aug. 4

Week 7: Aug. 7 – Aug. 11

Week 8: Aug. 14 – Aug. 18

Week 9: Aug. 21 – Aug. 25

No Camp July 4th
Camp Discovery

Parent Fee Agreement

1. I understand that my $25.00 deposit per week, per child is **non-refundable** and that camper slots will only be reserved when accompanied by registration form(s) and deposit(s). Deposit(s) will be applied to the weekly fee for each applicable session.

2. I agree to **pay in full** the balance due for each session of camp the week prior to the first day of camp for which my child is registered, or I will forfeit my spot for that session. I understand that no child will be allowed to attend camp until the session fee is paid in full.

3. I understand that for children attending camp because of payment by the Department of Social Services (DSS), the **parent portion** will be accepted as payment in full for the deposit. Deposit is not required.

4. I understand that my child must comply with camp rules and standards of behavior. I agree that Camp Discovery camp staff have the right to enforce appropriate standards of conduct and may suspend or dismiss, without a refund, any camper who poses a physical, emotional, or safety risk to themselves or others.

5. I understand that there’s **no refund** (deposit or weekly fee) for the voluntary withdrawal of a camper due to illness, vacation, or other absence (temporary or permanent), or for the dismissal of any camper.

6. I understand that field trips may be postponed or cancelled without prior notice due to weather conditions, transportation issues, etc., and that alternative, fun activities will be substituted.

___________________________________________________________________
Person Responsible for payment Print Name

__________________________________________ _________________
Person Responsible for payment Signature  Date

<table>
<thead>
<tr>
<th>Camper #1</th>
<th>x $25 = $___________</th>
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<tbody>
<tr>
<td>Camper #2</td>
<td>x $25 = $___________</td>
</tr>
<tr>
<td>Camper #3</td>
<td>x $25 = $___________</td>
</tr>
<tr>
<td>Camper #4</td>
<td>x $25 = $___________</td>
</tr>
</tbody>
</table>

**TOTAL # OF WKS ENROLLED**

**TOTAL DEPOSIT AMOUNT** = $___________

**OFFICE USE ONLY**

| Deposits are deducted from each week of camp for a “Balance Due” amount that is to be received **prior** to that week of camp. In all cases deposits are **non-refundable**. |
| Payment type: □ Cash □ MC/VISA □ Check #____ |
| Employee Initials: __________________________ |
| Date of Payment: ___________________________ |
2017
Parent Handbook

22-40 Remsen Street, Cohoes, NY 12047
Phone: (518) 237-7523    Fax: (518) 237-7524
www.cohoescommunitycenter.org
Mission Statement
The Cohoes Community Center strives to provide quality childcare for parents and children of the City of Cohoes and outlying communities. We believe that parents are the most significant adults in their child’s life and strive to foster mutual respect and open roads of communication between parents and staff.

Our collective goals are to promote the value of education and create a love of learning; to promote positive social interactions and provide children with age appropriate conflict mediation skills; to foster individual self-esteem by creating opportunities for success for your child; to serve as an ally to and resource for the parents of the children in our programs; to promote the educational, social and developmental value of play and to promote healthy life long self help, recreational, nutritional practices to supplement the wellness of your child.

In partnership with our parents, we endeavor to provide a safe, clean, joyful, child oriented program to help prepare today’s children for tomorrow's adult world.

Message from the Camp Discovery Administrator
This handbook was developed not only to meet NYS Department of Health licensing requirements, but to also inform parents of the many policies we must follow that relate to our agreements with the Cohoes City Schools, city, county, state and federal programs. It is Camp Discovery’s expectation that parents will observe all of the policies listed within this handbook. It is our intent to give parents the most concise, accurate, and thorough knowledge of the program, so that they may consult this handbook routinely to answer questions. We understand that each day you will place the very life of your child in our hands. Our expectation is that parents will aid in the overall safety, supervision and structure of the program, by observing all of the program’s policies.

*By receiving this handbook, it is my belief that you will read the handbook in its entirety, so that you become familiar with our policies as well.

Together, we will forge a safe and wonderful summer for your child.

Eligibility
Camp Discovery is a non-discriminatory organization, dedicated to the quality care of school age children grades entering Kindergarten (must be 5 years old prior to the start of camp) through entering 8th grade regardless of race, color, sex, religion, or natural origin.

Organizational Structure
A volunteer Board of Director’s manages the Cohoes Community Center, which in turn is led by an Executive Committee. The Executive Committee consists of a President, Vice President, Treasurer, and Secretary. The remaining members of the Board of Directors are community representatives.

Camp Discovery is sponsored by the Cohoes Community Center. Camp Discovery operates under a permit issued by the Albany County Department of Health. The camp operates under guidelines put forth in Subpart 7-2 of the NYS Sanitary Code. The camp is subject to inspection by representatives of the Health Department, who visit us at least twice during our operating season. Copies of our inspections are on file at the Albany County Department of Health.

Program Employees
Each staff person is subject to an extensive background check through the State Central Registry Clearance System to ensure your child will have a safe and quality environment. The County Health Department has instituted its own background check, further ensuring the safety of your child(ren) and actively assists providers in the screening of staff through DCJS, in accordance with the NYS “Child Safety Act.” By nature of their work, each of the staff is a mandated reporter as required under NYS Department of Social Services regulations Part 419.
**Description of Hours & Services**

Camp Discovery takes place at Abram Lansing and Van Schaick Elementary Schools:

**Abram Lansing**
27 James Street, 150 Continental Ave.
Cohoes, NY 12047

**Van Schaick**
Cohoes, NY 12047

Care is offered for 9 weeks throughout the summer from 7:00am-5:30pm. The dates for the Summer of 2017 are as follows: June 26, 2017-August 25, 2017.

Throughout the nine weeks we will be participating in a rotation of Arts & Crafts, Nature, Science, Drama and Sports Activities. We will also be making use of Abram Lansing’s Park and Pool. Field trip and special event days vary so please refer to the schedule for details each week. Care is $180 per week. Deposits of $25 per week enrolled (per child) are due at the time of enrollment. Fees listed are per child and do not factor in a 10% discount for additional children.

**Registration Procedures Fees & Deposits**

<table>
<thead>
<tr>
<th>“Private Pay”</th>
<th>Forms to be filled out and “on file”</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ A security deposit of $25 for every week enrolled.</td>
<td>✓ Registration packet</td>
</tr>
<tr>
<td>✓ Must have authorization voucher, listing your case number and period of time covered.</td>
<td>✓ Child’s physical &amp; immunization record</td>
</tr>
<tr>
<td>✓ Receiving Day Care Assistance</td>
<td>✓ Fee Payment Agreement</td>
</tr>
<tr>
<td>✓ ✓</td>
<td>✓ Parent Agreement Form</td>
</tr>
</tbody>
</table>

Upon registration all parents will review and sign a **fee payment agreement**. This form will note your security deposit and registration fee. Payments are to be received weekly and **in advance** of service. Payments may be mailed to the Center, paid at the Cohoes Community Center or on site every Thursday. **Please note there is a $35 service charge for any returned checks.** We reserve the right to request cash payments from families after one check is returned for insufficient funds.

**Fees & Absenteeism**

There is no credit for absenteeism in the Camp Discovery program. You will be billed for any weeks that your child/children are enrolled in **regardless of any absences** for that week.

**Fees & Suspension of Services**

As stated above, parent weekly fees are **due one week in advance of your child’s attendance.** Listed below are the **Camp Discovery Fee Policies.**

- Camp Discovery parent fee statements are available at the program site during Week 1 of camp. This statement will reflect all Camp Discovery billing. This is the only statement that you receive. Additional/updated statements are available upon request.
- Payments must be received by the Thursday before the next billing week.
- Checks/money orders should be written to the “Cohoes Community Center” and please include the child’s full name and program in the memo of the check. There is a $35 fee for all returned checks. We reserve the right to request cash, money order or credit card payments after one returned check.
- If parent fees are not paid by the current billing week you will receive a letter stating that may not utilize the Camp Discovery Program until your account is brought to a current status.
- If the account is not brought to a current status as stated above the following will occur: Termination of child care and the remaining balance will be then sent to collections and a $30 collection fee will be added.
- The Cohoes Community Center will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination of service and are subject to small claims court.
Adding/Dropping Weeks
The last date to drop weeks of care and only forfeit your weekly deposit is June 19, 2017. After June 19, 2017 you will be responsible for all accrued charges. Please understand that there is no refund (deposit or weekly fee) for the voluntary withdrawal of a camper due to illness, vacation, or other absence (temporary or permanent), or for the dismissal of any camper.

If an individual would like to add weeks they must be added in writing at least 1 week in advance and a security deposit of $25 per week must be paid to be guaranteed the additional weeks. All added weeks must be preapproved by the Camp Administrator.

Child Care Aid and Employer Reimbursement Programs
Camp Discovery accepts vouchers from the New York State Department of Social Services for child care assistance to families in need. Families receiving subsidized aid are cautioned that their child may only have a certain number of absences. Should excessive absenteeism occur, services may be terminated and any childcare fees not reimbursed through DSS are ultimately the responsibility of the parent/guardian. Camp Discovery also participates in most employer reimbursed child care tuition programs as well.

Meal Policy
Camp Discovery serves no meals. Parents/guardians are required to provide breakfast and a bagged lunch and snack for your child. Camp Discovery is also not a peanut free/safe program. Please notify this program as soon as possible if your child has been diagnosed with a food allergy so that appropriate safeguards can be put in place.

Inclement Weather / Early Close Policy
Our program is prevented by State law from operating when environmental conditions (lights, heat, water) fail. Should a site lose power, lose heat, or have no running water, our program will close. Parents and/or emergency contacts will be contacted to immediately pick up all children from program.

Drop Off and Pick Up Policies
All children must arrive by 8:30am. Campers must be escorted into the building and signed into program by an adult. Campers who are habitually late will not be accepted into camp and care may be terminated.

Children will only be released to those individuals listed on the initial enrollment package. Parents may add or delete “pick -ups” as necessary. No child is allowed to walk home under any circumstances. Children leaving the program are to be signed out by an authorized adult. For the protection of all children in care, identification (photo I.D.) may be requested by staff and cross referenced to your authorized pick up list. Please plan on bringing your I.D. for at least your first several pick-ups. Camp Discovery must be supplied with a copy of a legal and official custody arrangement in order to recognize custody orders. Please make sure all authorized pick-ups are carrying I.D. Also, please do not illegally park or block in other cars or emergency roadways.

Please check with the Camp Administrator if your child will be participating in the Summer Literacy Clinic or City Recreation program to discuss our methods of supervision for campers who spend time outside of Camp Discovery. Please note, the Camp Discovery program cannot be held liable for injuries or other claims arising out of time spent with Cohoes City School District staff.
Late Pick Up fee
In order to compensate staff for additional and unexpected time, Camp Discovery parents are charged a $1.00 late fee for every 1 minute (from 5:30 pm on) a parent is late. The tolerance for late pickups is for Emergency’s only and should not be abused. Please arrange for your child to be picked up by 5:30 pm. If habitual tardiness occurs, termination from the program may follow. The late fee will be charged to your account (if it is not paid at the time of the late pickup). In addition to this if a child is not picked up by 5:45pm and the camp staff are not able to make contact with a parent/guardian or an authorized pick up, or if a parent/guardian refuses to pick a child up from program, the Child Protective Services Hotline will be called and at 6pm the local police department will be notified.

Visitor Control Policies
A “visitor” of the program is defined as any person not employed by the Cohoes Community Center, not a parent of a child enrolled in the program, or not a designee of the parent, authorized to pick up a child. Visitors include, but are not limited to, professional speakers, guests, clinicians, and delivery persons. Visitors arriving to the program must “sign in” listing their name, the date of their visit, the time of their visit, the purpose of their visit and the time of their departure from the program.

Physical and Immunization Records
Current and accurate physicals are an important part of our safety protocols. In an emergency situation, physicals provide up to date shot records and allergies to treating physicians. All families must submit current physicals and immunization records for each year of attendance in Camp Discovery. Failure to provide these documents will result in termination of summer services.

Medication
On your child’s enrollment form, Camp Discovery asked you to list any medications your child will be receiving at camp, as well as, any medications that may be in your child’s system while at camp. In “worst case” scenarios we want to make EMT’s, nurses, physicians, aware of medications in your child’s system. Medications that will be dispensed at camp—whether scheduled or “PRN” (as needed) must:
1. Be in their original container
2. Be accompanied by a note from the child’s physician listing dosage, time, and side effects
3. A note from the parent giving permission to dispense the meds along with a Camp Discovery issued medication consent form.
4. Can only be accepted by the Camp Director or Administrator.
For brevity of this handbook, it is suggested that you contact Camp Administrator for the full medication policy and protocol.

Sun Screen
All children must have their own bottle of sunscreen clearly labeled with their names. Sunscreen is not provided by Camp Discovery. Children are directed to apply sunscreen prior to sun exposure and every 30 minutes thereafter. Children who attend camp without sunscreen may be held back from certain outdoor activities.

Special / Individual Health Care Plan
Should your child have a condition and/or allergy that may require immediate medication to treat, you will be asked to complete a special health care form. This form will ask for the specific diagnosed condition and symptoms of the condition. Our plan of action / response will be listed on this form for easy reference for all staff. In most cases, emergency responders and/or 911 will be contacted first and the parent(s) second.

Special Needs Children
The Cohoes Community Center has a successful record of making a “good fit” for special needs children. Parents are encouraged to talk with the Camp Administrator prior to their child’s start in program to assess our program’s ability to care for their child.
**Illnesses & “Actively Ill” Policy**

Please understand that many of our policies are dictated to us by the County Health Department with the ultimate goal of limiting the transmission of sickness, disease, and infection. At times, as new concerns arise, our Camp in conjunction with the Health Department or unilaterally will institute protocols, guidelines, and rules for the safety of all campers and staff. In these cases addendums to our Health Policy will be issued. Parents who have specific questions or concerns regarding the health & safety of their campers are encouraged and welcomed to contact the Camp Discovery Administrator.

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**DEFINITION OF ACTIVELY ILL**

- Fever of 101 degrees or higher
- A deep constant cough
- Earache or draining from ear & eyes
- Sore throat
- Diarrhea or vomiting
- Head lice and/or nits
- Red runny or matted eyes
- A rash of any kind not diagnosed
- Any suspected communicable disease

**In all cases, Camp Discovery reserves the right to send home any child with suspected or pro-longed symptoms.** It will be the responsibility of the Camp Director to make that determination based on his/her best judgment. When a child is absent due to illness, the parent is asked to contact camp as early as possible. If your child becomes “actively ill” (fever, vomiting, etc) while in our care, the parent/guardian will be notified ASAP and will be expected to pickup the child immediately.

Failure to remove an actively ill child promptly from program will jeopardize continuing care. We appreciate your cooperation in complying with these guidelines. **PLEASE NOTE THAT SOME ILLNESSES WILL PREVENT A CHILD FROM RETURNING TO CARE UNTIL “CLEARED” BY A PHYSICIAN IN WRITING.**

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**Emergency Response**

By regulation no summer camp may operate without an approved safety plan. As we are a traveling day camp, administrative staff have access to local EMS, ambulatory, rescue squad, and “911” numbers for all areas & destinations that we visit.

In addition, our aquatics staff are trained in First Aid and CPR, and we routinely have a number of line staff who are also First Aid and CPR certified.

**Fire Drills**

Fire drills from our base camp, and from the busses, are conducted weekly. All fire drills are logged and available for review by parents and the Albany County Department of Health. In the event you arrive at base camp during an emergency or fire drills, all campers meet in the field behind Abram Lansing School.

**Water Safety and Supervision**

Swimming is an integral part of our camp! All campers are swim tested by our Water Safety Instructor (WSI). In short, during this test the WSI observes each camper’s swimming ability for 25 yards. Campers must demonstrate a refined swim stroke (non-“doggie-paddle” no stopping and “bobbing”) and tread water for up to 10 feet for about 15 seconds. The Aquatics Director reserves the right to determine what activities are safe for the campers during various trips regardless of determined swim level. Campers are classified as:

- **LEVEL 1: NON-SWIMMER** Non-swimmers are restricted to mid-chest level depth of water. They are prohibited from using any diving boards.
- **LEVEL 2: SWIMMER**—Will be marked with a visible marked swim band to show they are a level 2 swimmer.
Also, campers are grouped with “buddies” of the same swim level. Every 15 minutes all swimmers are removed from the pool / lake and physically counted. All “buddies” pair up with one another for this count. Each of the water venues that Camp Discovery attends maintains their own life guard personnel. Camp Discovery, by statute, must also maintain a ratio of guards to swimmers, who are secondary to the onsite life guard personnel. Routinely and especially during times of peak capacity at pools & beaches, camp staff will also be in the water with campers forming human boundaries so that campers don’t wander off and our level 1 swimmer don’t wander too far out.

**Dress Code**
Playing is a busy and sometimes dirty job! **Parents are required to make sure their child has sneakers to wear to promote playground and gym safety.** Throughout the summer, Camp Discovery will be swimming so please send your child EVERY DAY with a bathing suit, towel, sunscreen (clearly marked with their name) and flip flops / sandals (for pool side ONLY). Shorts and t-shirts, cutoffs, etc are not a substitution for a bathing suit. A traditional bathing suit is required. Children without a bathing suit will be sent home from camp for the day. Finally, despite our best efforts, blobs of paint and falls into mud do happen. If you are concerned about a particular outfit, please make sure your child has a change of clothes. If you are concerned about a particular outfit becoming dirty please send your child with a change of clothes. Camp Discovery and the Cohoes Community Center cannot accept liability for lost, stolen or damaged personal property.

**Field Trip and Special Event Modifications**
All special events are on site. Bus departs for field trips at 9am. All campers must arrive by 8:30am. Destinations are not final. Trips may be moved or changed due to capacity, weather or other unforeseen circumstances.

**Personal Belongings**
It is up to the discretion of the Camp Director to allow toys from home in program. In the instances where toys from home are allowed in program, trading toys with other program children is prohibited.

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**Camp Discovery Discipline Policy**

Carried out consistently, fairly and appropriately, discipline will provide necessary structure, safety and order to Camp Discovery. Camp Discovery relies heavily on establishing rules and program routines, finding logical consequences for undesirable behaviors, and mediating conflicts to solve disagreements amongst the children.

In the event that a child’s behavior becomes unsafe to themselves or others, or is inappropriate for the age group served, parents will be notified in the following manner.

**Disciplinary Actions**

**Step 1-Verbal communication**
Each day the Camp Discovery staff will attempt to share with you the multiple parts of your child’s day sharing our concerns or delights.

**Step 2- Written Documentation**
When concerns arise multiple times and we do not feel that we have a solution within the program camp staff will document the situation on an incident report form. This form is used to convey the situation to the parent/guardian in hopes that they will discuss the situation with their child and then communicate their findings to the camp staff.
When serious incidents of behavior occur, whether the camp staff have a reoccurring issue with a child’s behavior, the child is creating serious incidents in which they have the propensity to cause harm to the child’s self, friends, staff or property or we are concerned about the child’s safety, an Incident Report form will be completed. Incident report forms must be signed by a parent or guardian and do become part of the child’s record with our agency.

**Step 3- Suspension /Parent Conferences**

Children whose behaviors or frequency and intensity of behaviors cause staff to spend an inordinate amount of time disciplining the child will be suspended pending a parent conference with the Program Director and Site Director. The goal of a parent conference is to make the parent aware of the child’s behaviors, how those behaviors impact on the safety and/or flow of the program, as well as secure help and input from the parent as to how to deal more effectively with the child.

The Cohoes Child Development Center reserves the right to issue a suspension from program for any child who creates a safety concern through leaving program area, causing injury to other program children or School Age Care staff. The suspension will remain in effect until a conference is held with the parent, the School Age Director and the School Age Site Director.

Upon completion of a parent conference a definitive strategy of intervention and corrective behavior, along with a time line will be established by the Cohoes Child Development Center and the parent and a Behavior Contract will be composed.

Intervention strategies designed to modify the child’s behavior will be monitored by the site staff and Site Directors with daily reports to the Program Director, who will also report to the Executive Director. Parents will be advised daily as to the progress of the plan.

**Step 4- Expulsion from Program**

After the parent conference the child’s behavior will be regularly evaluated. If the behavior is not minimized, corrected, or showing signs of improvement and the child is unable to be a successful participant in the program, the School Age Director will meet with the child’s parent to terminate the child’s enrollment. Documentation of this meeting will be given to the Executive Director and placed in the child’s folder.
I understand that the Camp Discovery Parent Handbook may not cover every issue that arises and as a result creates the need for open communication between camp staff and parents. By signing below, you have been given, read and agree to all of the terms and conditions set forth in the Cohoes Community Center Camp Discovery’s Parent Handbook.

Child’s Name_________________ Parent/Guardian’s Name____________________

Parent/Guardian’s Signature________________________________________ Date_______

Camp Director/Administrator’s Signature__________________________ Date_______