

REGISTRATION OPENS

APRIL 1, 2024



# ART CAMP

**June 24-28, 2024**

**July 22-26, 2024**

**TIME: 9AM-12PM    AGES: 9-15YRS OLD**

Let the creativity flow! Campers will be introduced to different art techniques. They will focus on creating a project for each technique they learn. This fun filled art camp will inspire campers imaginations! Maximum 10 students.

**Smithfield Resident: \$85.00**

**Non-Smithfield Resident: \$110.00**

**Fees include supplies**

**All camp fees are due at time of registration**

600 M Durwood Stepehnson Pkwy, Smithfield, NC 27577

(919) 934-1408

[www.SRAOnline.com](http://www.SRAOnline.com)

# 2024 CAMP POLICIES

## **DISCIPLINE POLICY**

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive, non-violent, and understanding interactions they can develop good self-concept, problem solving abilities, and self-discipline.

## **BEHAVIOR MANAGEMENT POLICY**

The Smithfield Parks and Recreation Department supports and practices the following Behavior Management Policies:

- 1) Quiet Verbal Warning .
- 2) After repeated behavior problems, a written incident report will be given to the parent/guardian.
- 3) Additional behavioral problems will constitute a second written incident report given to parent/guardian and a possible 1-2 day suspension.
- 4) If negative behavior persists, a third written incident report constitutes that the participant will be asked to leave the program and no refund will be given.
- 5) For severe offenses, such as but not limited to fighting, theft, vandalism, possession of a weapon or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately bypassing any of the steps above.

## **CONFIDENTIALITY POLICY**

SPRD/SRAC is dedicated to protecting the confidentiality of all program participants. All participants are encouraged to respect the confidentiality of other participants by not disclosing personal information in public displays such as Facebook, Twitter, etc. SPRD/SRAC staff policy states that employees are not to share personal information about participants outside of the workplace.

## **PAYMENT POLICY**

Must be paid in full prior to the start of camp.

## **WITHDRAWAL AND TRANSFER REQUESTS**

All withdrawals and transfers must be received in writing 7 days or more in advance of the start date of the program. Non-attendance or Non-participation in a program does not entitle a patron a credit/refund of the registration fee.

## **REFUND POLICY**

All requests must be made in writing.

Two weeks or more in advance = Refund minus \$10 administration fee

5-7 days in advance = 50% Refund Minus \$10 administrative fee

No Refund = if not notified by the Wednesday before camp starts

## **ELECTRONIC DEVICES**

No electronic devices are allowed during camp hours(examples: cell phones, MP3 players, gaming devices, etc.)

## **SICKNESS**

If your child is not feeling well or is running a temperature, please keep them at home. Children must be fever free for 24 hours before returning to camp. **Please call and let staff know if your child is not coming to camp.**

## **DRESS CODE**

In order to maintain a positive experience and to focus on the safety of campers, SPRD/SRAC recommends appropriate attire. Campers will participate in an activity where they will get dirty and be around equipment that moves. Campers should wear cool, comfortable clothing that is not too loose, and jewelry should be left at home. Parents will be asked to bring acceptable clothing or will be required to come pick up their child. **Unacceptable attire:** Shirts with spaghetti straps; clothing that displays drugs, alcohol, tobacco or gang references; excessively loose pants or shirts; revealing clothing.

## **LATE PICK UP POLICY**

Participants that are picked up late from the closing time of camp will be charged a late fee. The fee is as follows: Once the parent is 10 minutes late a \$5.00 fee will be charged per family. An additional \$1.00 will be added every minute past 10 minutes late. Payment is due at the time of late pick-up. Habitual tardiness could result in participant's dismissal from the program

## **LOST ITEMS**

The Smithfield Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs.

**(Parents, please retain this for your records)**

# Art Fun for Everyone!

(One form per camper-copy as needed)



Camper Name: \_\_\_\_\_ Gender \_\_\_\_\_  
 (First) (Last)  
 Age: \_\_\_\_\_ (As of June 1, 2024) Date of Birth \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (if parent can not be reached): \_\_\_\_\_  
 Contact #: \_\_\_\_\_

DATES OF CAMP	FEE	Total
	Resident/Non-resident	
June 24-28, 2024; 9am-12pm	\$85/\$110	
July 22-26, 2024: 9am-12pm	\$85/\$110	
	<b>Total:</b>	
Less 10% (SRAC Member):		
<b>Total Due:</b>		

*All fees are paid in FULL and due at time of registration.*

I understand that the Smithfield Parks and Recreation provides no insurance coverage for the campers. By signing below I agree that I have read, understand, and agree to the Smithfield Parks and Recreation Department/SRAC Summer Camp program policies. By signing below, I am acknowledging that my camper is physically capable of participating in camp activities and the information that I have provided on the Camper Information Form is correct.

**Release and Indemnity Agreement:** I understand that in sports and recreational activities there are incidents of accidents and injury. I allow my child to participate voluntarily in these activities. I have received and read the camp policies agreement and understand its contents. I release and agree to hold harmless the Smithfield Parks and Recreation Department, the Smithfield Recreation and Aquatics Center, and the Town of Smithfield from any claims arising out of injury to my child.

**SIGNATURE IS REQUIRED TO COMPLETE THE REGISTRATION PROCESS**

\_\_\_\_\_  
 Camper Name Parent/ Guardian Signature Date

<b>Department Use ONLY</b>				
Registration Paid:	Date: _____	Receipt# _____	Cash/Check # _____	Credit Card V/MC
Please check all that have been received:    Registration Form    Camper Information Form    Medical Forms				
Staff Name: _____		Date: _____		

# 2024 Camper Registration



One form per camper-copy as needed)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ (As of June 1, 2024) Date of Birth \_\_\_\_\_

## **Parent / Guardian Information**

**Mother/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary # \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_ Secondary # \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

**Father/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary # \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_ Secondary # \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

**Town of Smithfield Resident** Yes \_\_\_ No \_\_\_

## **Emergency Contact (Other than Parent/ Guardian) If Parent/Guardian Can't Be Reached**

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

Primary # \_\_\_\_\_ Secondary # \_\_\_\_\_ Other# \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

Primary # \_\_\_\_\_ Secondary # \_\_\_\_\_ Other# \_\_\_\_\_

The Smithfield Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation, the more time we have to make reasonable accommodations to improve a camper's recreation experience with us. *To aid staff in making accommodations, registrations should be received two weeks prior to the start of a program.*

**Special Medical Circumstances:** (ex. cancer, physical disabilities, blindness, deafness, or diabetes) The Smithfield Parks and Recreation Department recommends that parents or guardians consult their camper's pediatrician, or health care professionals to assess their camper's illness to take part in our camps. It is required that parents or guardians provide in writing any additional instructions for their camper. The written instruction should be developed with the assistance of their camper's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.