

PICNICS, PUMPKINS, AND PARKS, OH MY!



UNION FALL BREAK CAMP 2018
JEFFERSON ELEMENTARY



WHERE: Jefferson Elementary 8418 S. 107th E. Ave., Tulsa, OK 74133

PHONE: 918-357-6678

TIME: 7:00 a.m. – 6:00 p.m.

COST: Pre-K \$105 + \$30 Activity Fee (non-refundable) K – 5th \$95 + \$30 Activity Fee (non-refundable)

LICENSED CAPACITY: 150 STUDENTS (PRE – K LIMITED TO 30 STUDENTS)

WHO IS ELIGIBLE: Currently enrolled Union students Pre-K through 5th

MAIL OR HAND CARRY Enrollment Form and fees to the Education Service Center at 8506 E. 61st St., Tulsa, 74133. Attach a check or money order. If enrolling by mail, please indicate on outside of envelope: **ATTN: EDP Camp Enrollment.**

Education Service Center Office Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.

Activity fees are non-refundable. There will be no exceptions.

You must be pre-enrolled and pre-paid to attend. Please see attached.

IMPORTANT: Enrollment is limited to a DHS licensed capacity of 150 - first come, first served (30 for Pre-K). If enrollment reaches 150 students, camp enrollment will be closed immediately **(which may occur before the deadline)**. **Submit your enrollment ASAP - do not delay!** If you have a past-due EDP balance, you may not enroll in camp until your account is current. If you have additional billing questions, please e-mail the finance office at accts.rec@unionps.org or call the finance office at 918-357-6086. For questions regarding camp, call the EDP office at 918-357-6030.

We ask that your child is dressed appropriately for current weather conditions, as we will have outside activities. Thank you!

ENROLLMENT FORM, CAMP PAYMENT & NON-REFUNDABLE ACTIVITY FEE

**DUE: Tuesday, October 9, 2018, by 5:00 p.m. at the Education Service Center- 8506 E. 61st St. Make checks or money orders payable to: Union Public Schools:
Attention: EDP Fall Break Camp**

1. **CAMP FEES MUST BE PRE-PAID.**
2. **ACTIVITY FEES ARE NON-REFUNDABLE. NO EXCEPTIONS.**
3. **NO REFUNDS OR CREDITS ARE GIVEN AFTER DEADLINE DATES.**
4. **IF A PARENT/GUARDIAN IS LATE IN PICKING UP HIS/HER CHILD, A LATE FEE OF \$5.00 WILL BE CHARGED AFTER 6:00 PM, (WITH AN ADDITIONAL \$1.00/MINUTE AFTER 6:05 PM).**
5. **PRE-K STUDENTS WILL NOT GO ON FIELD TRIPS. ALTERNATE ACTIVITIES WILL BE PLANNED AT CAMP.**
6. **BREAKFAST AND AN AFTERNOON SNACK ARE INCLUDED AS A PART OF YOUR CAMP FEES.**

FALL BREAK CAMP

PICNICS, PUMPKINS, AND PARKS, OH MY!

OCTOBER 17 - 19, 2018



WEDNESDAY – Today, we put the park into our theme! So **pack your lunch** and make sure to dress for the weather since we will be outside all day! While at Hunter Park, we see what the catch of the day is while fishing (poles provided). Yellow is the color of the day. Wear a yellow shirt to celebrate this beautiful fall color (not mandatory). We leave camp at **9:00** and return around **4:30**. **We serve breakfast from 8:00 – 8:30.**



THURSDAY – Today, we put the picnic into our camp! Fun and games at the park and a hot dog lunch! **No lunch needed today!** What more could you ask for on a picnic? **Dress for the weather** since we will be outside all day. Orange is the color of the day. Wear something orange (not mandatory). Please arrive to camp no later than **8:30** for the field trip. We will return around **3:30** that afternoon. **We serve breakfast from 8:00 – 8:30.**



FRIDAY – Today, we will finish off our camp with the pumpkin portion of our week! We are heading out to Pleasant Valley Farm's pumpkin patch to pick a pumpkin. So, **pack your lunch** and **dress for the weather**, since we will be outside all day! If you have a Red Union shirt do not forget to wear it today, since red is the color of the day. Please arrive to camp no later than **8:30** for the field trip. We will return around **3:30** that afternoon. **We serve breakfast from 8:00 – 8:30.**

REMEMBER TO DRESS FOR THE WEATHER, SINCE WE WILL BE OUTSIDE EVERY DAY!

NOTICE TO PRE-K PARENTS!

- PLEASE BRING A BLANKET AND A CHANGE OF CLOTHING, IN CASE OF AN ACCIDENT.
- PRE-K STUDENTS WILL NOT GO ON FIELD TRIPS. ALTERNATE ACTIVITIES WILL BE PLANNED AT CAMP.



UNION FALL BREAK ENROLLMENT 2018

JEFFERSON ELEMENTARY

School your child attends: _____ Grade: _____

Check one: My child is currently enrolled in EDP _____ My child is not currently enrolled in EDP _____
 \$ _____ Check # _____ Other _____ DHS: _____ Yes \$ _____ Co-pay _____ DHS Verification _____

STUDENT'S FULL LEGAL NAME (Please print) _____ Date of Birth _____ GENDER: _____ M _____ F

LAST FIRST M.I.

EMAIL ADDRESS (IF AVAILABLE) _____

MAILING ADDRESS _____ (INCLUDE CITY AND ZIP CODE) _____ HOME PHONE _____

FATHER / GUARDIAN _____ WORK PHONE _____ CELL PHONE _____

MOTHER / GUARDIAN _____ WORK PHONE _____ CELL PHONE _____

Persons to Contact for Pick Up in Emergency Should Parent or Guardian be Unavailable (In order of preference):

First Last Relationship to Child Work Phone # Cell Phone # Home Phone #

First Last Relationship to Child Work Phone # Cell Phone # Home Phone #

First Last Relationship to Child Work Phone # Cell Phone # Home Phone #

_____ I understand that the activity fee is non-refundable and that camp fees are non-refundable after the Tuesday, Oct. 9, 2018, deadline date.

I give permission to use my child's name/image in district publications. Yes _____ No _____

I understand that DHS Selecting Quality Child Care – A Parent Guide (DHS Pub 87-91) and Licensing Requirements for Child Care Programs (DHS Pub 14-05) are available in the Parent Resource area at each site.

APPLICATION CONTINUED ON BACK

MEDICAL INFORMATION

Will student take medication during Camp? YES ___ NO ___ What type and when? _____

A medication form must be on file at camp in order for medicine to be administered.

PHYSICIAN/CLINIC: _____

Name	Address	City	State	Zip	Phone #
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DENTIST: _____

Name	Address	City	State	Zip	Phone #
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Hospital Preference: _____

Health: Does the student have any chronic medical condition necessitating medication or avoidance of allergies? Yes No

If yes, please specify: _____ Special attention required: _____

Does your child have any specific needs involving routine care, behavior modifications, communication, activity, eating or diet?

Yes No If yes, please describe:

Does your child have any other special considerations that would assist this program?

Yes No If yes, please describe: _____

I hereby authorize any licensed physician or medical center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature _____

Date _____

Please list any additional information regarding your child that would be beneficial during field trips or other activities during camp, i.e., allergies, physical limitations, etc.

RELEASE OF LIABILITY AND FIELD TRIP PERMISSION**

_____ (Print name of participant) has my permission to attend all field trip(s), including the following high-risk activities: Haikey Creek Park picnic, fishing at Hunter Park, and Pumpkin patch during camp. Field trip ratios for high-risk activities are 1 staff for every 7 five-year-old students and 1 staff for every 10 students six years and older. Staff are CPR and First Aid trained. Safety rules are reviewed before every field trip. The Camp Co-Supervisor or other designated Master Teacher will lead each field trip.

I (We) hereby acknowledge and attest to the inherent risks of our child's participation in the Camp Program. I (We) do hereby state that my child is in sufficient physical health and condition to participate in the camp events. I understand that participation in this program is strictly voluntary and that I freely choose to permit my child to participate in the Program and events. Furthermore, I (we) understand that Union Public Schools does not provide medical coverage for my child and acknowledge and attest that I (we) will be responsible for any medical costs incurred as a result of injury or illness due to my child's participation in the Program and events.

Parent Signature _____

Date _____

PARENTS: Additional field trip information will be available at the campsite.

****PRE-K STUDENTS WILL NOT GO ON FIELD TRIPS. ALTERNATE ACTIVITIES WILL BE PLANNED AT CAMP.**