



TRAILBLAZERS

Summer Camp 2021



Registration Packet



**Registration Packet for New
Families
Welcome to Trailblazers!**



Welcome to TRAILBLAZERS Summer Camp 2021!

Our summer adventures will take us to places far and near, real and imaginary. We are thrilled you have decided to come along for the ride!

Our summer a camp is set up so that parents can truly design their own summer. We know that parents and kids are very busy; our camp is structured so that you only pay for the days that you select to attend, such as one day a week, one day a session or one day a summer. **Do pay attention to the details about schedules; because once you submit your schedule, you will be billed for the days that you selected.** You will have the freedom to set up your schedule the way that best fits your families' interest. We have done our best in scheduling a wide range of activities. You just have to circle the days on the calendars and return them to Peace of Mind.

While at Summer Camp 2021, your child will receive care of the highest quality, stressing a safe, secure environment; a nurturing, professional team of staff; and the finest educational and fun experiences. Each child's day includes individual attention, time with friends, outdoor play, and a variety of opportunities. Each member of our team, each aspect of our program, is dedicated to empowering children to be the best that they can be.

What do we have to offer kids this summer?

We are blessed with ten beautiful acres for exploring right here at home, plus access to Woodbury's bike trails right from our site. We have an obstacle course and wooded lot right behind us, great for exploring and building all kinds of camps and forts; a large space for gardening; a ball field for outdoor sports, a full size gymnasium for a variety of activities, a library with over 7,000 books and access to outstanding technology. We have awesome lunches/snacks and opportunities for kids to help prepare their own meals. Friendship building opportunities; character building opportunities, and opportunities to simply be kids, in a safe environment surrounded by caring, professional adults who have that one thing that kids crave the most, TIME!

Program Overview

With a new theme each week there will always be something exciting on the horizon. Our field trips are designed for enrichment, entertainment, but most importantly...FUN.

Daily Schedule: *NOTE: check the calendar for field trips which will alter this daily routine

7:30 a.m. - 8:00 a.m.	Overlook – Computer time/free play with games, puzzles, reading in the loft
8:00 a.m. - 8:30 a.m.	Breakfast in the Cafeteria (when finished with breakfast – games, activities, arts & crafts)
8:30 a.m. - 9:00 a.m.	Overlook - free choice – games, puzzles, toys, arts & crafts centers
9:00 a.m. - 9:30 a.m.	Morning group time – introduction of the theme/Set up of the day's activities
9:30 a.m. - 10:30 a.m.	Group Game (First group game of the day)
10:30 a.m. - 12:00 p.m.	Projects Outside (art, technology, science, math, literacy, music) Includes at least 30 minutes of outside time.
12:10 p.m. - 12:30 p.m.	Lunch- provided according to menu or students <u>MAY bring a bag lunch if desired *</u>
12:30 p.m. - 1:00 p.m.	DEAR time (Drop Everything & Read)
1:00 p.m. - 3:00 p.m.	Afternoon Activity (crafts, cooking, science, technology with Ipads, Smartboards or computers, Math, Engineering, Art)
3:00 p.m. - 3:30 p.m.	Snack- students will often make their own snacks – all ingredients provided by POM
3:30 p.m. - 4:30 p.m.	Outside time – group games outside (kick ball, baseball, soccer, t-ball, softball, volleyball, bocce ball, track, tennis, tetherball, long walks, bike rides).
4:30 p.m. - 5:30 p.m.	Kids' Choice (free play outside or inside depending on weather)
5:30 p.m. - 6:00 p.m.	Gym (time in the POM gymnasium – use of "Beam" entertainment system

Please see our bag lunch requirements

*Care may be available before 7:30 and after 5:30 if needed. Check with the camp staff upon enrollment if you need extended- hours care! (Most campers attend between 7:30-5:30 and kids enjoy the programming the most if they are with their fellow campers!

Bag Lunch Requirements

If students ARE to bring a bag lunch from home, it must contain:

1 cup of milk (or students can get milk here).

At least:

2 fruits/vegetables $\frac{3}{4}$ cup each

1 slice whole grain bread or $\frac{3}{4}$ whole grain cereal or $\frac{1}{2}$ cup pasta noodles or grains

1 meat or meat alternate=

2oz. meat, poultry, fish or cheese or 1 egg or $\frac{1}{2}$ cup cooked dry beans or peas or 1- 8oz serving of yogurt

*All items must be peanut free

Program Location and Times

Summer camp will be held at Peace of Mind (9025 Tamarack Rd, Woodbury, MN), beginning June 7th and ending September 3rd. Official camp time is 7:30am until 5:30pm daily. Campers may be dropped off as early as 6am or stay as late as 6pm if special arrangements are made with program administrators.

Attendance and Payment Liability

Our program is set up to be extremely flexible for kids and parents so that kids may participate in a variety of activities if they choose. Please pay close attention to the attendance and payment policies. The summer camp is completely separate from the before and after school program that is offered during the school year. The summer is divided into three, four week sessions. We ask that you please turn in the upcoming session calendar by the following dates: **MAY 21st for June; JUNE 18th for July; JULY 16th for August.** This allows us time to staff and finalize field trip participation.

Due to the flexibility to pick and choose the days you wish attend on a per session basis, tuition will be charged for all scheduled days, once the schedule has been submitted. Any day that a child is registered for the summer camp, you are liable for payment of that day plus additional expenses (i.e. field trips) even if your child is absent.

Academic Coaching

Keep up on those important summer learning skills, such as reading, writing, and mathematics. We will have teachers available throughout the summer to offer academic coaching. Please contact Nikki Robbins at nrobbins@peaceofminddaycare.com to schedule your child's time for academic coaching.

We plan to offer the best environment for creating summer memories that your kids will be talking about for weeks and maybe even months after the sessions. There are lots of opportunities for extended family to participate in our adventures. We love having chaperones for our field trips and invite you to share your time and talents in whatever way best fits your schedule. If you are new to the camp, we are very anxious to meet you and are eager to see all of our returning Trailblazer friends.

Each session has its own calendar that you turn in on the requested dates. We look forward to you enjoying the summer with us and having the BEST summer ever!

Sincerely,

Nicole J. Robbins
Nicole Robbins
Founder

Child Emergency/Health Information Form

Child's Name _____ Birth Date _____

Child's Address _____
City _____ Zip Code _____

Child's Home Phone _____

Parent/Guardian's Name _____ D.O.B. _____

Address (if different from child's) _____

Place of Employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

Parent/Guardian's Name _____ D.O.B. _____

Address (if different from child's) _____

Place of Employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

Who most likely will be dropping your child off in the morning?

Name _____ Relationship _____

Who most likely will be picking your child up in the afternoon?

Name _____ Relationship _____

EMERGENCY CONTACTS: If we are unable to get a hold of you directly, who could we contact in case of an emergency?

*****STATE LAW REQUIRES THAT YOU LIST AT LEAST TWO LOCAL CONTACTS OTHER THAN YOURSELVES*****

NOTE: Emergency contacts must also be authorized to pick up your child in an emergency.

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Is there anyone else not previously listed who you would like to have permission to pick up your child?

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

Is there anyone who does **NOT** have permission to take your child from school?

Name _____ Relationship _____

Name _____ Relationship _____

PLEASE NOTE: A copy of the court decision must be on file in order for the school to not release a child to his/her non-custodial parent.

Physician's Name/Clinic: _____

Physician's Address _____

Physician's Phone _____

My child takes the following medications: _____

This medication affects my child in the following way(s): _____

My child is **allergic** to the following foods/and has the following special diet instructions: _____

My child has special health concerns as follows: _____

I hereby give Peace of Mind permission to have access to my child's medical records:

Parent/Guardian signature

Dentist's Name _____

Dentist's Address _____

Dentist's Phone Number _____

Note: If you do not have a dentist please check yes below to allow us to list Peace of Mind's preferred dentist, Woodbury Smiles, as your child's dentist.

Yes ___ No ___

(if no, please list your own preferred dentist even if your child has not yet been seen)

Parental Permission Form

PERMISSION FORM FOR: _____
(Child's Name - you may list more than one child on this form)

EMERGENCIES:

I hereby grant permission to the Peace of Mind staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child. I agree to be responsible for any charges which may occur as a result of any treatments administered to my child. I give permission to the Peace of Mind staff to call 911 on behalf of my child in a medical emergency.

Signed: _____ Date: _____

NAME RELEASE:

I give my permission to have my child's name, phone number and home address on the class roster to be distributed to parents of children in the class and to staff and board members. (i.e.: School Directory, Valentines list, play list with phone numbers, etc.)

Signed: _____ Date: _____

- I grant permission; however, I would like to be notified prior to each release of this information.

PHOTOGRAPHS:

I hereby give my permission for my child to be photographed in the program, program functions and field trips. I understand that these photos will appear in the following places: The Woodbury bulletin, The Woodbury Magazine, Kare 11, the local paper, Peace of Mind social media pages and the school website or for future use in school advertising or brochures. I understand that my child will not be identified by name unless my permission is specifically granted to identify my child by name. I understand that the photographs may be taken by school staff, professional photographers & other parents.

Signed: _____ Date: _____

IMPROMPTU WALKS & BIKE RIDES:

I hereby give my permission for my child to go on impromptu walking field trips and bike outings in the neighborhood, specifically along the bike paths, in the woods behind the school, to the park, near Interlachen and other nearby neighborhood locations. I understand that all locations will be within a seven mile radius of the school unless a special permission slip is given with specific details. I will be asked to send in my child's bike and helmet for bike outings.

Signed: _____ Date: _____

Movies:

I hereby give my permission for my child to watch G and appropriate PG movies in Trailblazers.

Signed: _____ Date: _____

Consent for Non-Prescription Medication

PLEASE NOTE: This form is for summer camp use only.

CHILD'S NAME _____
(Each child requires a separate form)

Child's Date of Birth _____

I hereby give Peace of Mind Early Education Center permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container:

Soap

Sunscreen - Is your child allergic to any brands of sunscreen? If yes, Which brand(s)?

Note: We are required to apply sunscreen twice each day.

Bug Spray

Lotion - We use Renu by Melaleuca

Other (please specify)

Please Note: Note: we do not keep medication on hand for each individual child, but if this form is on file and your child develops a fever, we will call you to receive your permission to give either Tylenol or Motrin.

Signature _____

Date _____ Child's Parent/Guardian

Please indicate proper dosage for any fever reducing medications authorized

Name of medication	Child's Weight	Dosage	Physician Initials

Please return this form to:
Peace of Mind Early Education Center
9025 Tamarack Rd
Woodbury, MN 55125
651-731-9100 fax

Peace of Mind's Home Environment and Social Development

Child's Name: _____

List brothers and sisters:

Name	Sex	Date of Birth

Who lives in the home with your child?

Name	Relationship

What is the primary language spoken in your home?

How does your family define your family culture, race, religion?

What special family traditions, values or beliefs do you practice in your home?

How often does your child play with friends? (daycare, Sunday school, athletics, dance, etc.):

Describe your child's experience with other children:

Medical history

Allergies:

Food	Medicinal

*Any special diet preferences that are not actual allergies (i.e. no dairy, vegetarian, gluten free)? (Note: Peace of Mind may request a physician's note in order to accommodate certain special diet requests)

Note: Peace of Mind is happy to honor and accommodate special diet requests. For no milk or an almond or rice milk substitute, a doctor's note is required for children under two years of age.

Is your child on any regular medications (please circle): YES or NO and if yes, please list the medications they take:

If yes, how does it alter your child's behavior?

Has child had any surgery or bone fractures?

Has physician ever been consulted with regard to speech, hearing or vision problems?

Are there any health problems in the family? Please describe how it may affect your child. (i.e. parent has a chronic illness, or grandparent or sibling illnesses)

Has your child had any contagious diseases? If yes, please list:

Tell us a little about your child.

Sleep Routine

Length of time _____
(hours and minutes)

- My child no longer takes naps _____ (please initial)
(Note: we do ask kids to be quiet/still on a cot until the summer before Kindergarten. Twenty minutes of quiet time is expected and then kids who do not sleep may get up off their cots.)

Night time Routine: In bed at: _____ p.m.

Asleep at: _____ p.m.

Up around: _____ a.m.

Toilet Training

Is your child potty trained? (Please circle): YES OR NO

What does child say for urination?
Bowel movement?

Behavioral Tendencies

What redirection practices are used in the home?

In what particular ways can we help your child this year? List a couple of goals, and we will discuss this further at conferences.

Anything else you think would be helpful in caring for your child?

**Peace of Mind' s Summer Program
REGISTRATION FORM**

Camper Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Gender _____ Grade Entering Fall 2021 _____

Parent/Guardian Name _____

Phone (home) _____ (work) _____ (cell) or cell (s) _____ Email (s) _____

Option 1

FULL TIME ENROLLMENT OPTION – ALL SUMMER -FULL TIME-

➤ Choose this option for 5 days a week – all 3 months of summer

YES, PLEASE ENROLL MY CHILD FOR ALL OF THE SUMMER CAMP EVENTS-ALL SUMMER LONG!

NOTE, please sign and return the separate field trip permission slip with the summer events and permission slip. Available in May.

PARENT/GUARDIAN AUTHORIZATION EXPLANATION OF FEE PAYMENT

In signing this form I agree to the following:

- (1) For my child to participate in all camp activities, for my child to be transported by Peace of Mind for approved out-of-camp activities and for the release of medical records in case of injury or illness.
- (2) I hereby certify that my child does not have any allergies or other medical conditions that camp staff should be aware of, or that if they do, I have returned the necessary medical forms, alerted camp personnel, and met with camp staff to provide proper training for the care of my child;
- (3) I understand that camp is closed on July 3rd and August 26th and full time camp fees apply for these holidays.

Both parents please sign if two custodial parents.

SIGNATURE OF PARENT

SIGNATURE OF PARENT

Option 2 - PART TIME

ENROLLMENT OPTION-

Choose this option for anything besides 5 days a week, for all 3 months of summer YES, I have enclosed my enrollment, for less than full time, and will return a schedule of the days my child will attend during summer sessions, I, II and III .

In signing this form I agree to the following:

- (1) For my child to participate in all camp activities, for my child to be transported by Peace of Mind for approved out-of-camp activities and for the release of medical records in case of injury or illness.
- (2) I hereby certify that my child does not have any allergies or other medical conditions that camp staff should be aware of, or that if they do, I have returned the necessary medical forms, alerted camp personnel, and met with camp staff to provide proper training for the care of my child;
- (3) I understand that camp is closed on July 5th and September 1st and full time camp fees apply for these holidays.

Both parents please sign if two custodial parents.

SIGNATURE OF PARENT

SIGNATURE OF PARENT

A non-refundable deposit of \$75 per child is required for each camper's registration. Make your check payable to Peace of Mind and return it to our front desk or register & pay online at peaceofminddaycare.com or mail to:

Peace of Mind Daycare
Summer Camp 2021
9025 Tamarack Road
Woodbury, MN 55125
651-731-2608