



• SWIM & RECREATION CLUB •

PRESCHOOL KIDS CAMP - Summer 2021 -

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Samena Swim and Recreation Club

15231 Lake Hills Blvd. Bellevue, WA 98007

Phone: **(425) 746-1160**

www.samena.com

Preschool Coordinator: Sherie Dunn, ext.140, sheried@samena.com

Program Director: Jason Menia, ext. 117, jasonm@samena.com

S A M E N A
• SWIM & RECREATION CLUB •
PRESCHOOL KIDS CAMP 2021

Kids Camper Parents:

Welcome! We are excited to have your child join us! This summer is 10 weeks long and we have an action-packed variety of camp themes that are certain to be enjoyable. We will make lots of great memories along the way!

To ensure a successful Kids Camp experience, we suggest your child wear their swimsuit under their play clothes and tennis shoes for active play. Also, please bring a snack and towel each day in a tote bag marked with your child's name on it. Optional recommended items include: sun block (applied before attending), hat/visor, water bottle, and anything from home related to the theme of the week. Valuables should be left at home.

Because your child is special, we have a daily plan within each weekly theme that incorporates the following: getting to know and appreciate your child's unique personality and talents, acquainting them with new friends, playing fun games, singing songs, creating art projects, enjoying wading pool activities, and having fun! Our goal is to give attention to the needs of your child and provide a safe, enriched environment. We look forward to having your child in our program.

Sincerely,

Sherie Dunn

Preschool Coordinator

Ext 140. sheried@samena.com

Registration Requirements:

- Children must be a minimum of 3 years old and fully toilet trained by the first day of camp.
- Camp requires a minimum of 6 campers; a maximum of 30 campers, with a camper to leader ratio of no greater than 10 to 1.

Swimming & Appropriate Attire:

- Children wear swimsuits under their garments (or as camp attire) to allow quick and easy transition from classroom activities to the wading pool.
- If a child is not swimming on a particular day, parents should pick up their child 30 minutes early, as there are no alternative activities planned apart from swimming (unless we do not swim due to inclement weather).
- Tennis shoes or strap on sandals are best suited for active playtime. Aqua sox are suggested for tender feet in the pool.
- Open wounds or bandages are not allowed in the Samena pools.

Program Notes:

- Parents/Guardians must sign children in and out daily (full signature).
- Parents/Guardians are to pick up children from the wading pool daily (weather permitting) prior to the program ending time of 12pm or 4pm. Parents dress children after wading pool activities.
- Prompt arrival is appreciated and necessary for staff to prepare for their next class. A \$10 fee will be charged for each 10 minute increment that you are late. This fee is payable prior to leaving that day.
- Parents should pack a snack and drink for daily snack time.
- Sunscreen is highly recommended and should be applied prior to attending camp.
- All personal items should be labeled and only camp-related items should be brought to camp.
- Aggressive or dangerous behaviors will not be tolerated.

SAMENA PRESCHOOL KIDS CAMP 2021

REGISTRATION & CANCELLATION POLICIES/AGREEMENT

Parent Duplicate Copy

A copy of this form must be read & signed at time of Registration in-house or accepted during online registration.

1. A \$50.00 deposit will be collected to reserve each kids camp week, though payment in full is always welcomed.
2. Each \$50.00 deposit is **non-refundable** but may be transferred to another kids Camp week prior to **Sunday May 30, 2021**. On Monday, May 31 and any day forward, deposits are **non-refundable** and **non-transferable**. Any switches or cancellations must be made in writing by email to frontd@samena.com.
3. If you choose to pay originally with deposits, the weekly total camp fee balance must be paid **two weeks** prior to the camp start date.
4. Cancellations made up to **14 business days** prior to the camp date will be given a Club credit less the non-refundable/non-transferrable deposit per child.
5. No refunds or Club credits are available when cancelling less than **14 business days** prior to the start date. Balances may be transferred based on availability less the non-refundable deposit.
6. There is no Club credit or refund provided once a camp has begun.

If you have any further questions regarding the cancellation policy please contact:
Sherie Dunn by phone at 425-746-1160 ext. 140 or by email at sheried@samena.com

I have read, understand, & agree to the Registration and Cancellation Policy as stated above.

Parent Copy to Keep. Signed original at time of registration.

Preschool Kids Camp Medical Form

Last Name: _____ First Name: _____ Middle: _____

Birthdate (MM/DD/YYYY): _____ Nickname? _____

Street Address: _____ City: _____ Zip Code: _____

Child's Parent/Guardian Name(s): _____

Cell Phone: _____ Home Phone: _____ Additional Phone: _____

(Alternate) Street Address: _____ City: _____ Zip Code: _____

Address of where we can reach you while child is in care: _____

Authorized Pick Up

(Fill in below line) Name / Relationship: _____ Address: _____ Telephone Numbers: _____

(Fill in below line) Name / Relationship: _____ Address: _____ Telephone Numbers: _____

(Fill in below line) Name / Relationship: _____ Address: _____ Telephone Numbers: _____

(Fill in below line) Name / Relationship: _____ Address: _____ Telephone Numbers: _____

In case of an emergency, I give permission for any of the following individuals to be contacted, and my child may be released to any of them:

Parent Signature: _____

Name / Relationship: _____ Phone Number: _____

Name / Relationship: _____ Phone Number: _____

Who does not have permission to pick up your child? If applicable: (A copy of supporting court document must be on file)

Name: _____

Reason: _____

If more, please attach separate sheet

Child's Health Information

Child's Health Care Provider:

Phone Number:

Date of Child's Last Physical Exam:

Street address:

City:

Zip Code:

Special health problems? Yes or no? If yes, please specify :

Allergies, including drug reaction Yes or No? If yes, specify:

Child's Medical Insurance

Insurance Company:

Member/Policy Number:

Policy Holder Name:

Employer Name:

Insurance Company:

Member/Policy Number:

Policy Holder Name:

Employer Name:

Consent to Medical Care, Treatment of Minor Children, and Program Waivers

I _____ (Parent / Legal Guardian) hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified staff member at Samena Club. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent of such treatment. I give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I give permission for him/her to participate in the Samena Club's Children's Program activities and outings which may include transportation for offsite activities.

I provide permission for the Samena Club to use any pictures of my child in future promotional purposes for the Samena Club only (photos will not be sold) unless denied in writing and attached to this form.

Signature of parent or legal guardian: _____ Date: _____

Printed name of parent or legal guardian: _____