



• SWIM & RECREATION CLUB •

# Preschool Kids Camp - Summer 2023 -

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**Samena Swim and Recreation Club**

15231 Lake Hills Blvd. Bellevue, WA 98007

Phone: (425) 746-1160

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

Preschool Coordinator: Rebecca Luke, ext.140, [rebeccal@samena.com](mailto:rebeccal@samena.com)



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## PRESCHOOL KIDS CAMP 2023

### 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 fun for all. 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 **nut-free** snack and towel each day in a tote bag/backpack marked with your child's name on it. Optional recommended items include: an extra change of clothes (and swim suit) and water bottle. Please leave valuables and personal toys at home.*

*In order to make the most of our time at camp, we have a daily plan within each weekly theme that incorporates the following: getting to know your child, acquainting them with new friends, playing fun games, singing songs, creating art projects, enjoying the wading pool, and just plain having fun! Our goal is to give attention to the needs of your child and provide a safe, enriching environment. We look forward to having your child in our program!*

*Sincerely,*

Rebecca Luke

Preschool Coordinator

Ext 140. [rebeccal@samena.com](mailto:rebeccal@samena.com)

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### 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 24 campers, with a camper to leader ratio of no greater than 8 to 1.

### Swimming & Appropriate Attire:

- Children wear swimsuits under their play clothes (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 must pick up their child 30 minutes early, as there are no alternative activities planned apart from swimming.
- Tennis shoes or strap on sandals are highly recommended for active playtime.
- Open wounds or bandages are not allowed in the Samena pools. Please be sure that if your child has any major wounds, they are picked up before swimming, and that all bandages that are not necessary are removed before dropping off, so we avoid bandages in the pool.

### Program Notes:

- Parents/Guardians must sign children in and out daily (full signature).
- Parents/Guardians must arrive to pick up children from the wading pool prior to the program ending time of 12pm or 4pm. Parents are responsible for dressing children after wading pool activities unless they are staying for Lunch Bunch.
- Prompt pick-up 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 hearty, **nut-free**, snack and drink for daily snack time. They play hard and work up an appetite!
- Sunscreen is highly recommended and *must 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 2023

## 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 may be paid to reserve each Kids Camp week, though payment in full is always welcomed. A credit card guarantee saved to your Samena account is required to put down deposits.
2. Each \$50.00 deposit is **non-refundable** but may be transferred to a new Kids Camp week for the same camper prior to **Sunday May 28, 2023**, based on availability. As of Monday, May 29, 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](mailto:frontd@samena.com).
3. If you choose to pay originally with deposits only, the weekly total camp fee balance must be paid by the Monday **two weeks** prior to the camp start date. Samena offers auto-payment options, which will be sent out to parents prior to the summer. If the balance payment is not made 48 hours after the due date, the credit card guarantee will be used to complete payment.
4. Cancellations made up to **14 days** prior to the camp week start date (the Monday two weeks prior) will be given a Club credit *less* the non-refundable/non-transferable deposit per child. Balances may be transferred based on availability less the non-refundable deposit.
5. No refunds or Club credits are available when cancelling less than **14 days** prior to the camp week start date.
6. The registration fee is non-refundable at registration.

If you have any further questions regarding the cancellation policy please contact:  
Rebecca Luke by phone at 425-746-1160 ext. 140 or by email at [rebeccal@samena.com](mailto:rebeccal@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:
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Name / Relationship:	Phone Number:
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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 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: \_\_\_\_\_