



## ASTRO SKATE SUMMER/BREAK CAMP - PARENT HANDBOOK

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**CAMP HOURS** – Camp runs on **weekdays** from **7a.m. – 6p.m.** See camp calendar for field trips, activities, themed days and outing schedule.

**CAMP FEES** – Camp fees are \$20.00 per day per camper, **non-refundable** and due at sign-in. Should you choose to pay for the whole week on Monday, you can enjoy a rate of \$85 per WEEK.

**AGE/ABILITY GUIDELINES** – Astro Skate Camp is for children ages **5-11** who are fully toilet trained and able to use the restroom on their own. Must have packed lunch **every day**.

### DROP OFF & PICK UP

Camp drop off hours are from 7a.m. – 9a.m. Drop off is **no later** than 9a.m.

Parents/Guardians are required to walk their child(ren) into the facility to sign them in each morning and to sign them out each afternoon. Astro Skate will ask to see ID from all parents, guardians and others authorized for pick up.

Campers must be picked up by **6p.m.** A late fee will be enforced for any camper picked up after 6p.m., in the amount of **\$1 per minute**.

### PACKING FOR CAMP

**MEALS** – Campers need a **complete packed lunch** and snacks for each day. Campers will not be able to attend if they do not have a packed lunch.

**CAMP SHIRTS** – Children are required to wear an Astro Skate Camp Shirt when we leave the facility for field trips. If the camper does not have a shirt they must purchase one to be able to participate that day. Please refer to our camp calendar to make sure your camper arrives with the correct clothing for different camp activities and trips.

**SHOES**- All campers must have Closed toed shoes (sneakers).

It is Astro Camp's goal to provide a healthy, safe and secure environment for all campers. Campers are expected to follow the camp rules and to interact appropriately in a group setting.

### CAMP RULES

1. **ELECTRONIC DEVICES** – Campers are not allowed to have electronic devices on them at any time during camp. Found devices will be taken and stored in our office until pickup.
2. **FIELD TRIPS / GAMES** – Astro Skate Camp is an all participant facility. No camper may stay behind or leave the group if they do not want to participate in that particular day's field trip or activity.
3. At Astro Skate Camp, you must respect yourself, others, and all camp facilities, equipment and property.
4. You must follow directions and instructions from Astro Skate Staff at all times.
5. You must stay with your group, camp buddy or a counselor at all times.
6. You must keep your hands, feet and all other body parts to yourself.
7. You are responsible for your personal belongings, actions and words.
8. You must report any problems to staff and ask for help when needed.
9. You must use only appropriate language.

\*If a camper chooses to disobey the camp rules, Astro Skate staff will take the following steps:

1. Staff will redirect the camper to a more appropriate behavior and remind him/her of the camp rules.
2. If the behavior persists, the camper will be asked to take a time out and the staff and camper will document the situation by filling out an **Incident Report**.
3. If a child's behavior at any time threatens the immediate safety of themselves, other children or staff, a parent will be notified and expected to pick up the child immediately.
4. Continuing disruptive behavior may result in a suspension or expulsion from the summer camp program.



# ASTRO SKATE CAMP – REGISTRATION FORM

## Camper Information (please print clearly):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  School Attending: \_\_\_\_\_

## Additional Campers:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  School Attending: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  School Attending: \_\_\_\_\_

### Parent/Guardian #1:

Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Camper lives with: Y  N  Legal Guardian: Y  N

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

Employer: \_\_\_\_\_

### Parent/Guardian #2:

Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Camper lives with: Y  N  Legal Guardian: Y  N

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

Employer: \_\_\_\_\_

## **Emergency Contacts/Permission to Pick Up**

When a parent or guardian cannot be reached or is unable to pick up a camper, the following persons should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Can Pick Up: Y  N

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Can Pick Up: Y  N

Is your child is allergic to any medications/foods/insect stings? Y N

If yes, please explain any allergies: \_\_\_\_\_

Does your child have any medical or physical limitations? Y N

If yes, please explain: \_\_\_\_\_

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I, \_\_\_\_\_, have carefully read and gone over the above rules and consequences with my child(ren). I agree to the above policies and understand that in the event my child is sent home and suspended for failure to follow the rules, I will not receive a refund for any camp monies for that time. If my child is removed from the camp permanently I will not receive a refund for that week.

**Please initial and sign below:**

\_\_\_\_ My child(ren) and I have reviewed the Astro Skate Camp Behavior Expectations and Discipline Procedures and we agree to participation under the terms described.

\_\_\_\_ I have obtained, read and understood the Astro Camp Parent Handbook and agree to the guidelines contained.

\_\_\_\_ I release Astro Skate Center, its employees and instructors from all claims resulting from any injury, accident or other actions which result from my child(ren)'s participation in this program.

\_\_\_\_ I agree that all information provided on this form is correct. My child(ren) has permission to engage in all camp activities and be transported to and from field trips. In the event that I cannot be reached in an emergency, I give my permission to Astro Camp to contact emergency response personnel to secure proper treatment for my child(ren). I will notify the Camp Director if there is a change in my child's health or medical information.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_