

TO BEST SERVE OUR COMMUNITY,
WE ARE EXTENDING OUR

ACADEMY CAMP



Extended Summer Camp

Covid-19 Guidelines –

- During this time, the Academy Camp will be working closely with the Diocese of St. Augustine and local health agencies.
- The Academy Camp will be implementing social distancing strategies including a ratio of 1 counselor to 9 campers per class.
- There will be modified drop off and pickup procedures including temperature checks and screening of symptoms prior to each participant entering camp for the day.
- Campers will not be permitted in camp if showing the following signs: temperature of 100.4 or higher, shortness of breath, difficulty breathing, cough, runny nose, sneezing, muscle pain and tiredness.
- Per the Alachua County Emergency Order, all children 6 years of age and older are required to wear a face covering.
- **No walk ups will be accepted and all participants must be pre-registered and pre-paid.**

General Information –

- Camp starts on **Monday, August 3rd - August 14th.**
- The front desk hours are 7:30am - 6:00pm
- The direct line is 352-448-4557

What to Bring –

- Face Mask (for those 6 years of age and older)
- Lunch/Snacks Lunch and Snacks can be purchased. Please see lunch menu below for schedule.
- Water Bottle, Sunscreen
- All personal items should be clearly labeled with Camper's name

Camp Fees & Payments –

- **Due to Covid-19, all participants must be pre-registered and pre-paid for each week of care upon registration.**
- QPCA families must pre-pay fees via FACTS. Please be sure to pre-pay the amount necessary per your registration paperwork even if you do not see the fee applied to your Summer Camp account in FACTS.
- Non-QPCA families must pay all fees by check made payable to *Queen of Peace Catholic Academy* at the time of registration. You may mail your registration paperwork with your check to 10900 SW 24th Ave, Gainesville, FL 32607; or you may drop off your paperwork and check to the Academy office. If the Academy office is closed, you may use the mail slot at the front of the Church Office building to drop off your registration paperwork and check.
- If your child is not pre-registered and pre-paid for camp, they will not be allowed to enter the gym.
- **No refunds will be provided unless the camp has to close, or the camper can provide a doctor's note excusing absence.**
- All questions regarding camp fees should be directed to Camp Director, Jessica Wilburn, at jlwilburn@gopacademy.org.

Drop-Off & Pick-Up Procedures (Revised due to Covid-19) -

- **Due to Covid-19, all participants will be dropped off at the front gym desk while following social distancing procedures.**
- **Parents will not be permitted to enter campus.**
- Camp drop-off starts at 7:30am. The Academy is not responsible for your child prior to this time.
- All participants must be signed in and out of childcare by a parent or authorized pick-up person. If your child is being picked up by someone other than a parent, please be sure these names are listed on your child's registration form.
- Photo ID will be required for pick-up and any changes to authorized pick-ups must be submitted in writing.
- Please label all items clearly with your child's name. The Academy is not responsible for any lost, stolen or damaged items.
- Participants who are not picked up by 4:00pm will go to Aftercare and will be charged additional fees.
- Aftercare ends at 6:00pm and if a participant is picked up after 6:00pm, a fee of \$2 per minute will be charged.

Weekly Menu – Lunch sign-ups can be done at the gym front desk.

- Monday – Breakfast for Lunch
- Tuesday – Turkey sandwich with chips and a drink
- Wednesday - Hot dog with a juice box and chips/cookies
- Thursday - Chicken tenders with a juice box and chips/cookies
- Friday - Pizza with a juice box and chips/cookie
- Snacks are not provided - The Snack Store will be open during snack time for camper's to purchase snacks

Medications - The parent/guardian of a participant is required to hand-deliver all medications to staff on a daily basis. Please do not have it delivered by your child. Staff will only accept one daily dose of medication that is in the original container with the child's name, name of the physician, and directions for administering on the printed label.

Illness and Injury - Please tell your children to inform staff if he/she starts to feel sick or experience illness. Upon being informed, the staff will notify the parent/guardian immediately and arrangements will be made for pick-up.

Behavior Management - At the discretion of the Academy Camp, a child may be asked to suspend or withdraw from childcare for reasons regarding their behavior. It is up to staff to determine whether an offense is minor or serious. No refund will be issued for suspension or withdrawal from childcare.



EXTENDED ACADEMY CAMP REGISTRATION 2020

Queen of Peace Catholic Academy
10900 SW 24th Avenue
Gainesville, FL 32607

No walk ups will be accepted and all participants must be pre-registered and pre-paid.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Gender: MALE _____ FEMALE _____

QPCA Student (Y/N) _____ Grade (as of Fall 2020) _____ Birth date ____/____/____

PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name _____

Address _____

Home Phone _____

Cell phone _____

E-mail _____

Employer _____

Custody: ____ Mother ____ Father ____ Both ____ Other: _____

Father's Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Employer _____

EMERGENCY CONTACT & ALTERNATE PICK-UP AUTHORIZATION

Name _____ Relationship: _____ Cell # _____

Name _____ Relationship: _____ Cell # _____

Name _____ Relationship: _____ Cell # _____

MEDICAL RELEASE INFORMATION

Medical Insurance Policy Number _____ Health Insurance Provider _____

Primary Physician _____ Phone Number _____

Hospital Preference _____ Phone Number _____

Please check any of the following that our staff can administer: ____ Anti-Itch Cream ____ Antibiotic Ointment ____ Sunscreen

Please list any allergies and/or medical conditions that our staff should be aware of:

TERMS OF AGREEMENT

- I hereby give permission for my child to be photographed. I understand the photos will be used to keep a journal of activities and shared for promotional purposes. Although, my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and all photos are the property of the Academy Camp..
- The Academy Camp is not responsible for any lost or damaged personal property. All scheduled events and classes are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident and/or illness per physician orders.
- In case of an emergency and if a family physician can't be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Printed Name of Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Please fill out one weekly schedule per child. Mark an X in the box for the class periods you would like to enroll your child in for each week.

Times	7:30 – 9:00	9:00-12:00	12:00-1:00	1:00-4:00	4:00-6:00	Your Weekly Total Fee
Aug 3 - 7						
Aug 10 -14						
Weekly Fees Total	\$20	\$80	\$25	\$80	\$25	