

CAMP COMO FORMS CHECKLIST

Como Park Zoo and Conservatory staff are looking forward to an exciting summer at Camp Como! Please review, complete, and return the attached forms **at least one week BEFORE your child starts camp**. These forms will provide us with the most up-to-date information on your child.

- Emergency Contact & Approved Pick-Up Form (REQUIRED)** – See below as well as the attached form for details.
- Medical Authorization Form (REQUIRED)** – This City of Saint Paul Parks and Recreation form must be filled out in its entirety.
- Camper Information Form (OPTIONAL)** – Share information that will help Camp Como provide a positive and rewarding experience for your child.

CAMP COMO THINGS TO KNOW!

Drop-Off and Pick-Up:

- Drop-Off Times - Campers should be dropped off between **9:00-9:30am**. We cannot guarantee that camp staff will be at the site before or after these times.
- Pick-Up Times - Campers should be picked-up between **3:30-4:00pm**. We cannot guarantee that camp staff will be at the site before or after these times. A \$10.00 extended care fee will apply if your child is picked up late.
- Location - A designated site is provided for drop-off and pick-up. Drop-off and pick-up will be outside of the Marjorie McNeely Conservatory. Nason Place is a one-way road that leads to the site. **There is no need to park in the parking lots.** There is also a bike rack near the site. Refer to the **enclosed map** for the location and watch for posted signs.
- Procedure - Adults will drop off campers at a designated Check-In station each day before joining the Camp Instructor. **Adults picking up campers will be required to show an ID and be on the Approved Pick-Up List.** See Emergency Contact & Approved Pick-Up form for more details or contact Camp Como.

What to Bring:

- **Camp shirts must be worn each day.** Shirts serve as camper name tags and enable instructors to keep campers together during busy summer days. **Campers will receive their complimentary shirt on the first day of camp.**
- Appropriate clothing for the weather and hands-on (sometimes messy) activities
- Closed-toe shoes for active play and behind-the-scenes experiences
- Backpack with:
 - Reusable water bottle
 - Sunscreen (apply first round at home each day; let us know if your camper cannot self-apply)
 - Morning snack
 - Lunch
 - Room for taking projects home
- *Please label all belongings! Camp Como is not responsible for lost items.*

Contact Information:

- General Camp Inquiries – Call **651-487-8272** (Reservations) or email us at campcomo@ci.stpaul.mn.us
- Emergencies or Concerns During Camp (call in order listed) –
 - Call **651-487-8271** (Tim-Education Coordinator) or **651-724-4831** (Reservations Cell Phone)
 - Call **651-487-8201** (Visitor Services Desk) during business hours (10am-6pm)
 - Call **651-487-8272** (Reservations)

We look forward to seeing you and your child this summer!

~Camp Como Staff

CAMP COMO EMERGENCY CONTACT & APPROVED PICK-UP FORM

This form is REQUIRED

Child's Name _____ Birth Date _____

Primary Parent/Guardian _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Email Address _____

Emergency Contacts – Please list two emergency contacts in addition to the primary parent/guardian listed above.

1. Name _____ Relation _____

Primary Phone _____ Secondary Phone _____

2. Name _____ Relation _____

Primary Phone _____ Secondary Phone _____

Approved Pick-Up List – Please list any additional adults you would like on your child's approved pick-up list. All adults listed above will be automatically added to the list.

1. Name _____ Relation _____

Primary Phone _____ Secondary Phone _____

2. Name _____ Relation _____

Primary Phone _____ Secondary Phone _____

*** Adults picking-up campers will be required to show an ID and be on the approved pick-up list. Please notify everyone on your child's list of the ID requirement.**

**** You may update your child's list at any time by emailing: campcomo@ci.stpaul.mn.us**

Camp(s) Attending:

Dates _____

Dates _____

Dates _____

CAMPER INFORMATION (Optional)

We are so excited to have your child at camp this summer! Please help us provide the best experience possible by telling us more about your child.

The following information will be treated confidentially.

If you prefer, you may also call 651-487-8271 or email campcomo@ci.stpaul.mn.us.

- 1) **Is there anything you would like us to know so we can help your child be successful at camp?** *Examples may include a recent change in the family, ADHD, ASD, or health issues not listed on the medical authorization form.*

- 2) **What insights or strategies do you have that will help our camp instructors build a positive relationship with your child?** *Examples may include that your child is shy and takes a while to warm up or that your child responds best to redirection when upset.*

- 3) **What have we forgotten to ask? Please share anything else you would like us to know.** *For example, that this is your child's first camp experience.*

Thank you!



Camp Como Behavior Policy

BEHAVIOR GUIDANCE

We strive to create an environment that is developmentally appropriate and engaging for every child. Our general practice is to encourage and reward positive behavior. However, in order to minimize disruptive or unacceptable behavior, staff may also use a variety of techniques such as preventative measures, redirection, verbal intervention, and breaks away from camp activities. We make every attempt to work with children and teach appropriate behavior. A camper may be dismissed from camp as a last resort.

GENERAL BEHAVIOR RULES

- Be Kind - keep hands, feet, and objects to yourself
- Be Respectful - to staff, others, yourself, and your environment
- Be Safe - stay with a Como staff member

UNACCEPTABLE BEHAVIOR

- Refusing to follow our behavior guidelines or camp rules
- Using profanity, vulgarity or obscenity
- Stealing or damaging personal or camp property
- Refusal to participate in activities or cooperate with staff
- Disrupting the program
- Leaving the program without permission
- Endangering the health and safety of yourself, other children, zoo animals, plants, and/or staff
- Physical violence or bullying/teasing toward another camper or staff

WHEN CAMP BEHAVIOR RULES ARE BROKEN

1. Staff will redirect the child to more appropriate behavior.
2. If inappropriate behavior continues, the child will be reminded of behavior guidelines and camp rules and will be asked to participate in determining action steps to correct his/her behavior.
3. Staff will document the situation, the inappropriate behavior, and action taken.
4. Parents will be notified (either by phone or at pick-up) of any situation in which action was taken. Guidance from parents is welcomed and a behavior plan may be developed.
5. If the situation is not resolved and the unacceptable behavior continues, the child may be dismissed from camp.



Authorization for Administering Medication SHORT-TERM PROGRAMS AND SHORT-TERM MEDICATIONS

The following authorization form must be completed by a Parent/Guardian. This is for all participants who are enrolled in a short-term program offered by the Department of Parks and Recreation in which medication may need to be administered for a period of longer than ten days during the time of the activity.

Name of Participant _____

Birth Date _____

Program enrolled in _____

Dates of Program _____

Name of Physician/Licensed Prescriber _____

Pharmacy Name _____

Clinic Address _____ Clinic Phone _____

Pharmacy Phone _____

Medications include all prescription as well as non-prescription/over-the-counter medications. *Route = oral, topical or inhaled only

Medical Condition	Medication (list generic if being sent instead of name brand)	Strength	Dose	Time	Route*	Possible Side Effects

Other Considerations/Directions _____

Start Date _____

Stop Date _____

Parent/Guardian Authorization

- I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
- I release the Department of Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
- I give permission for the Program Coordinator to consult with the above named physician /licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
- I give permission for the medication(s) to be given by the staff designated by the Department of Parks and Recreation for medication and health related concerns during the length of this program.
- I will notify the Department of Parks and Recreation staff of any change in the medication(s), (ex: dosage change, discontinuation date, etc.)

Date

Parent/Guardian Signature

Relationship to Participant

Phone

**Note: Medication is to be supplied in the original/prescription bottle.
Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label**



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