

CAMP COMO FORMS CHECK LIST

Como Park Zoo and Conservatory staff are looking forward to fun-filled fall days 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.
- Supervised Lunch Form (REQUIRED for full-day campers)** – Full-day campers must bring their own lunch or choose from a selection of bag lunches available for a fee. See form for details.
- Camper Information Form (OPTIONAL)** – Share information that will help Camp Como provide a positive and rewarding experience for your child.
- Extended Care Form (OPTIONAL)** - Morning and afternoon Extended Care is available. See form for details.
- Credit Card Form (OPTIONAL)** – If you are purchasing lunches or signing up for extended care you may use the attached credit card form. You may also make these payments over the phone or with cash or check.

CAMP COMO THINGS TO KNOW!

Drop-Off and Pick-Up:

- Drop-Off Times - Campers should be dropped-off between **8:45-9:00am** or **12:45-1:00pm**. 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 **12:00-12:15pm** or **4:00-4:15pm**. 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. **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 days on grounds. **Campers will receive their complimentary shirt on the first day of camp.** Additional shirts are available for purchase upon request.
- Appropriate clothing for the weather and hands-on (sometimes messy) activities
- Close-toed shoes for active play and behind-the-scenes experiences
- Backpack with:
 - Reusable water bottle
 - Lunch (full-day campers only)
 - Room for taking projects home
- *Please label all belongings! Camp Como is not responsible for lost items.*
- *Snack is provided by Camp Como. Please do not send snack from home unless discussed with the Camp Director.*

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 651-487-8272 (Reservations) or 651-724-4831 (Reservations Cell Phone) before 10am
 - Call 651-487-8201 (Visitor Services Desk) during business hours (10am-6pm in September, 10am-4pm in October and November)

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

~ 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 Date(s) Attending:

Thursday, Oct. 18 and Friday, Oct. 19 _____

Friday, Oct. 26 _____

Friday, Nov. 16 _____

CAMP COMO MEDICAL AUTHORIZATION FORM

This form is REQUIRED



The following authorization form must be completed by Parents/Guardians for all short-term programs offered by the St. Paul Division of Parks and Recreation.

All Parents/Guardians must complete Section A and Section B and sign the bottom of the form. Section C must be completed if medication may be administered during Camp Como.

Section A

Name of Participant _____ Birth date _____

Name of Physician/Clinic _____

Clinic Address _____ Clinic Phone _____

Section B

Does your child have any allergies or medical conditions we should be aware of? YES NO If yes, please explain.

(If needed, you may share more information on the Camper Information Form found in the camp paperwork packet)

I have read the information in Section C and my child does not require any medication be administered during Camp Como. **(Please sign and date at bottom).**

Section C

Please list ALL medications (including over-the-counter or nonprescription drugs) that may be taken during camp. If a child cannot administer her/his own medication, then a physician's authorization is required for us to be able to administer it for her/him (including over-the-counter medications like Ibuprofen). After completing the chart below, please sign and date at the bottom.

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

*Route = Oral, topical, or inhaled

Other Considerations/Directions: _____

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.

Parent/Guardian Authorization

1. I request that the above medications(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. 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).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Date

Parent/Guardian Signature

Relation to Participant

CAMP COMO SUPERVISED LUNCH

This form is REQUIRED for FULL-DAY CAMPERS only

Child's Name: _____

LUNCH OPTIONS

My child will bring a lunch from home each day. *

** Camp Como is working to become a nut allergy sensitive space. Please consider packing nut-free lunches for your child.*

I would like to order a Bag Lunch for my child on the day(s) indicated below.

Please indicate sandwich option by initials: (if there are no initials listed, child will receive Jelly)

Thursday, Oct. 18 _____, Friday, Oct. 19 _____
Friday Oct. 26 _____
Friday, Nov. 16 _____

Sandwich Options:

J = Jelly Sandwich on white bread

HC = Ham and Cheese Sandwich on white bread

TC = Turkey and Cheese Sandwich on white bread

Bag lunches also include: goldfish crackers, mandarin oranges, and milk

**All bag lunches must be pre-ordered and paid in advance.
No orders will be taken on the day of camp.**

Payments can be made via cash, check (made out to Como Education), or by using the included credit card form.

Total # of lunches: _____ **X \$9.00 per lunch =** _____

CAMPER INFORMATION (Optional)

We are so excited to have your child at camp this fall! 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 651-487-8272 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!

EXTENDED CARE FORM (Optional)

Extended care is available prior to the start of morning camp, **8:00-9:00 am**, and at the end of afternoon camp, **4:00-5:00 pm**. Mid-day extended care is not available for half-day campers. We must have a 24-hour Notice if you would like your child to be added in extended care.

Child's Name _____

Parent/Guardian _____

Phone _____ Secondary Phone _____

MORNING EXTENDED CARE DROP OFF TIME - 8:00 AM

* Please be prompt when dropping off extended care campers; we cannot guarantee that staff will be at the Camp Drop-Off Location before or after the above noted time.

I would like to drop off my child at 8:00 AM at the Camp Drop-off Location for morning Extended Care. **The cost is \$10.00 per 1-hour AM session.** Please indicate day(s) below.

Thursday, Oct. 18____, Friday, Oct. 19 ____
Friday Oct. 26 ____
Friday, Nov. 16 ____

AFTERNOON EXTENDED CARE PICK UP TIME - 5:00 PM

* Campers may not be at the Camp Pick-Up Location before 5:00 pm as they are participating in activities throughout the zoo and conservatory.

* Please be on time. A \$10.00 late fee will apply if campers are picked up after 5:00 pm.

I would like to pick up my child at 5:00 PM at the Camp Drop-off Location from afternoon Extended Care. **The cost is \$10.00 per 1-hour PM session.** Please indicate day(s) below.

Thursday, Oct. 18____, Friday, Oct. 19 ____
Friday Oct. 26 ____
Friday, Nov. 16 ____

Payment: Payments can be made via cash, check (made out to Como Education), or by using the included credit card form.

Total # of sessions: _____ **X \$10 per session =** _____

Como Park Zoo and Conservatory

CITY OF SAINT PAUL DIVISION OF PARKS AND RECREATION

Lunch and Extended Care Payments Only

Please complete for credit card payment.

Amount to be charged to card: _____

Name on card: _____

Signature: _____

Please charge my:

VISA MasterCard Discover American Express

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp date: ____ / ____

Security code: _____

You may return this form via email to campcomo@ci.stpaul.mn.us
or fax to 651-487-8278.

If you prefer to make your credit card payment by phone, call 651-487-8272.



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, 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.