



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WESTERN ADDITION BEACON CENTER SUMMER CAMP 2017

# "Oh, The Places You'll Go"



You've got brains in your  
head and feet in your shoes,  
you can steer yourself any  
direction you choose!!!



## June 05 - July 21, 2017

Day Camp for youth grades K-8th  
PRIORITY REGISTRATION for STUDENTS ATTENDING JOHN MUIR ES  
through MARCH 24th

**Western Addition Beacon Center- John Muir Elementary School**

380 Webster Street SF CA 94117  
P 415.749.2714 F 415.931.1746  
[www.wabeacon.org](http://www.wabeacon.org)





# CAMP

Summer 2017

## PARENT HANDBOOK

### Letter from the Camp Director

Dear Parents/Guardians:

I am elated that you chose the Western Addition Beacon Center (WABC) as the site for your child/children to spend 7 weeks of their summer partaking in fun, safe, and engaging activities. I am pleased to inform you that this summer camp will run from June 05th - July 21st, in which we will have a chance to participate in summer learning opportunities through project-based work, off-site adventures and opportunities for family engagement. Due to strict funding guidelines, Priority Registration will be given to all John Muir ES students through March 24th. Applications will be accepted beginning February 1, 2017.

This year the WABC will be exploring the theme of "Oh, The Places You'll Go" Inspired by our desire for every Beacon participant to know that all of their dreams are achievable, "Oh, The Places You'll Go," will focus on expanding horizons and exploring new adventures. Their knowledge and experiences will be brought to life through weekly field trips and fun, project-based activities.

Our camp operating hours are 9AM - 6PM with extended AM Care hours from 7AM- 9AM. For families seeking AM Care services, proper documentation must be provided (i.e. most recent pay check stub, work schedule, school schedule, etc.). All activities are age appropriate and campers will be separated based on age. Breakfast, lunch, and a light afternoon snack will be served daily.

All parents/guardians enrolling their child/children in the program must attend a mandatory parent orientation. Orientation will be held at John Muir Elementary School on the following dates: Wednesday April 12, 2017 at 9 a.m. and 5p.m.; Thursday May 4, 2017 at 9 a.m. and 5p.m.; and , Tuesday May 30, 2017at 3 p.m.. General information about camp will be given at that time, as well as the chance to meet our highly trained and motivated staff that will be working with our youth. In the meantime, detailed information may be found inside this registration packet or more information can be obtained by calling the WABC office at 415.749.2714.

Although all of the camp services are FREE, we will collect a one-time fee of \$5 (t-shirt payments will confirm camp registration pending parent attendance at mandatory orientation) which will directly support camp t-shirts for each participant enrolled. Camp shirts are mandatory and must be worn on all outdoor field trips. This will help staff identify our campers are at all times, as well as unify our group. For an additional \$20, camp sweat shirts can be pre-ordered by May 4, 2017.

Welcome! I look forward to working with you all during our summer of fun, safe and engaging activities.

In community,  
La Saundra Owens  
Summer Camp Director  
Western Addition Beacon Center  
Buchanan YMCA

#### Camp Contact Numbers

Camp Director , La Saundra Owens  
Buchanan YMCA

(415) 749-2714  
(415) 931- 9622

## PROGRAM DESCRIPTION

### Program Objectives

Camp activities are widely varied to give campers the opportunity to enjoy a wide range of experiences. Camp in the summer time offers time for campers to create new friendships, to see old friends, to try new things and go to places that we may not otherwise go to during the rest of the year. Camp is as much an attitude as it is an experience.

### Camp Location

John Muir Elementary School  
380 Webster Street  
San Francisco, CA 94117

### Program Hours

AM Care 7:00am—9:00am  
Regular Hours 9:00am—6:00pm

### How to Register

Register by visiting, calling, mailing or faxing your application to the Western Addition Beacon Center main office. Space is limited. For general registration, applications will be accepted on a first come first served basis until all spaces are filled.

### Standards for Quality

The Western addition Beacon Center Day Camp is committed to providing the best possible camp experience for your child. Consistent high weekly standards are a top priority for our Day Camp Program. Our program is proud to be able to offer a high degree of individualized attention in the setting of a camp community that promotes and supports the best possible outcomes for safety, friendships, skills-building, fun trips and educational activities.

### Weekly Camp Calendars

Camp calendars will be available on the first day of each session. Major trips for each session are included in the camp calendar section of this brochure. Minimum registered days are three per week.

### Family Events

Please join us for a Family BBQ and Potluck on Thursday, July 20th. More details will be provided at the Parent Information Night.

### Field Trips

Your child's camp calendar, as well as the camp board, will give you information about special departure times, return times, and other trip details. Please pay close attention to the calendar and camp board for general as well as updated information. Please keep in mind that if your child misses the bus or camp group, no alternative care will be provided.

### Swimming

We will not be participating in any swim activities.

### About Our Counselors

In our commitment to provide a high quality program, we recognize that skilled staff play a key role in shaping a great program. Our staff are selected as being the best possible role models for your child. Furthermore, our staff go through extensive training prior to the start of summer day camp. All camp staff are CPR/1st Aid certified, and our camp bus driver is class B certified.

### Volunteering

Day camp invites and encourages parents to join us for trips and activities. All volunteers must complete the volunteer application and placement process (application, background check, references, and the Day Camp Volunteer Orientation). Parents may also be required to provide their own transportation, meals, and payment for entrance fees on major trips. Volunteer applications are available in the Western Addition Beacon Office or at Buchanan YMCA. Volunteers are most needed to chaperone the major trips.

### Parent Information Night

Orientation will be held at John Muir Elementary School on the following dates:

Wednesday April 12, 2017 at 9 a.m. and 5p.m.;  
Thursday May 4, 2017 at 9 a.m. and 5p.m.; and ,  
Tuesday May 30, 2017at 3 p.m..

### Cancellation & Missed Days

The Western Addition Beacon Center requires two-weeks written notification prior to the start of the session in the event that your child will not be participating in Summer Camp. Your child must attend a minimum of three days each week or they will be dropped from the program.

## HEALTH & SAFETY

### Medication

For each prescription medication, parents must complete and submit a consent for Medication Administration Form. All prescription and non-prescription medications must be in their original containers with the original, unaltered label. All prescription medications shall be administered in accordance with the label directions as prescribed by the child's physician. Non-prescription medication may be administered without approval from the child's physician if the medication is administered in accordance with the product label directions on the non-prescription medication container. The instructions from the child's parents/guardian must not conflict with the physician's prescribed medications or the product label directions for non-prescription medications.

### Sick Children

For the safety of all the children and staff, we ask that you do not send your child to Camp if he/she is sick. If your child becomes ill while at the program, you will be required to pick-up your child within one hour of notification. If you are unable to pick-up your child yourself, you must make arrangements for someone else to pick-up your child.

## Medical Treatment

If your child is injured while in our program, the Site Director will take whatever steps necessary to obtain emergency medical care. The YMCA assumes no financial obligations for any such treatment. These steps will include:

- Attempts to contact parent/guardian
- Attempts to reach people listed on your emergency form if you are not available.
- Call for an ambulance or paramedic, or have the child taken to an emergency hospital with a YMCA staff person for treatment.

All YMCA staff are trained and certified in AED/CPR, and 1st Aid.

## Emergency and Disaster

In case of an emergency, the Day Camp Program will remain on site. If we are required to evacuate, camp will relocate to our first back-up evacuation site on the school yard. Day camp's second evacuation site is the front of the school (located on Webster street). The YMCA will attempt to contact you as soon as possible to let you know that your child is safe. For your convenience, a list of emergency contact numbers are located at the front of this handbook.

## Policies and Procedures

### Sign in & Out, Release Policy

For your child's protection, we must have current release and participant information on file. **We WILL NOT**, without prior consent, release your child to any person other than the individuals authorized by you in advance on the registration form. It is the parent's responsibility to keep this information current, including change of address and phone contact information.

**LEGAL PHOTO IDENTIFICATION WILL BE REQUIRED FOR PICK-UPS, NO EXCEPTIONS.**

### Late pick-ups

Parents arriving after 6pm will be charged a late pick-up fee of \$1 per minute. The following procedure will be followed in the event that your child is not picked-up on time:

- We will attempt to call you and individuals authorized by you on your child's emergency form.
- If contact has not been made by 7pm, SFPD & Child Protective Services will be notified to pick-up your child.
- Suspension or expulsion from the program may result from repeated tardiness for pick-ups.

**We are willing to support you, as much as we are able, in case of an emergency or crisis. Please be sure to contact staff members immediately, and inform us of any situation that may cause you to be late picking-up your child.**

### Items to be left at home

Please, no iPods, skateboards, rollerblades, skates, bicycles, radios, or video games at camp. The Beacon Center and Buchanan YMCA are not responsible for lost, broken or stolen personal items. Please do not send your child with money unless stated for an activity or trip on the program calendar.

## Program Guidelines & Discipline Policy

Program ground rules listed here are general expectations that we have for all of our program participants. Ground rules will be reviewed with all campers at the opening assembly on the first day of each weekly session.

- Safety First
- Respect for others
- Speak for Yourself & Listen Attentively
- Be Responsible

### We do not use corporal punishment

Children who hurt other children or who have difficulty with the general expectations of the program may be suspended or may be asked to leave the program.



## WHAT TO BRING TO CAMP

Camp will provide breakfast, lunch and a snack. Please send plenty of water for your child to drink during the day. Please feel free to provide your child with a bag lunch if they have specific dietary needs or restrictions. Please do not send coolers or lunches that require refrigeration or heating. Be sure to include any dietary restrictions or allergies on your child's application.

### Comfortable Clothing, Layers & Camp T-shirts

Please send your child to camp wearing comfortable clothing and footwear. Camp does a lot of walking and playing each day. **NO SANDALS OR HEELED SHOES. SNEAKERS OR TENNIS SHOES ARE APPROPRIATE.** Send your child to camp with multiple layers such as a t-shirt, sweater or long sleeved shirt, and a jacket. Bay area weather changes from place to place and you never know what you'll get. **MAJOR TRIPS REQUIRE A CAMP T-SHIRT TO BE WORN.**

### Sunscreen

Please send your child to camp with plenty of sunscreen. Apply some before camp and make sure there is more for later in the day. Even an overcast day can change.

### Backpacks

Please send a backpack to camp with your child every day. We cannot guarantee your child's items will stay put without one and cannot be held responsible for lost or stolen personal items.

Program Hours

9AM - 6 PM All campers should arrive by 10AM.

All camp pick-ups are by 6PM.

Field Trips

Your child's camp calendar, as well as the camp board (located on the first floor) will give you information about special departure times, return times and other trip details. Please pay close attention to the calendar and camp board for general as well as updated information. Please keep in mind that if your child misses the bus or camp group, no alternative care will be provided.

Discipline Policy & Behavioral Expectations

The general expectations for all program participants are 1) safety first, 2) Respect yourself & others, 3) Speak for yourself & listen attentively, and 4) Act responsibly. Children who hurt other children or who have difficulty with the general expectations of the program may be suspended or may be asked to leave the program.

Inclusive Setting

The Western Addition Beacon invites children with cognitive, affective, social and/or physical disabilities to participate in inclusive settings at Western Addition Beacon camp program. Inclusion is made possible through individualized support plans to ensure the best possible camp experience. **I would like to be contacted by the Camp Director. (Initial) \_\_\_\_\_**

Bag Lunches

Camp will provide lunch.

Late pick-ups

After 6PM a late charge of \$1.00 per minute will be assessed. I understand camp policy regarding late pick-ups.

Medical Treatment

Written consent from the parent or guardian is required for the administration of medications. In the event of an emergency in which the parent cannot be contacted, emergency medical staff and the Beacon will

Lost Items

I understand that the YMCA is not responsible for any personal items that have been lost or stolen.

Photography Waiver

By signing this form, parents permit the Beacon to use pictures of their child as a program participant in promotional literature published and used by the Beacon.

YMCA of San Francisco

Permission for Medical Treatment

I authorize the YMCA of San Francisco to arrange for transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well-being. Cost incurred for treatment of sudden illness or accident will be processed initially through my insurance prior to submitting claim to the YMCA. This authorization and consent for treatment is given to the YMCA in conjunction with any authorized event.

I understand and agree to the policies stated above.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Release and Waiver of Liability and Indemnity Agreement  
YMCA of San Francisco

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE:

Date \_\_\_\_\_

Signature of Applicant/Parent  
\_\_\_\_\_

Print Name of Applicant/Parent  
\_\_\_\_\_

Print Name of Child in Program  
\_\_\_\_\_

YMCA RECORDS

\*\*This form may be used as a PROGRAM CHANGE FORM to add or delete registration from camp sessions (indicate add or delete). Minimum of 3 days registration required for any given session.

Please circle the weeks for which you want your child registered for camp.

1 Week of June 05

Please register my child for week one

2 Week of June 12

Please register my child for week two

3 Week of June 19

Please register my child for week three

4 Week of June 26

Please register my child for week four

5 Week of July 3

Please register my child for week five

6 Week of July 10

Please register my child for week six

7 Week of July 17

Please register my child for week seven

**A.M. Care Services - PROOF OF NEED REQUIRED**

1 Week of June 05

Please register my child for week one

2 Week of June 12

Please register my child for week two

3 Week of June 19

Please register my child for week three

4 Week of June 26

Please register my child for week four

5 Week of July 03

Please register my child for week five

6 Week of July 10

Please register my child for week six

7 Week of July 17

I have enclosed the following as proof of needing AM Care Services (i.e. most recent pay check stub, work schedule, verification of school enrollment and schedule, etc.) \_\_\_\_\_

Western Addition Beacon Camp T-shirt All campers will be required to have a camp T- shirt. T- shirts will be available for a one time fee of \$5.00. Pre-order camp sweat shirt is an additional \$20.

Sizes available are youth sm, med, large, x- large and adult sm, med, large, x- large. Please list size:

T- Shirt Size \_\_\_\_\_

Sweat Shirt Size \_\_\_\_\_



**Buchanan YMCA -  
Western Addition Beacon Center  
2017 Summer Camp**



School: \_\_\_\_\_

**APPLICANT INFORMATION**

Student Name: \_\_\_\_\_

Gender:  M  F

Entering Grade (2017 - 2018 School Year): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian E-mail (REQUIRED): \_\_\_\_\_

Parent/Guardian #1 (emergency contact & authorized to pick-up child)

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

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Parent/Guardian #2 (emergency contact & authorized to pick-up child)

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

Primary Phone: \_\_\_\_\_

Additional authorized pick-ups/emergency contacts:

Pick-Up #1 Name: \_\_\_\_\_

Pick-Up #1 Phone: \_\_\_\_\_

Pick-Up #2 Name: \_\_\_\_\_

Pick-Up #2 Phone: \_\_\_\_\_

Pick-Up #3 Name: \_\_\_\_\_

Pick-Up #3 Phone: \_\_\_\_\_

Pick-Up #4 Name: \_\_\_\_\_

Pick-Up #4 Phone: \_\_\_\_\_

Please list allergies:

Please list medications your child takes:

Please list anything else we should know about your child:

Family Doctor:

Doctor's Phone:

Preferred Hospital:

\*Student (10 years and older) may sign out and leave program on his/her own with your consent. Do you approve this?

\_\_\_ Yes \_\_\_ No

If yes, what time is your student allowed leave program?

\_\_\_\_\_ PM

\*Parent will still need to speak with Site Coordinator for approval.

# STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, \_\_\_\_\_ (student name), agree to meet the following requirements of the WABC Summer Camp:

- I will report to program immediately after school and sign in.
- I will be in a supervised area at all times and never leave the site alone.
- I will follow school rules and directions from staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the WABC Summer Camp.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.

I understand that if I break these rules:

- I will receive a warning.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the After School Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- After the 3rd warning, a restorative meeting will be held. Depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FIELD TRIP RELEASE

I give permission for my child to attend offsite field trips organized by the Western Addition Beacon Center and to use transportation arranged for the purpose of field trips (chartered bus, MUNI, or by foot).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ABOUT YOUR STUDENT

This section asks for information that is required by our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

Student Race/Ethnicity (select one):

- African American
- Black-Other (specify):

- Asian-Chinese
- Asian-Filipino
- Asian-Indian
- Asian-Japanese
- Asian-Korean
- Asian-Laotian
- Asian-Thai
- Asian-Vietnamese
- Asian-Other (specify):

- Hispanic/Latino-Mexican American
- Hispanic/Latino-Central American
- Hispanic/Latino-South American
- Hispanic/Latino-Caribbean
- Hispanic/Latino-Other (specify):

- Middle Eastern-Arab
- Middle Eastern-Iranian
- Middle Eastern-Other (specify):

- Native American
- Native Alaskan
- Pacific Islander-Guamanian
- Pacific Islander-Hawaiian
- Pacific Islander-Tongan
- Pacific Islander-Samoan
- Pacific Islander-Other (specify):

- White
- Multiracial/Multiethnic
- Other (specify):

- Declined to state

Home Language (select one):

- English
- Spanish
- Cantonese
- Japanese
- Khmer/Cambodian
- Korean
- Laotian
- Other (specify):
- Mandarin
- Samoan
- Tagalog
- Toishanese
- Vietnamese
- Arabic
- Russian
- American Sign Language

Student English Fluency (select one):

- Fluent
- Somewhat Fluent
- Not Fluent

## OFFICE USE ONLY

Date Received \_\_\_\_\_

Received By (staff name) \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Enrolled # \_\_\_\_\_

Waitlist # \_\_\_\_\_