

#### **SUMMER CAMP INFORMATION**

**Location:** Lycoming County SPCA, 2805 Reach Road, Williamsport, PA.

Contact Information: Phone- 570-322-4646

Email- lycospca@lycomingspca.org

**Camp Hours:** Monday through Friday from 9 a.m. to 3 p.m. If your child cannot tolerate a six-hour day,

please feel free to let us know that you would like an early pick-up.

Extended hours available from 8 a.m. to 5 p.m. at an additional cost of \$50 for the week.

**Drop-off and Pick-up Procedures:** The entrance for SPCA Safari Camp is at the double doors located at the front of the building. The front doors are usually unlocked at 11 A.M. but our staff will be expecting you before we open to the public. We will ask the parent/guardian to sign in your child when you drop them off and sign out when leaving for the day. **Anyone that has not been authorized to pick up a camper will not be allowed to check that camper out until SPCA staff has cleared that person <u>with</u> the camper's <b>parent/guardian.** We look forward to meeting you and answering any questions you may have. Please address any questions to our camp director.

**COVID Precautions:** If COVID cases should rise to substantial transmission rates by CDC reporting, we will be reinforcing the wearing of masks and COVID precautions for the safety of our campers and staff.

**Camp Activities:** Children will learn about domestic animals that include birds, fish, horses, reptiles, rabbits, rodents, cats and dogs. There will be hands on activities with shelter animals, crafts, discussion, observations, speakers, and outdoor activities. Topics may incorporate learning skills of reading, writing, spelling, science, math, history, language, music, art, and geography. **While activities do focus on animals, we do not** *play* **with animals all day**. Camp sessions are age-appropriate and are designed to encourage respect for all living things. We will also spend some time outdoors on SPCA property. If your child requires sunscreen or bug deterrent, they must be able to apply it themselves or have it applied at home prior to camp. A copy of our camp curriculum is available for review.

**About the Animals:** Campers will interact only with approved animals that have had temperament evaluations. At no time will any camper be permitted to interact with any animal on their own. All interactions are supervised for the safety of your child as well as the safety and wellbeing of the animals.

**Staff:** Our Camp Director is a certified teacher in the State of Pennsylvania with documented background clearances. Staff assisting the Camp Director also have background clearances. If you have any questions about our staff's qualifications, please address them with the Executive Director prior to the start of camp.

Adult to Child Ratio: Class size is limited to twelve children with one adult teacher and one adult camp aide.

**Cost:** \$250.00 includes 5 days of camp from 9 a.m. to 3 p.m. Extended hours from 8 a.m. to 5 p.m. is an additional \$50.00. Children enrolled in camp will receive instruction by a certified teacher, a t-shirt, craft supplies, and hands on learning about animals.

#### Dates for 2022:

Camp weeks are scheduled by the age of the child so that the children may participate on the same level. This is for the enjoyment of the children and not required. If you have a child who is more mature (or less) than their age, you may want them with older (or younger) children.

June 27 to July 1 Friends and Family, this is a mixed age week from 6 ½ to 14

July 11 to July 15Ages 8 % to 10July 18 to July 22Ages 10 % to 12July 25 to July 29Ages 12 % to 14

August 1 to August 5 Friends and Family, this is a mixed age week from 6 ½ to 14

August 8 to August 12 Ages 6 ½ to 8

**Note for Return Campers**: Each year we add some new activities but many remain the same. Please feel free to speak to the Executive Director about which activities will remain and what new ones are planned.

**Allergies/Phobias:** If your child has animal allergies or fear of certain animals, please do not enroll them in this camp. This camp is for the enjoyment and education of the children participating in the camp and is not designed to deal with phobias.

Children and staff will be bringing lunch each day. We are unable to accommodate children who cannot be in a room that has foods they are allergic to.

**Snacks and Lunch:** You will need to provide foods for snack time and lunch. Make sure you include a beverage.

**Special Needs:** You must contact the SPCA in advance if your child requires any special needs accommodations.

**Electronic Devices:** Use of electronic devices during camp time is not permitted.

**For Tax Reporting:** If you are applying camp tuition as a childcare expense for tax purposes, our EIN # is 24-085771



# Summer Camp Registration

## **Please Print**

Camper's Name		D.O.B
Parent(s)/Guardian(s)		
Address:(Street, City, State, Zip	<u> </u>	
		Phone:
Who will be picking up yo	ur child from camp? (Please	list all names that apply)
Name:		Phone:
Name:		Phone:
Name:		Phone:
T-shirt Size: (please circle	size) Child size: SM MED LG	G or Adult size: SM MED LG
We do estimate for additi	onal shirts and your child may for growth spurts so that you	s form if registration is provided by June 6. by not receive the desired shirt if registered or child's shirt will fit. We will have a limite
First Choice date of camp	Second (	Choice date of camp
secure your child's place i		npleted registration with full payment will llation fee if you should cancel your child's insufficient funds.
the shelter at 2805 Reach Lycoming County SPCA. V	Road, Williamsport, PA 1770	nd payment may be mailed or dropped off 01. Checks should be made payable to the ent upon receipt of the above. Should the ank you!
For Office Use: Date paid	Time:	Camp fee: \$250 Before/After Care \$5
Total Paid: \$	Paid by: Cash Check #	Money Order Employee



# **Permission Form**

Child's Name	Age			
Allergies Any special considerations we should know about?				
Emergency Contact names and Phone Numbe	rs:			
Name and relation	Phone			
Name and relation	Phone			
Name and relation	Phone			



### WAIVER AND RELEASE FROM LIABILITY

l,	(Print Name Here), in consideration of allowing my child			
	(Print Name Here), to participate in SPCA Safari Camp offered by			
the Lycoming County SF	A (hereafter called "SPCA") and any related events and activities (hereafter called			
"CAMP"), and intending	be legally bound, hereby agree to the following:			
1.) I recognize that interacting with animals and participating in outdoor activities could lead to my child				
permanent disability an	death, and severe social and economic losses which might result not only from my			
child's actions, but action	or negligence of others, or the condition of the premises; and, further, that there			
may be other risks not l	own or not reasonably foreseeable at this time.			
2.) I understand that it	my responsibility to consult with a physician prior to and regarding my child's			
participation in the CAN	I represent and warrant that my child is physically fit and has no medical			
condition which would	event full participation in the CAMP.			
3.) I desire my child to	ticipate in CAMP offered by the SPCA. I understand that participation in the CAMP			
is voluntary.				
4.) Prior to participating	will inspect the premises, and if I believe anything is unsafe, I will immediately			
advise the SPCA of such	ndition(s).			
5.) I assume full respon	oility for any risks, injuries or damages, known or unknown, which might incur as a			
result of my child partic	iting in the CAMP.			
6.) In further considera	n of being permitted to participate in the CAMP, I knowingly, voluntarily and			
expressly waive any clai	my child may have against the SPCA, any instructors associated with SPCA, and any			
employee, volunteer, a	inistrator, officers, and the board of directors associated with the foregoing (all			
collectively hereinafter	erred to as the "Releasees") for injury or damages that my child may sustain as a			
result of participating ir	ie CAMP.			
7.) I, my heirs and/or le	I representatives forever release, waive, discharge and covenant not to sue the			
Releasees for demands,	sses or damages on account of injury, including death or disability, caused or			
alleged to be caused in	ole or part by negligence or other acts of the Releasees, or any third party.			
I have read the above w	ver and release from liability and fully understand its contents. I voluntarily agree			
to the terms and condit	, ,			
 Date	Signature (Parent/guardian)			

Signature (Witness)

Date



## **Photograph Agreement**

I, (Parent/Guardian Name)	<i>,</i>
(pa	arent name printed)
give permission for the Lycoming C	county SPCA staff or volunteers to take photographs or videos of my child
(Child's name printed)	
SPCA for publicity purposes. I auth	unty SPCA activities and programs, which may be used by Lycoming Count corize the Lycoming County SPCA, its assigns and transferees to copyright, and/or electronically, including, but not limited to, the Lycoming County
Signature:	Date