



Community for New Direction
Changing Lives. Changing Communities.

Summer Day Camp

June 29 – August 7, 2020



Ages: 5 - 14

Days: Monday - Friday

Hours: 8:00 a.m. – 3:00 p.m.


Breakfast and lunch are provided

THERE ARE LIMITED SPOTS AVAILABLE

Registration is Monday (6/22) and Tuesday (6/23) at
993 E. Main Street — or — 2096 W. Mound Street

Cost: \$30 per youth / \$90 for families of 3 or more
(only cash or money orders are accepted)

If you have questions, call (614) 272-1464
Visit us at www.cndcolumbus.org

Primarily funded by: 
ADAMH
Alcohol, Drug and Mental Health Board
of Franklin County

CND Summer Day Camp COVID-19 Procedures

Below is a partial list of protocols we have put in place for everyone's safety this summer:

- Employee and participant wellness checks will be done each day, at the time of drop-off, pick-up and prior to entering the building.
- Face coverings must be worn by all employees and participants. Each participant will be given one reusable cloth face covering upon arrival at camp. We ask that these are hand washed and dried each day after camp. We ask that parents wear a face covering when dropping off and picking up campers.
- Face coverings may be removed for a short time when necessary, such as when eating or drinking, but must be worn at all other times unless outside in an area where there is safe distancing in the activity.
- Social distancing will be practiced as much as possible, with an understanding on limitations with social distancing for young children and children with disabilities.
- Group sizes are limited to ten, including participants and staff.
- Only individuals directly involved in the program will be allowed entry into the building. This includes camp staff, campers, and essential personnel.
- A portable hand sanitizer station will be available for use throughout the day for all to use when they enter the building. If not available, participants will wash their hands before they are led into their groups.
- Rotation routes will be used for “one-way” directional movement throughout the buildings, and rotation schedules will be used for the bathroom breaks and other activities.
- Water fountains will be sealed off, and bottled water will be provided to campers daily.
- Personal items for campers are limited to necessary medications and mobility-assistance devices.
- Staff will follow an hourly schedule to clean and disinfect equipment and surfaces.



Summer Day Camp Registration Form

ID# _____

Child's Name _____
(First Name) (Middle Name) (Last Name)

Address _____ Apt # _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender: Male _____ Female _____

T-shirt size (check one) Youth Adult Size: S M L XL 2XL 3XL 4XL

Race/Ethnicity: African-American Asian Bi-racial Hispanic/Latino
 Native American Somalian White Other: _____

School _____ Grade Entering _____

Parent/Guardian Name _____
(Please Print) (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) (Relationship)

Address _____ Contact # _____

West Location Only: *Transportation needed: Yes No *Transportation is limited to a three-mile radius from Hilltop Church of God. *Checking yes does not guarantee transportation.

*****I understand that my child's participation in the CND program is voluntary. I also understand that CND is not responsible for any valuables my child brings to any CND program. *****

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

FOR OFFICE USE ONLY		
<input type="checkbox"/> East Office	<input type="checkbox"/> South Office	<input type="checkbox"/> West Office
<input type="checkbox"/> Post Oak	<input type="checkbox"/> Indian Meadows	<input type="checkbox"/> The Meadows
		<input type="checkbox"/> Thornwood Commons
Date of Registration _____		Prior Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No

Master Permission Slip

I, _____ give my child _____ permission to attend all group scheduled and agency approved field trips. I understand that a flyer will be sent home at least two days prior to agency and community field trips. The flyer will state the place of the trip as well as the time of departure and the time of return.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

_____ or _____

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree to the zero tolerance policy of the CND summer day camp. I understand that if my child fights, refuses to participate or is blatantly disrespectful with another child or staff, he/she will be sent home for the remainder of summer day camp. I fully understand that my registration fee will be forfeited.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child’s image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child’s image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian _____ (Signature) _____ (Date)

Staff _____ (Signature) _____ (Date)

Transportation Form

Child's Name _____
(First Name) (Middle Name) (Last Name)

Home Telephone _____ Cell Phone _____

Participant Pick-Up Information

In the event that I am unable to pick up my child from Summer Day Camp, I give my permission for the following individuals to pick up my child:

Name	Relationship to participant	Phone Number
1.		
2.		
3.		

I do not want anyone other than myself to pick up my child/children.

Participant Drop-off Information * (For the offices where drop-off is offered)

In the event that I am unable to be home when my child is dropped off from CND's Summer Day Camp and all attempts to contact me have been utilized, I give my permission for CND to drop off my child at the following:

Name	Relationship to participant	Address	Phone Number
1.			
2.			
3.			

I do not want my child dropped with anyone.

Parent/Guardian _____
(Signature) (Date)