

LIBERTY ADVENTURE CAMP

June 20-August 10 2023

Location: Liberty Classical Academy, 5175 County Road 335, New Castle, CO 81647

Email: Classical@lca-co.com

Director: Crystal Garrison (970-366-6472) cgarrison@lca-co.com

LCA 501(c)(3) tax exempt organization that does not discriminate based on race, gender, nationality or color.

PURPOSE AND PHILOSOPHY - The purpose of the summer camp program is to provide a multiage, high-quality summer experience. We encourage truth, beauty and goodness in all areas of life.

AGES OF CHILDREN TO BE ENROLLED – 5 to 12 (Must have completed Kindergarten)

DAYS and HOURS OF OPERATION – 9:00am to 4:00pm, Tuesday, Wednesday, Thursday*

DATES OF OPERATION - June 20 to Aug 10, 2023

*Exception: Camp will be Wed, Thurs. and Friday the weeks of July 2nd and July 30th.

Cost: \$75.00 Application Fee Due with Application
\$160.00 a week

All payments go to LCA. If you prefer to pay for the entire summer upfront see pricing below.

\$1,280.00 Full Summer

Documents to be completed and turned in to the LCA office before the start of camp.

1. \$75.00 non -refundable registration per family
2. Completed Camper Registration form
3. Completed Camper Information Sheet with current photo of child attached
4. Completed and signed parent/guardian permission and release of liability form for our Adventure Trips and all off-site activities.
5. Full Payment

There is **no refund** for withdrawing your child from the program.

Arrivals and Departures

1. Campers should be dropped off and picked up on time. Again, camp times are **9:00-4:00pm**. If you are delayed, call the Camp Director's cell phone number at 970-366-6472. If the camp director cannot be reached call the LCA office at (970)984-2205. If your camper is not picked up by 5:00, the following steps will be taken:
 - a. Parents/Guardians will be called at all the listed phone numbers
 - b. Emergency contacts will be called
 - c. A late fee of \$10 for each 15 minutes you are late may be due at your arrival and will be assessed at the discretion of the Camp Director. This amount must be paid before your child is allowed to return to camp.

2. An authorized person is required to sign your child in and out of camp each day. All authorized persons must present a photo ID at pickup. If an unauthorized person attempts to pick up your child, your child will not be allowed to leave. We will ask the unauthorized person to come back when you have listed them as an approved person to pick up the child. If he/she refuses to leave, we will call 911. Legally we cannot deny release of a child to a natural parent unless we have a written court order regarding this.

3. In case of emergency, the child will be released to a designated person, as per verbal authorization from the parent to the Camp Director or Site Supervisor. We will ask for identification from this person if we are unfamiliar with them. The next business day the parent/guardian will be asked to add this person to their authorized list.

4. If you need to have your child leave camp early (Dr. appointment, etc.) please sign them out and you must notify the Camp Director or Site Supervisor before taking them. Please note that on days we are off-site early pick-up may not be possible. In the event we are unable to locate a child, 911 will be contacted and parents will be notified.

What to Bring to Camp

1. Lunch and 2 snacks - microwaves and refrigerator may not be available. (No Soda, Cheetos, or snacks covered with the spicy hot sauce, Takis). All procedures for safe food handling will be followed by staff. Hand washing before and after all food preparation and eating will be mandatory. Food allergies will be posted.
2. Full water bottle with the child's name on it.
3. New sunscreen with spf of 50 or higher is recommended.
4. Swimsuit and towel.
5. Backpack to carry all belongings.
6. Lifejacket during times we swim at the lake or the pool.

Campers Health and Medications

Before the camp will issue any medication to a child we must receive parental written permission. No prescription medications will be dispensed without parental permission.

Accidental injuries will be reported to parents and authorities as needed. Our first response to a serious injury will be to call 911 and then to notify the parent as soon as possible thereafter. The child's safety and health always come first and are our top priority.

When to keep your child home: fever over 100 degrees, vomiting, diarrhea, sore throat, eye infections, green nasal discharge, persistent crying, wheezing, difficulty breathing, lethargy, listlessness, bad cough, head lice, scabies, chicken pox, whooping cough, mumps, measles, hepatitis, salmonella, diphtheria, fellowships, flu, covid, or any other communicable disease. If your child becomes sick during camp, they will be separated from the other campers to lie down while you are contacted to pick them up.

Off-Site Adventure Trips and Hikes

There are many fun trips planned for the summer, and the camp fee is all-inclusive. **Please have your child at camp by 9:00am on Adventure Trips days.** All children attending camp on these days **MUST** travel with the group. No campers will be left at LCA. Campers will travel in 15 seat passenger can and have seat belts properly fastened at all times.

DISCIPLINE POLICY

The philosophy at Liberty Adventure Camp on appropriate behavior follows the love and logic system. We have a high level of behavior expectations. Staff is held accountable to be sure that expectations of respect towards all students, staff, parents and all persons authorized to pick up the children hold the high level of behavior expectations while around the program in any way. Students are to treat other people and things the way you want to be treated. At no time is harming yourself, others or property acceptable. Our approach to discipline is positive in nature and involves conflict resolution and allowing children to “talk out” their problems with adult supervision.

Our goal is for each child to develop a sense of respect for themselves and others. We strive to create a child care environment that encourages children to make positive choices, to enter and exit peer groups with increasing skill and satisfaction, and to learn to live in a respectful and cooperative manner.

When a problem arises, steps toward reaching these goals will include:

1. Staff will work with the child, discussing the problem, suggesting and supporting behavior changes, explaining and redirecting.
2. If a pattern of negative behavior persists, the child care supervisor will talk with the parent(s) in order to obtain assistance and suggestions for developing effective approaches with the child. A behavior plan may also be initiated.
3. If all reasonable approaches are exhausted, the pattern of negative behaviors continues, and/or the child’s actions are a threat to the well-being and safety of other children and/or staff, parents may be asked to remove a child from the camp program.

LIBERTY ADVENTURE CAMP

Camper Registration Form

Arrivals and Departures

Hours: 9:00am - 4:00pm

Camp Cost: \$160 per week

Camp Days: Tuesdays, Wednesdays, Thursdays*

*Exception: Camp will be Wed, Thurs. and Friday the weeks of July 2nd and July 30th.

✓ Please check the appropriate week (s). Fill out one form per camper.

✓	Weeks	Dates	Total
	Week 1	June 20-22	
	Week 2	June 27-29	
	Week 3	July 5-7	
	Week 4	July 11-13	
	Week 5	July 18-20	
	Week 6	July 25-27	
	Week 7	Aug. 2-4	
	Week 8	Aug. 8-10	
		Subtotal	
		Please include \$75 reg. fee/family	
		Total for all weeks with fees	

**Please make checks payable to Liberty Classical Academy

Camper's Name: _____

LIBERTY ADVENTURE CAMP

Parent/Guardian Permission and Release of Liability For Field Trips and Other Off-Site Travel

I, _____, am the parent/guardian of _____
a camper at Liberty Classical Academy.

Please initial one of the following:

_____ I give permission for my child to participate in all the field trip/off-site activities associated with LCA.

_____ I do not give permission for my child to participate in all the field trip/off-site activities associated with LCA..

In consideration for the right to participate in field trips or other off-site activities, I hereby agree to the following: I understand that any recreational activity with Liberty Classical Academy, may involve certain risks to personal safety and property or the safety and property of others. I agree that it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I hereby waive any claim, action, cause of action, liability, suit, and expenses of any kind or nature I might have against Liberty Classical Academy, its board, employees, and representatives arising out of injury, property loss or damage from participation in this activity. Furthermore, I hereby agree to release and hold harmless the camp and school from any claim brought by a third party due to my participation in this activity. As I am signing this agreement on behalf of a minor child, I understand that the foregoing agreements and waivers apply equally to the child.

Parent/Guardian signature: _____ Date: _____

CAMPER INFORMATION

Last Name _____ First Name _____

Date of Birth _____ Age _____ Hair Color _____ Eye Color _____

Address _____

City _____ State _____ Zip _____

Emergency Contact (other than parent) _____

Emergency Contact Number _____



Child's portrait

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____

Phone Number _____ Work Number _____ Cell Number _____

Last Name _____ First Name _____ E-mail _____

Phone Number _____ Work Number _____ Cell Number _____

Please list names of all people authorized to pick up your child from camp:

Is there anyone who is NOT authorized to pick up your child from camp?

If yes, please write their name here: _____

HEALTH INFORMATION

This information will be kept in our health binder or carried by the Camp Director when your child travels off campus.

Child's Doctor: _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Allergies (including sunscreen or bug spray brands): Yes No

If yes, please list allergen, describe the severity of the reaction, and what is done to manage them (may use back pg.)

May we serve your child food and beverages? Yes No

Does your child have Medical, Physical, or Emotional conditions (including Disabilities)? Yes No

If so, on back, please provide additional information to assist us in providing the best camp experience for your child.

Medications (including Inhaler or EPI-PEN) Yes No

*All medications must be in their original containers. Please include a label stating the child's name, directions for dosage & physician's name. Medications must be given to the Site Supervisor or Camp Director. With written parental consent, children who have asthma may carry their own inhaler, or children at risk of anaphylaxis may carry their own EPI-PEN.

Liberty Classical Academy/Summer Camp

Authorization Agreement for Automated Payments (Debits)

I (we) hereby authorize The Garden School to initiate debit entries to my (our) account indicated below from the bank named below, hereinafter called Depository, for the purpose of paying Liberty Classical Academy fees and tuition

Depository (Bank) Name	Bank Branch
City of Depository	State and Zip Code of Bank
Routing Number	Account Number

Three Day (Tuesday, Wednesday, Thursday) \$160.00 per child

Type of Account: circle one: Checking Savings

Liberty Classical Academy will debit only school (camp) related fees. Debits resulting in insufficient funds will be assessed a \$40 late fee per each debit attempt. This authority is to remain in full force until September 1, 2023. *The board reserves the right to waive any and all fees on a per case basis.*

Enrollment date: _____ **FA received:** Y/N **Registration fee applicable:** Y/N

Parent Name: _____ **Signature of Agreement:** _____

Social Security Number: _____ **Date:** _____

Please attach a voided check with your completed form.

For office use only

ACH Debit Chart

Child(ren)	Amount	Other

Month	Amount	Status
June		
July		
August		