

# Camp Abrakadoodle®

## ***Parent Information Packet Includes:***

*Camp Registration Check List  
Camp Abrakadoodle FAQs  
Parent Guide  
General Health History Form*

## **Dear Parents:**

Thank you for registering your child/children and for completing the Camp Abrakadoodle on-line registration. We have an exciting array of Camp Adventures planned.

## **Please remember to:**

- Read the Parent Guide.
- List your current contact information/ emergency contact information on the enclosed form.
- Submit a complete health/registration form for each child enrolled. Note that OTC (Over the Counter) or prescription medications will not be administered by Camp Abrakadoodle staff.
- Our staff has been trained in allergy symptom and will administer Benadryl or use an Epi Pen under parent direction. We've enclosed an allergy action plan for completion only if your child has allergies.
- Provide information for all persons who are authorized to pick up your child after camp.
- Note the rules in the guide for drop off and pick up.
- All camps will be billed on the first day of the month in which the camp takes place.
- There is **a fifty dollar cancellation fee for all camps**.
- All campers: please bring a snack and beverage each camp day with your child's name attached. **We do not allow peanuts or nuts in our Studio.**

**Please bring a copy of the registration/medical form/pick up authorization with you on the first camp morning.**

*Looking forward to working with you and your children!*

Pat Lakatta, Executive Director

# **Abrakadoodle Art Adventures Camps**

## **Parent Guide**

### **Camp Philosophy**

Camp Abrakadoodle is designed for children ages 3 through 12 to experience the fun and excitement of day camp in an enriching and safe environment. Each camp offers structured art lessons and crafts supplemented with special activities, which include singing, games, story telling and movement. Under the guidance of experienced and energetic staff, children are encouraged to express their creativity, improve social skills and develop new interests through hands- on activities. We introduce participants to master and contemporary artists, multicultural arts, techniques and quality art materials. Camp Abrakadoodle recognizes the need for children to develop and express their own uniqueness in an environment where they are treated equally and fairly within consistent limits.

### **Camp History**

Camp Abrakadoodle was developed by a team of educators and artists to ensure a quality program to children across the United States. Abrakadoodle was established in 2002 as a way to bring art to children in a safe and enriched environment. Abrakadoodle art classes are held where children meet: schools, after school programs, parks and recs, child care centers, museums, etc. Abrakadoodle staff has been consistently bringing art to children through whole art education practices and a cognitive art process.

### **Camp Procedures**

All parents must complete medical and contact forms, required as part of the registration process. Camps will be conducted on the days/ times noted for each camp.

### **Arrival Guidelines**

- Please arrive no sooner than five minutes prior to the beginning of camp and no later than 10:10 a.m. at: **Abrakadoodle Art Studio for Kids, 9606 Deereco Road, Timonium, MD 21093.** *Our Studio phone number is: 443-841-7171.*
- You may park in any unoccupied parking space in the shopping complex.
- Bring your camper to camp on the first day, and sign in daily. Registration materials/sign in sheets are located at the entrance of the Studio.
- Please don't drop off your child without supervision. If your camper is late you must bring your child into the Studio. Staff is unable to supervise your child before class begins or ends.
- If you need to speak to a camp staff member please make prior arrangements to talk with staff at the end of the camp program.

## **Departure Guidelines**

Parents/Guardians must pick up their child at the end of camp. Please arrive promptly.

### **Release of Campers to Authorized Persons**

Please list specific persons authorized to pick up your child. Your child will be released only to those persons you have indicated on the enclosed form. Authorized persons, if asked, must display a picture identification card when picking up your child. If there are changes in authorized persons you must fill out appropriate documents for the change. Staff reserves the right to call for verbal verification and may require driver's license information for anyone picking up a child. Camp Abrakadoodle reserves the right to refuse to release a child without proper identification.

### **Contact Information**

Contact information must be filled out on the registration form. Addresses and phone numbers must be current and accurate. Staff may call to talk with parents/guardians at any time. If you need to reach staff, kindly call: 443-841-7171.

### **Discipline**

Camp staff approaches discipline in a positive, consistent, and constructive manner. Physical punishment, humiliation or yelling is not used at Camp Abrakadoodle. Children will be directed to another activity and may be asked to explore ways to control their behavior. If the child continually causes disruption to an individual or an entire group's ability to enjoy the class, the matter will be brought up to the parent/guardian. Every effort will be made to help the camper adjust. In the event that a solution cannot be met, the camper will be asked not to attend. *There are no refunds under these circumstances.*

### **Illness**

Please do not send a child, who has been sick within the last 24 hours, to camp. Campers who arrive sick will not be allowed to stay and must be picked up by the parent/guardian as soon as possible after notification from a staff member. If your child becomes sick during the course of camp, a staff member will notify you. Your child must be picked up as soon as possible. Please know that your child will be made as comfortable as possible while awaiting pick up.

### **Parent Visits**

Parents/Guardians are welcome to visit camp during camp hours for no more than a few minutes. However, parentsguardians are always welcome to visit briefly after class to view the artwork.

### **Camp Apparel**

Please send in an **old**, large shirt with your camper. Campers are encouraged to wear clothes appropriate for art class. Sometimes clothes may become soiled during the Camp Abrakadoodle experience. Abrakadoodle aprons are provided by staff to help protect clothing. Comfortable shoes such as sneakers must be worn for all activities.

## **Belongings**

Camper belongings must be clearly labeled with the camper's name. Do not bring items of value to camp. Belongings that inhibit a child's ability to fully participate in camp may be set aside and returned to the camper at the end of the day. We don't assume responsibility for missing items.

## **Snacks**

*All campers must come with a snack and drink every day. **No Peanut or Nut Products Are Allowed in the Studio!*** Refrigeration is not provided, so food must be packed appropriately. We ask that snacks be nutritious and non-perishable. Fruits, sandwiches, vegetables, bagels, muffins, cereal and 100% fruit juices or water are recommended by the United States Department of Agriculture (USDA) guidelines. ***PLEASE notify the staff if your child has food allergies prior to attending camp. We ask that all allergies are indicated on the required Allergy Action Plan.***

# abrakadoodle® Registration

**Family Name:** \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Contact #1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Type: \_\_\_\_\_ (mother, father, etc.)  
Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_  
(Emails are kept confidential)

**Contact #2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Type: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_  
(Emails are kept confidential)

Emergency Contact Info (name, phone #): \_\_\_\_\_  
(Not Contact #1, Contact #2)  
Health Insurance Carrier: \_\_\_\_\_

### Student #1 Information:

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Student Gender: \_\_\_\_\_ Birth Date \_\_\_\_\_ (format=mm/dd/yy) Student Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Abrakadoodle Class: \_\_\_\_\_  
Person authorized to pick-up child: \_\_\_\_\_  
Disabilities: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Primary Doctor/Hospital: \_\_\_\_\_  
(include doctor's telephone number)

### Student #2 Information:

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Student Gender: \_\_\_\_\_ Birth Date \_\_\_\_\_ (format=mm/dd/yy) Student Email: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Abrakadoodle Class: \_\_\_\_\_  
Person authorized to pick-up child: \_\_\_\_\_  
Disabilities: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Primary Doctor/Hospital: \_\_\_\_\_  
(include doctor's telephone number)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we photograph your child? ( ) Yes ( ) No

Method of Payment \_\_\_\_\_

Preferred Payment by Credit Card: \_\_\_\_\_ Card type \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Class Policies:

The children will often frame their artwork using FrameDoodles®. The frames are yours to keep. Please dress your child in old play clothes for class. There are no refunds for missed classes. There is a \$ \_\_\_\_\_ fee for returned checks.

### Medical Emergency

The undersigned gives permission to Abrakadoodle, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician be called and that my child be transported to the above selected hospital. Please include physician's phone number.

As the legal parent or guardian, I release and hold harmless Abrakadoodle, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Abrakadoodle, its owners and operators or on route to or from any of said premises.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



# Food Allergy Action Plan

Student's

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic:    Yes\*                      No    \*Higher risk for severe reaction

## STEP 1: TREATMENT

Symptoms: Give Checked Medication \*\* :

- If a food allergen has been ingested, but *no symptoms*:                      EpiPen    Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, mouth                      EpiPen    Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities                      EpiPen    Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea                      EpiPen    Antihistamine
- Throat = Tightening of throat, hoarseness, hacking cough                      EpiPen    Antihistamine
- Lung = Shortness of breath, repetitive coughing, wheezing                      EpiPen    Antihistamine
- Heart = Thready pulse, low blood pressure, fainting, pale, blueness                      EpiPen    Antihistamine
- Other = \_\_\_\_\_                      EpiPen    Antihistamine
  
- If reaction is progressing (several of the above areas affected), give EpiPen    Antihistamine

The severity of symptoms can quickly change. = Potentially life-threatening.

## DOSAGE

**Epinephrine:** inject intramuscularly (circle one)    EpiPen    EpiPen Jr.    (see reverse side for instructions)

**Antihistamine:**

give \_\_\_\_\_  
medication/dose/route

**Other:**

give \_\_\_\_\_  
medication/dose/route

## STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: \_\_\_\_\_ ) . State that an allergic reaction has been treated, and additional epinephrine may be needed)

2. Dr. \_\_\_\_\_ at \_\_\_\_\_

3. Emergency contacts:

Name/Relationship Phone Number(s)

a. \_\_\_\_\_ 1.) \_\_\_\_\_

2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_

2.) \_\_\_\_\_

c. \_\_\_\_\_ 1.) \_\_\_\_\_

2.) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's

Signature \_\_\_\_\_ Date \_\_\_\_\_