

## 2021 SCAMP ENROLLMENT APPLICATION



CAMPER'S NAME: \_\_\_\_\_

All new applicants will be approved for registration once an entire enrollment packet – **including completed Teacher Questionnaire form has been received** and reviewed by the SCAMP Coordinator. All applicants must meet enrollment guidelines as listed on our website.

To receive the \$25 registration discount, **the entire tuition of \$1,000 must be paid in full prior to May 1.**



### Checklist for returning campers or approved new applicants.

\_\_\_ I have registered my camper through the Recreation Department either by phone or internet.

\_\_\_ I have completed the enrollment packet completely and INCLUDING teacher questionnaire.

\_\_\_ I have read and understand all COVID-19 Protocols.

\_\_\_ I am paying for SCAMP in full or on a payment plan.

\_\_\_ I am planning on using outside resources (school district, grant, etc.) to pay for SCAMP. They have sent in a letter of commitment to SCAMP Coordinator or it is attached.

\_\_\_ I have applied for a scholarship through SCAMP's scholarship foundation.

- I meet the requirements of the scholarship, have sent in an application and proof of income (2020 Tax Return) to the Recreation Department.

# 2021 SCAMP General Information



**DATES:** Our five-week session will run from **Tuesday, June 29, - Thursday, July 29.** SCAMP meets **Mondays** through **Thursdays** from 9 a.m. to 2:00 p.m.

- ▶ *Open house is Monday, June 28 from 12:30 p.m. to 1:30 p.m.*
- ▶ *SCAMP will be closed Monday July 5 & Tuesday July 2 for summer break.*

**AGES:** 3-26+

**LOCATION:** West Hills Middle School, 2601 Lone Pine Road, West Bloomfield, MI 48323  
(West Hills is located on Lone Pine Road just East of Middlebelt Rd)

**TUITION:** \$1025 (Includes a \$25 non-refundable registration fee)

Parents planning to use outside funding for scamp **still must pay the \$25 registration fee** in order to register a child/adult in SCAMP. SCAMP will not refund this money and will only bill outside agencies \$1,000 for the cost of SCAMP.

**ALL TUITION IS DUE ON JUNE 1 OR UPON ENROLLMENT IF AFTER THAT DATE.**

\*\*\*No tuition refunds will be given after SCAMP begins\*\*\*

**FINANCIAL AID:** SCAMP does not directly fund scholarships, but disperses monies from Michigan Elks Association. There are limited partial/full scholarships that are available providing the camper meets the criteria and are given on a first-come-first-serve basis. SCAMP also coordinates with outside agencies. Monies will only be applied when we have been supplied with evidence of approval by a letter of intent to pay from agency or organization. Eligibility requirements:

- Family income of \$50,000 or less (MUST include 1040 tax form as proof of income. Please do not send us your entire tax return and black or white out your social security number) OR Documented financial hardship such as loss of job.
- More than one child in SCAMP.
- Michigan Elks Association scholarships require campers to be 17 years or younger.

**REGISTRATION:** All campers need to be registered online or by phone through the **Bloomfield Hills Recreation Department** website at [www.bloomfield.org/recreation](http://www.bloomfield.org/recreation) or by calling 248-433-0885. Early registration begins March 1 and continues through June 1. A class may be cancelled due to low enrollment. Parents will be notified by June 15 if a class has been cancelled.

Registration is **NOT** complete until a completed enrollment packet is mailed to the Bloomfield Hills Recreation Department. Please find our enrollment packet at [www.bloomfieldscamp.com](http://www.bloomfieldscamp.com)

**TRANSPORTATION:** SCAMP has received a grant from the **Women of Bloomfield** that has allowed us to provide transportation for a limited number of campers for a small fee of \$125. Our two buses pick up from the following locations: 1) Royal Oak 2) South Lyon, Novi, and Farmington Hills

**\*\*NO SPOTS WILL BE RESERVED/HELD FOR ANY CAMPER WHO DOES NOT REGISTER AND PAY FEE\*\***

\*\*\*Please note that limited wheelchair spots are available per bus\*\*\*

For information, call the Bloomfield Hills Recreation Department at: 248-433-0885 or visit our website at [www.bloomfieldscamp.com](http://www.bloomfieldscamp.com)

Updated 3/2/21



**EMERGENCY CONTACT INFORMATION**

CAMPER'S NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_

**You must have three contacts other than yourself available to pick up your child in case of an emergency or a behavioral incident.**

Contact 1: \_\_\_\_\_  
 NAME RELATION PHONE NUMBER

Contact 2: \_\_\_\_\_  
 NAME RELATION PHONE NUMBER

Contact 3: \_\_\_\_\_  
 NAME RELATION PHONE NUMBER

DOCTOR'S NAME: \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

**MEDICAL INFORMATION RECORD**

ALL QUALIFYING DISABILITIES \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY**

- |                                                 |                                         |                                                  |
|-------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Closed Head Injury     | <input type="checkbox"/> Hydrocephaly   | <input type="checkbox"/> Arthritis               |
| <input type="checkbox"/> Cerebral Palsy         | <input type="checkbox"/> HIV Positive   | <input type="checkbox"/> Scoliosis               |
| <input type="checkbox"/> Spinal Bifida          | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> ADHD                    |
| <input type="checkbox"/> Hearing Impaired Oral  | <input type="checkbox"/> CMV            | <input type="checkbox"/> Communication           |
| <input type="checkbox"/> Hearing Impaired Total | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Muscular Dystrophy     | <input type="checkbox"/> Hemophilia     | <input type="checkbox"/> Lung/Breathing Problems |
| <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Birth Defects  | <input type="checkbox"/> Other (Describe Below)  |

**SEIZURES:**  MILD       MODERATE       SEVERE       NONE

FREQUENCY: \_\_\_\_\_

What is the plan if a seizure occurs? \_\_\_\_\_

What does your child's seizure look like? \_\_\_\_\_

**ALLERGIES:** Please describe in detail including the plan of action if exposure occurs. \_\_\_\_\_

**LIST ALL MEDICATION YOUR CHILD IS CURRENTLY TAKING:**

TYPE	TIME GIVEN	PURPOSE	SIDE EFFECTS

*Please notify SCAMP whenever any of your child's medications or dosages are changed.*

**SPECIAL NEEDS**

- Does your child require a wheelchair?       YES  NO
- Is your child in diapers?                       YES  NO
- Does your child need help with toileting?    YES  NO
- Does your child need assistance with eating?  YES  NO

**SPECIAL EQUIPMENT (provided from home to use during SCAMP)**

- Catheter                                       Eating Tools                                       Communication book
- Eyeglasses                                       Walker                                               Prosthesis (                                      )
- Contact lenses                                       Hearing Aid                                       Wheelchair
- Braces                                               Speech Board                                      manual\_ electric\_

Please explain any other special problems or instructions:

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"I agree to pay any and all charges which may become necessary during any emergency treatment, and/or pay any and all hospital charges if my child must be taken to the hospital should the school be unable to locate me by telephone at the time of said emergency."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

As the parent/guardian of the above named child, I agree to the following:	
<ul style="list-style-type: none"><li>● I hereby release the Bloomfield Hills School District, its employees and agents from any and all claims of liability, which might arise from or in connection with this program, including field trips.</li><li>● In the event of an emergency, SCAMP officials are authorized to take whatever action is deemed appropriate.</li><li>● I have disclosed to Bloomfield SCAMP the nature of any medical or mental condition, which may interfere with my child's participation in the activity.</li></ul>	
Signature of Parent/Guardian	Date

*I have read, understand and agree to follow all COVID-19 protocols.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **TUITION PAYMENT RECORD**

Camper's Name: \_\_\_\_\_ Class Number: \_\_\_\_\_

SCAMP tuition= **\$1025** which includes a \$25 non refundable registration fee

- All tuition is DUE no later than June 1<sup>st</sup> 2021

### **PAYMENT OPTIONS:**

\_\_\_\_\_ **Plan A – Full Tuition Payment.** I paid already online or via check.

\_\_\_\_\_ **Plan B – Tuition Installment Plan.** This includes a \$25 processing fee. A deposit of \$275 must be received with the application packet by April 1<sup>st</sup> to be eligible for the installment plan.

\$250 is due at time of registration

\$250 is due May 1

\$250 is due June 1

\$275 is due July 1

\_\_\_\_\_ **Plan C – Outside Assistance. (MORC, CLS, ARC, PAS, Easter Seals, Child's School District, or other outside agency)**

I understand that it is my responsibility to apply for and receive this subsidy from an outside agency. I am responsible for any balance that the agency does not pay.

The source I am planning on getting funds from is: \_\_\_\_\_

The amount of assistance that I am receiving is: \_\_\_\_\_

The person I contact about this is: \_\_\_\_\_

- **A letter of commitment from outside source to pay for SCAMP must be submitted prior to June 1<sup>st</sup>.**

**REQUEST FOR ASSISTANCE FROM BLOOMFIELD HILLS SCAMP SCHOLARSHIP FUND**

There are limited full/partial scholarships available to those that apply and qualify. Please fill out this form completely and mail it back to SCAMP along with a copy of your 1040 tax cover page with your social security number blacked out. This information will be used by SCAMP to consider assistance based on the following criteria:

1. Family income of \$50,000 or less
2. Documented financial hardship such as loss of job
3. More than one child in SCAMP.
4. Michigan Elks Association scholarships require campers to be 17 years or younger.
5. Wright Brothers Scholarship requires campers to be 18-26 years old.

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS \_\_\_\_\_

GENDER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CHILD'S DISABILITY \_\_\_\_\_

FROM WHAT OTHER AGENCIES OR ORGANIZATIONS HAS HELP BEEN REQUESTED?

\_\_\_\_\_

WHAT ASSISTANCE HAS BEEN RECEIVED?

\_\_\_\_\_

**FAMILY REPORT**

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

OCCUPATIONS: \_\_\_\_\_

TOTAL **MONTHLY GROSS** INCOME FROM ALL FAMILY SOURCES: \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN LIVING AT HOME: \_\_\_\_\_

YEARLY GROSS INCOME BASED ON LAST YEARS 1040: \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

<p><b>Office use only:</b>  SCAMP has approved this child in the amount of: _____  Emily Price ~ SCAMP Coordinator _____ Date _____</p>
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The entire application must be filled out and all items necessary received with your application in order to study the merits of your case.

***All scholarship applications are due NO later than May 1<sup>st</sup>.***

Please contact Emily Price at [scampfun@bloomfield.org](mailto:scampfun@bloomfield.org) for specific questions.

For information, call the Bloomfield Hills Recreation Department at: 248-433-0885 or visit our website at [www.bloomfieldscamp.com](http://www.bloomfieldscamp.com)

# **MEDIA CONSENT RELEASE**



*Dear Parent or Guardian,*

There are many opportunities for SCAMP to showcase our campers and all the fun that they have at camp every summer. If you agree, your child's name and/or photograph may be used for our website, social media outlets, camp newsletters, community donor groups and on occasion the media (radio or TV stations) to promote and highlight our unique program along with any special events or activities that take place during the year. Please verify your choice of YES or NO to include or not include your child's name and/or photograph.

**Yes**      I grant my permission to use my child's image in SCAMP communications or other media taken during the year of 2021.

**No**      I do not grant my permission.

In addition, I hereby release the Bloomfield Hills School district, its employees and agents from any and all claims that might arise from or in connection with the publication and use of the said child's name and/or photograph as described above.

Camper's Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent or Legal Guardian

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

*\* After a camper leaves camp, we reserve the right to use all media unless a written request is submitted to the contrary.*



Class Number: \_\_\_\_\_

## PARENT/PROVIDER QUESTIONNAIRE

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

Age: \_\_\_\_\_

**To help us better meet the needs of your child/client, please answer the following questions.**

1. Describe what kind of a classroom that your child is place in MOST of the day. \_\_\_\_\_  
\_\_\_\_\_

2. What social or behavioral skills would you like SCAMP to reinforce this summer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your child's/client's favorite school or learning type of activities? \_\_\_\_\_  
\_\_\_\_\_

4. If a behavior problem were to occur, what techniques or strategies are the most successful when working your child/client?  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child require one-on-one assistance in his/her classroom? If not, can they function within a 3:1 ratio?: \_\_\_\_\_

6. List activities or special interests that your child/client has:  
\_\_\_\_\_

7. Is there anything else that you would like me to know about your child/client in order that they may have a fun summer? \_\_\_\_\_  
\_\_\_\_\_

# SCAMP Teacher Questionnaire

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

Age: \_\_\_\_\_

This student has applied to the Bloomfield SCAMP program for this upcoming summer. In order to determine if SCAMP is right for the applicant and to best meet the needs of the camper, we gather information from both the child's parents and their teacher. We greatly value any honest teacher input that can be provided to us to help make the summer beneficial and enjoyable. **When completed please mail this form directly to the SCAMP office.**

Teacher: \_\_\_\_\_

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

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

Student's present type of program: \_\_\_\_\_

What is your classroom makeup? \_\_\_\_\_

What is the staff to student ratio? \_\_\_\_\_

Does the student require a one on one? \_\_\_\_\_

If not assigned a specific one on one does the student require a significant amount of one on one attention during the day to complete activities?

\_\_\_\_\_  
\_\_\_\_\_

If so, please list the most difficult activities for the student, i.e. lunch, transitions, gym, reading, etc.

\_\_\_\_\_

## **BEHAVIOR:**

To attend SCAMP a child may not be a danger to themselves or others. SCAMP welcomes one-on-ones from outside sources, however does not provide them. Campers must be able to function within a 3:1 ratio.

Please check all that apply:

\_\_\_\_ Hits or kicks oneself or others

\_\_\_\_ Runs away from group

\_\_\_\_ Uses inappropriate language

\_\_\_\_ Oppositional defiant

\_\_\_\_ Other: Please explain: \_\_\_\_\_

\_\_\_\_\_

*SCAMP Teacher Questionnaire Continued*

*Page 2 of 2*

Are there any other behaviors or concerns that we should be made aware of at SCAMP?

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If a behavior occurs in your classroom, what are some positive behavior strategies that we can use to modify the participants behavior? List any strategies that have been found to be successful at school or at home. *OR* Please include any behavior intervention plans that you feel would be useful to our staff in managing behavior at camp.

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**ESY:**

Does the camper qualify for ESY services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please make sure to include all goals and data tracking sheets prior to the start of camp with an indication of person responsible.

**ACADEMICS:**

Describe some of the goals that you have been working on this past year in the area of reading. Include specific activities that you would like us to reinforce this summer.

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Describe some of the goals or activities that the student has been working on in the area of math and that you would like see reinforce this summer.

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What social skills would you like SCAMP to reinforce this summer for this camper? \_\_\_\_\_

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Is there any other piece of information that you think SCAMP should know that will help us provide the best possible summer program for this child/adult?

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**Thank you so much!**

**Please mail/email this form to:**

**Bloomfield SCAMP  
7273 Wing Lake Road OR  
Bloomfield Hills, MI 48301**

**eprice@bloomfield.org**





# SCAMP Covid-19 Protocols

## Guiding Principles for a Safe and Fun Summer!

### GENERAL

To minimize the potential spread of COVID-19, we will engage in the following best practices:

- To the extent possible, classes will maintain a consistent group of campers and teachers, each in their own classroom.
- Mixing of children across the groups will be limited by following a schedule that staggers each group's time on the playground, at the beach and in the art room.
- Non-essential entry to the building will be limited.
- Due to the nature of working with individuals with disabilities, physical distancing will be practiced where and when it's possible, but it will not be a requirement.

### CLEANING AND DISINFECTING:

- Cleaning and disinfecting schedules will be developed and implemented to ensure that all items and surfaces in classrooms get disinfected throughout the day.
- Commonly-used items and high touch surfaces will be disinfected daily.
- We will use CDC recommended disinfectants and/or diluted bleach solutions (avoiding use near campers).

### HANDWASHING

We understand that washing hands with soap and water for at least 20 seconds is the best practice for reducing spread of disease, but there may be times when an alcohol-based hand sanitizer may be used instead, at the following points during the typical day:

- Upon arrival
- Before and after snack
- After using the toilet
- After cough/sneezing or blowing nose
- Before and after going to an activity or playground
- Before dismissal

### PERSONAL PROTECTION EQUIPMENT (PPE)

- All staff, campers and parents/guardians must wear a mask at all times while at SCAMP. Any staff or camper who can not wear a mask due to medical reasons needs to fill out the following form [https://www.bloomfield.org/uploaded/News\\_-\\_BHS/BHS\\_Facial\\_Covering\\_Medical\\_Exemption\\_Form.pdf](https://www.bloomfield.org/uploaded/News_-_BHS/BHS_Facial_Covering_Medical_Exemption_Form.pdf)
- Mask breaks will be allowed while playing outside and are able to be six feet apart and also while at the beach swimming.

- Staff will wear gloves consistent with previous practices, including diapering, any medical needs and food service.

### **COVID-19 SYMPTOM MONITORING:**

Fever is the key indicator, therefore all persons must have their temperature tested before entering the building and measure 100 Degrees Fahrenheit or less.

Additionally, no one should enter the building if any of the following have been experienced in the previous 48 hours:

- Temperature over 100 Degrees Fahrenheit
- Confirmed or suspected exposure to COVID-19
- One or more of the following symptoms: cough, diarrhea, shortness of breath, difficulty breathing, change in smell or taste, lethargy/fatigue

Campers will be monitored closely for possible signs of illness. If a child becomes ill during the school day, the following immediate steps will be taken:

- Campers will be isolated in the camp office with on caregiver (teacher, aide, or coordinator).
- Camper's temperature will be taken- if over 100 Degrees Fahrenheit, parents will be contacted and expected to pick up the child within 30 minutes.
- If temperature is under 100 Degrees Fahrenheit, but the child exhibits one or more of the other symptoms listed above, parents will be contacted to pick up the child within 30 minutes.
- If no listed symptoms are present, continue to closely monitor the child as they rejoin the group.
- Observations will be reported to parents/guardians upon pick-up.
- Isolation room will be cleaned and disinfected.

If a staff member develops symptoms during camp hours:

- If possible, the staff member will leave the building immediately.
- If not, the staff member will wear a medical grade mask and limit close interactions with campers until replacement arrives.
- Campers in the affected class may need to be picked up if no other caregiver is available.
- If the ill staff member needs to be picked up or otherwise can not leave the facility immediately, they will wait in the isolation location.

### **PROTOCOL FOR POSITIVE COVID-19 TEST, EXPOSURE OR SYMPTOMS**

In the event that a student, staff member or visitor tests positive for COVID-19, the Oakland County Health Department and Bloomfield Hills Schools will be contacted immediately. We will use their recommendations to determine whether to close individual classrooms or the entire school, the duration of the closure and other next steps.

We are required to notify families of possible exposure to communicable disease, like COVID-19.

If a staff member or camper tests positive (or expected to test positive) for COVID-19, has had explore (or possible exposure) or is experiencing symptoms of COVID-19, the individual may not return to school until ALL of the following have been met:

- Fever-free for at least 48 hours without the use of medicine that reduces fevers, AND
- At least 10 days have passed since exposure or any symptoms first appeared AND
- Any other symptoms have improved

***If a camper is required to self-quarantine, tuition will not be refunded and make-up days are not permitted.***

#### **CLOSURES:**

If a class is closed due to COVID-19 exposure or by state orders, remote camp experiences will likely not be offered. Depending on the severity and timing of the circumstances, tuition refunds may be issued. These decisions will be determined by our SCAMP Coordinator and Special Education Director in Bloomfield Hills Schools, if and when it is required.

#### **DROP-OFF, PICK-UP AND BUSSING PLAN:**

Any person that enters the building must be proven to have a temperature no higher than 100 Degrees Fahrenheit. Temperature checks, including on themselves, will be performed by staff using a touchless thermometer.

Each day parents and staff will self-check to confirm the following of their child:

- No fever
- No cough or shortness of breath (or other common COVID symptoms like Diarrhea, change in smell or taste, etc.)
- No contact with COVID-19 in the last 14 days
- If yes is answered to any of these questions, the above Protocol for Positive COVID-19 test, Exposure or Symptoms must be followed.

Staff will admit and dismiss campers outside of the building (adults must wear face coverings and are strongly discouraged from entering the building at this time).

Only one adult per child should be present for drop-off and pick-up (ideally this would be the same adult each day).

Everyone will wash their hands or use hand sanitizer upon entering and before exiting the building.

#### **ACCEPTANCE OF THIS POLICY:**

Acceptance of this, and all SCAMP policies, will be established by signing the Enrollment Packet. Changes to this plan are to be expected and will be clearly communicated.

# ***Application Checklist***

\_\_\_\_ Enroll your child online at [www.bloomfieldrec.org](http://www.bloomfieldrec.org) or by phone at 248-433-0885

\_\_\_\_ Complete entire enrollment packet and mail back to SCAMP.

\_\_\_\_ I have read and understand all COVID-19 Protocols.

\_\_\_\_ Indicate plan of action for tuition payment. All tuition must be paid by June 1<sup>st</sup>.

You may pay by:

- credit/debit card
- personal check
- money order

You may call 248-433-0885 for credit/debit card payment or mail in or drop off at Bloomfield Hills Schools Recreation Department.

**Bloomfield SCAMP  
7273 Wing Lake Road  
Bloomfield Hills, MI 48301**

\*There will be a **\$30 fee on any returned checks.**

\_\_\_\_ Give your child's teacher the "Teacher Questionnaire" form to fill out, they can send it back to SCAMP when they complete it.

\_\_\_\_ If you are pursuing outside funding such as MORC or other personal scholarships including school districts, **you must provide a commitment letter before enrollment is processed and spot is saved.**