

# BRUNSWICK PARKS & RECREATION



**NEW!! TWO LOCATIONS!!**

**SPACE LIMITED TO 60 AT EACH SITE**

**Harriet Beecher Stowe School!**

**Junior Camper Division - Entering Grade 1-3**

**Senior Camper Division - Entering Grade 4-6**

**Kate Furbish School!**

**Junior Camper Division - Entering Grade 1-3**

**Senior Camper Division - Entering Grade 4-6**

**(Grade as of fall of 2021)**

**TWO 4-WEEK SESSIONS**

**WITH BEFORE & AFTER CARE!**

**SIGN UP FOR 1 SESSION OR BOTH**

**CPR TRAINED & CERTIFIED STAFF**

**7 to 1 Camper to Staff Ratio**

**Includes Camp T-Shirt**

**Visits from outside entertainment**

**Daily Activities and Craft Projects**

**Themed weeks and Special Event Days**

**Use of School Gym for Rainy days**

**& Weather Breaks**

Children are encouraged to wear sneakers and dress appropriately for the weather, as well as sports and craft activities.

**Session I: June 21<sup>st</sup> – July 16<sup>th</sup>**

**9am - 4pm \*\$450Res/\$598Non-Residents**

**\*\$15 Discount for **additional** siblings per session**

**Before Care 7:30am-9am**

**\$80 per session Res/\$99 Non-Resident**

**After Care 4pm-5:30pm**

**\$80 per session Res/\$99Non-Resident**

**Session II: July 19<sup>th</sup> - August 12<sup>th</sup> (Thursday)**

**9am- 4pm \*\$450Res/\$598 Non-Residents**

**Before Care 7:30am-9am**

**\$80 per session Res/\$99 Non-Resident**

**After Care 4pm-5:30pm**

**\$80 per session Res/\$99 Non-Resident**

**\*WEBTRAC ONLINE REGISTRATION  
NOW AVAILABLE!**

Sibling discount not available for online registrations; please register at our office to receive sibling discount

## **2021 Camp Care**

**Measures designed to lower COVID-19 risk**

- Curbside In car drop off & pickup
- Daily temperature checks at drop off
- Daily morning health screening questions
- Smaller cohort groups of program participants to reduce contact interactions.
- Scheduled cleaning of equipment and restroom facilities throughout the day.
- Additional hand washing stations & charting
- Hand sanitizer/sunscreen provided
- Programming focus on limiting non-contact activities.
- Face coverings will be required at all times, except eating & some water activities

**ALL GUIDELINES WILL BE HELD IN STANDARD WITH MAINE DECD GUIDELINES & WILL ADJUST WHEN GUIDELINES ADJUST**

**BUS TRIPS & SWIMMING  
WILL BE DEPENDENT ON  
GUIDELINES  
& AVAILABILITY OF  
TRANSPORTATION**



The Mid Coast Hunger Prevention Program (MCHPP) is offering a **Summer Feeding Program** that provides free breakfast and lunch to all summer campers at both locations. Please check the box on the reverse side if you would like to participate!

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656. To view our refund policy, see our current program offerings or register online, visit us online at [www.brunswickme.org/parks-recreation](http://www.brunswickme.org/parks-recreation)

**BRUNSWICK PARKS & RECREATION SUMMER VACATION DAY CAMP SUMMER 2021  
FOR GRADES 1-6 (grade as of fall 2021)**

<b>FOR OFFICE USE</b>
Date _____
Amt\$ _____
<input type="checkbox"/> Computer
#123001

Please check appropriate boxes:

**LOCATIONS:** Please select one

- Harriet Beecher Stowe School       Kate Furbish Elementary School

**SESSION 1: June 21<sup>st</sup> – July 16<sup>th</sup>, 9am - 4pm \$450\* Resident/\$598 Non-Resident**

\*\$15 Discount for additional siblings per session (discount not available for online registrations; please register at our office for discount)

- BEFORE CARE - 7:30am - 9am \$80 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)  
 AFTER CARE - 4pm – 5:30pm \$80 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)

**SESSION 2: July 19<sup>th</sup> – August 12<sup>th</sup>, 9am - 4pm \$450\* Resident/\$598 Non-Resident**

\*\$15 Discount for additional siblings per session (discount not available for online registrations; please register at our office for discount)

- BEFORE CARE - 7:30am - 9am \$80 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)  
 AFTER CARE - 4pm – 5:30pm \$80 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)

\* Would you like to take part in the Summer Feeding Program offered by Mid Coast Hunger Prevention?  Yes  No

Please Print

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Female  Male

Grade, Fall 2021 \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #1 Home Phone \_\_\_\_\_ Parent/Guardian #1 Work Phone \_\_\_\_\_ Parent/Guardian #1 Cell \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Home Phone \_\_\_\_\_ Parent/Guardian #2 Work Phone \_\_\_\_\_ Parent/Guardian #2 Cell \_\_\_\_\_

**IN CASE OF ACCIDENT OR EMERGENCY, we will first attempt to contact a parent. However, in the event we are unsuccessful, please provide another person (grandparent, neighbor, trusted friend) whom we might reach:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Allergies, physical or emotional limitations: \_\_\_\_\_

\*Behavioral concerns you would like us to be aware of: \_\_\_\_\_

\*Please list any situations that may be upsetting to your child: \_\_\_\_\_

\*Additional recommendations for us to better understand your child: \_\_\_\_\_

*\*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?*

YES       NO

**PEOPLE (i.e. GUARDIANS, BABYSITTERS, NEIGHBORS, GRANDPARENTS, ETC.) WHO WILL PICK UP YOUR CHILD DURING THE CAMP? ANYONE NOT LISTED WILL BE PROHIBITED FROM PICKING UP YOUR CHILD UNLESS THE CAMP SUPERVISOR IS OTHERWISE NOTIFIED IN WRITING. PLEASE LIST RELATIONSHIP TO CHILD**

**MY CHILD WILL BE WALKING HOME AFTER CAMP**

*As a parent, I give my child permission to participate in the Brunswick Parks and Recreation Department Summer Vacation Camp and all field trips. I understand that photographs taken of Parks and Recreation Programs may be used by the Parks and Recreation Department for promoting programs, classes or events to include brochures, posters or web page postings.*

Signature Parent/Guardian \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_ (PLEASE PRINT)

**TOWN OF BRUNSWICK  
PARKS & RECREATION 2021-22 YOUTH PROGRAMS  
TEMPERATURE SCREENING PROCEDURES  
DURING COVID-19 PANDEMIC**

The following procedures have been adopted by the Town of Brunswick to ensure the safety of children participating in a Parks & Recreation 2021-22 youth programs during the COVID-19 pandemic. These procedures are in effect through June 30, 2022.

1. All children wishing to participate in a Parks & Recreation 2021-2022 youth program may be required to undergo a daily health screening before admittance.
2. Parents/guardians must sign an authorization/waiver allowing health screenings. The authorization will specify that it is good for the entire school year, but permission is revocable by the parent at any time. See Attachment 1, Authorization/Waiver.
3. Parents/guardians may be required to provide a telephone number where the parent/guardian can be reached that day.
4. The health screening if preformed for this program area may be outside of the building/field or in the foyer or an area where a youth program will be held, such that it is separate from children who have already passed the screening.
  - a. The location will be in a vehicle curbside or can/will be partitioned off so that others need not walk within six feet of the screening area.
  - b. People waiting to have screenings must be spread out to maintain six-foot separation. Adults driving children to camp must stay in their vehicle. Children walking to camp must maintain six feet distance until it is their turn for the morning health screening.
  - c. A physical barrier such as a clear partition or face shield will be placed between staff and the arriving children and parents.
5. If screening is performed a Town of Brunswick employee trained in using the equipment will conduct the screenings.
  - a. The Tester shall be screened daily before administering any screenings of youth program participants.
  - b. The Tester shall wash hands or use sanitizer before donning protective equipment.
  - c. The Tester shall avoid physical contact if possible.
6. Health screenings that we take temperatures will be conducted using a no-contact infrared thermometer unit. If the infrared thermometer is not working, an alternative thermometer such as oral or contact forehead thermometer may be used.
  - a. If a no-contact thermometer unit is used, the tester shall wear gloves and ensure that the tester's face remains behind a face shield at all times. The tester may also wear a smock. Gloves shall be changed if they physically touch the child during the health screening.
  - b. If a forehead thermometer unit is used, the tester shall wear a facemask and gloves while taking readings.
  - c. The tester shall follow any manufacturer's directions specific to the thermometer unit.

- d. The Tester shall ensure that children being screened are calm and have not recently been engaged in activity that would artificially impact the reading, such as prolonged standing in the sun, running around, or wearing heavy clothing. Note that using facial cleaning products before a reading may artificially reduce temperature. If necessary, the Tester should have a child sit quietly in the shade until the child is calm and breathing at a normal rate.
- e. The Tester may ask the parent/guardian:
  - i. if the child has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
  - ii. if any other person residing in the household has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
  - iii. if the child has had any medication to reduce fever in the past six (6) hours;
  - iv. if the child has been in close proximity with anyone suspected of having or confirmed as having COVID-19 in the past fourteen (14) days.

Please note questions may be adjusted based on CDC recommendations

- f. The Tester shall make a visual inspection of the child for signs of illness (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness).
- g. Readings shall be taken on an unobstructed area of the child's forehead. The test area must be clean and dry.
- h. The unit should be held perpendicular to the forehead. Check the unit for the required distance between the subject and the unit.

#### 7. Reading temperatures:

- a. A reading of 100.4°F or below is considered normal and constitutes a passing reading and the child may be admitted to the youth program.
- b. If a reading is above 100.4°F, the parent/guardian shall be notified of the failing reading and neither the child, parent, nor any sibling may enter that youth program that day.
- c. If the parent/guardian indicates that the child has had a fever (a reading over 100.4 ° F) within the past 24-hours, neither the child, parent, nor may any sibling enter the youth program that day.
- d. If the parent/guardian denies symptoms but the child appears ill (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness), the child may not be admitted that day but siblings that pass the health screening may be admitted to the youth program.

#### 8. If a child passes the health screening but later seems ill during the program, the child shall be isolated from the other children and rescreened.

- a. If the child does not pass the temperature screening, the parent/guardian shall be required to pick up the child. Also, the parents/guardians of the children in the group that that child is a part of will be called and have pick up their children for the day.
- b. If the child passes the temperature screening, whether to require the parent to pick up the child will be in the Director's discretion and the decision will be made on a case by case basis.

If a child does not pass a health screening because of fever, whether initial or one done later in the day in response to the child not feeling well, the child and any siblings will not be allowed to return to a youth program until the child showing symptoms has subsided and for at least 72 hours.

**Attachment 1**  
**Town of Brunswick**  
**Parks & Recreation 2021-22 Youth program**  
**COVID-19 Authorization/Waiver**

I, \_\_\_\_\_ (print name of parent/guardian), the parent or legal guardian of the participating child indicated below (the “Child”) hereby state that I understand and agree to the following:

1. The Child’s participation in a 2021-2022 youth program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR’S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the Program, I hereby grant permission to the Town of Brunswick to perform a health screening, including taking the temperature of the Child, for the purpose of screening the Child for illness, including but not limited to COVID-19. This permission allows screening on a daily basis (when program in session) and extends to retesting the Child later in the program when I am may not be present in the event that Child appears ill. I understand that readings and health screening answers will be recorded. I specifically agree to the Temperature Screening Procedures provided to me by the Brunswick Recreation Department.
3. I give my consent for the Brunswick Recreation Department Director or Deputy Director to act in my place in all respects should the need arise during the course of the program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I, for myself and my Child, voluntarily assume the risks associated with participation. Further, I hereby waive and release, for myself and my Child all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. This Authorization is valid through June 30, 2022. I understand that if I revoke this Authorization or any part thereof, the Child will no longer be able to participate in the Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Printed name of participating Child