



BRANDON RIVERBANK INC.

2020 SWAMP CAMP

Thank you for your interest in our Swamp Camp this year!

Please note that if decided by the Government of Manitoba, or by Brandon Riverbank Inc., we will cancel our Swamp Camp and call families in a timely manner for a full refund. Cancellations could take place via short notice, and if that happens, we do apologize for any inconvenience.

This year due to COVID-19 we will only be offering camp in the morning and have reduced our maximum number of kids to six. Swamp Camp will take place outside (light rain or shine) so please make sure to pack appropriate clothing suitable for seasonal weather. In case of extreme weather (thundershowers) we will move the camp indoors to our Multipurpose Room which can accommodate appropriate physical distancing.

Brandon Riverbank Inc. is following Manitoba Health's guidelines to ensure a healthy and clean environment. Our indoor facility is cleaned regularly with special attention to high touch areas. All staff utilize the self-screening COVID-19 screening tool each day before coming to work. If a staff member is feeling unwell or showing symptoms they are asked to stay home.

We ask parents to screen their child each morning prior to dropping them off at Swamp Camp. If a child has the following symptoms they will not be able to attend camp: fever, feeling unwell/fatigued, cough, nausea/vomiting/diarrhea, shortness of breath/difficulty breathing, muscle aches, sore throat, headache, runny nose/nasal congestion. If your child develops symptoms of sickness throughout the morning, we will call you to come and pick up them up as soon as possible.

Lastly, we ask that parents start a discussion with their children about physical distancing prior to Swamp Camp. Our staff will encourage physical distancing throughout the day and give gentle reminders to children if needed as we understand this can be a difficult concept.

Please ensure all **four** forms are completed prior to dropping them off or emailing them to us: Registration Form, Behavior Management Policy, Privacy Act (Photo Release) and Drop Off & Pick Up Policy

This year, we are offering parents to email their forms to admin@riverbank.mb.ca and pay by credit card over the phone. This has to be done on the same day in order to hold your spot.

If you have any questions or concerns please call 204-729-2141 or email danielle@riverbank.mb.ca or admin@riverbank.mb.ca



REGISTRATION FORM

Please check the following week your child will be attending Swamp Camp:

Monday June 15th – Friday June 19th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday June 22nd – Friday June 26th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday July 6th – Friday July 10th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday July 13th – Friday July 17th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday July 20th – Friday July 24th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday July 27th – Friday July 31st

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday August 10th – Friday August 14th

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Monday August 17th – Friday August 21st

- **Morning Program: Drop Off 9 AM, Pick-Up 12 PM**

Daily Topics:

Monday – Wacky Wetlands

Tuesday – Feet and Beaks

Wednesday – Plants and Pollen

Thursday – Creepy Crawlers

Friday – Claws and Paws

Please note any days your child may be unable to attend or leaving early:

Participant Information

Name of participant: _____

Address: _____

City/Province: _____

Postal Code: _____

Gender (Please circle): Male Female

Birthday: _____

Age (as of July 1, 2020): _____

Guardian Information:

Parent(s)/Guardian(s): _____

Email: _____

Home Phone #: _____

Work #: _____

Cell #: _____

Alternate Contact Name: _____

Alternate Contact Phone #: _____

Medical Information

Family #: _____

Personal #: _____

Doctor's Name: _____

Doctor's Phone #: _____

Allergies (Please circle): **YES NO**
(if yes please explain): _____

Health/Behavioral Issues: _____

Medication(s):

Please note any medication(s) you will be sending with your child:

Do you grant permission for Brandon Riverbank Inc. to administer the medication(s) to your child? **YES NO**

Date of last Tetanus Immunization? _____



YOUTH PROGRAM BEHAVIOR MANAGEMENT POLICY FORM

It is Brandon Riverbank Inc.'s goal to provide a safe, healthy and secure environment for all children who attend our youth programs. We work hard to emphasize the following core values when working with children who attend our programs:

- ✓ To be respectful of all program participants and staff, and to treat everyone equally
- ✓ To take responsibility for one's own actions, and to be kind to all participants and staff
- ✓ To encourage honesty as the basis for all interactions and relationships
- ✓ To include all participants in all activities

It is our hope that all children stay for the duration of their program. However, we will not hesitate to promptly inform parents / guardians of their child's behavior if it is disruptive to the program. If a solution is not found, the child will be sent home and there will be no refund of program fees.

Please note our Policy below regarding disruptive behavior:

1. If a participant has required any behavioral warnings throughout the day, parents will be informed at pick up.
2. If a participant has been verbally warned to mind their behavior three times, they will be removed from the group for a short time.
3. If a participant has been removed from the group twice, the parents will be called and informed at the time.
4. If a participant is removed from the group a third time, the parents will be notified that the child must leave for the day – their return on any following days for which they are registered will be discussed at that time.

In certain circumstances, we will be forced to withdraw a child from the program, waiving the above progressive policy. The following circumstances may warrant such removal:

- Non- compliance with the safety policies and procedures of our site and grounds.
- Use of abusive language or inappropriate behavior directed at others by child or parent.
- Assault or threat of assault by a child or parent will result in immediate termination.
- Any destructive or violent behavior by a child or parent that is harmful to any person, animal or property.

I have read and understand the above policy:

Participating child(ren)'s name(s): _____

Parent/ Guardian Signature: _____ Date: _____



PRIVACY ACT FORM
(PHOTO RELEASE)

I agree to allow photographs or videos of camp activities, which may include the child in my care, to be used in camp promotional materials or brochures.

The camp director reserves the right to dismiss a camper who, in his/her opinion, is not conforming to the reasonable regulations of the camp. I agree that I will arrange transportation home for the child in my care, if needed. I have read this application form and hereby accept the conditions of enrolment.

Brandon Riverbank Inc. will ensure that this information is protected, by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorized access, use, modification or disclosure, and against other misuse.

Parent/ Guardian Signature: _____ Date: _____



DROP OFF AND PICK UP **POLICY FORM**

If an unauthorized person will be picking up your child, written permission must be received before we will release a child to anyone who is not authorized on this form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

A parent or guardian may authorize up to 4 individuals to pick up their child from Swamp Camp at the Riverbank Discovery Centre.

All Authorized individuals, including the parent or guardian will be asked for present valid identification at the time of pick up.

I, _____ authorize the following individuals to pick up from Swamp Camp:
(Please make sure to include your spouse on the list below if applicable)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

If an authorized individual without valid identification or an unauthorized individual comes to pick up my child, I can be contacted at this number:

Name: _____ Phone: _____

Signature: _____ Date: _____