Time Before Humans



Program Aide Registration Packet
Time Before Humans Day Camp 5B
Monday - Friday, June 10 - 14, 2024
Kathryn Stagge Marr Community Park
9:00 a.m.-3:00 p.m.

Registration Deadline:
April 30, 2024
Mandatory training
Saturday June 1, 2024
First and second years 10:00 a.m. - 4:00 p.m.
Older PAs 12:00 p.m. and go until 4:00 p.m.
Trinity UMC

OPEN FOR NEWS ABOUT DAY CAMP!



Dear Caregiver:

Thank you for your interest in sending your Girl Scout to volunteer day camp. At camp, girls will discover their values and talents through a variety of outdoor activities. Girls will also connect with other girls and adults, learn how to work together as a team, and use that teamwork to take action and make the world a better place. Please complete and return a **PA Registration**, **Health History**, and **PA Code of Conduct Forms** found in this packet, for each program aide.

Below and on the next page, you will find basic information about day camp. Detailed information and instructions will be sent in a confirmation packet after you have registered. For additional questions or concerns, please contact the day camp directors.

Day Camp Director: Elizabeth Erb 513.324.4357 Registrar: Analisa Charlton 231.373.4321 Nurse: Rita Hill 513.910.1668

Or email the committee at DayCamp5Bisfun@gmail.com

Looking for additional outdoor activities for your Girl Scout? All of our summer camp and outdoor activities are listed on our website at gswo.org/camp.

PA Training: Mandatory training on <u>Saturday June 1</u>, with two start times. Training will be held at Trinity UMC on Wolfpen Pleasant Hill Rd. (NO overnight this year.)

- First and second year PAs will arrive at 10:00 am and go until 4:00 pm. (Bring a sack lunch and drink) {those going into 8th or 9th grade}
- Older PAs will start at noon. and go until 4:00 pm. (either eat first, or bring a sack lunch and drink) {those going into 10th or 11th grade}
 - We ask that all returning PAs bring their binder to the training with them as very few returned them at the end of camp.

PA Caregiver meeting: We will have a PA caregiver meeting on Saturday, June 1, 2024 at 10:00 a.m. am at the start of the newer PA session. Parents of older PAs are welcome to attend.

Adult Volunteers Needed: Since the PAs stay at camp all week (Sunday–Friday) we need adult volunteers to help chaperone including staying overnight (counts for discount), transportation to evening showers, and picking up and delivering items. More information will come by email once your child has been accepted as a program aide for Day Camp 5B. Adults must be registered Girl Scouts and background checked to volunteer. There will be an online sign-up for evening Adult Volunteers.

Camp Details:

Directions to camp: Stagge-Marr Community Park is located at 6662 Goshen Road. Traveling from State Route 28, turn south on Goshen Road. The park is located on the left side of the road, almost immediately after passing Goshen Middle School. Drop off and pickup is at the Goshen Middle School.

Food: More information on what meals the PAs need to bring will be covered at the mandatory training.

Caregivers: If you feel this camp is unsafe or a hazard to children you, should contact Clermont County Children's Services Department at 513.732.7173 or Clermont County Combined Health District at 513.732.7499.





Health: A nurse or first aider will be available at camp. Check with your physician to see if a tetanus booster or any immunizations are necessary. Medications are the responsibility of the caregiver. Campers should give any medications the camper may need to the health supervisor or PA unit leader in the original container on the first day of camp. Be sure to include written instructions. Ensure any allergies or dietary restrictions are recorded on your Girl Scout's Health History form.

Clothing: Getting wet and dirty is part of the fun of camp, so proper dress for the weather is necessary. No halters, t-straps, spaghetti strap tank tops, flip-flops, crocs, or sandals. Wear closed-toe sturdy shoes, ankle-high (or higher) socks and head cover and bring rain gear. Please set a good example for the campers. Camp is not cancelled because of rain. Regular tank tops that completely cover you are okay ('3 finger straps').

Insurance: Every registered Girl Scout and registered adult member is automatically covered under the basic plan by Girl Scouts of the USA. This plan is effective from October to the following October. This insurance provides up to a specified maximum for medical expenses incurred as a result of an accident while a member is participating in an approved Girl Scout activity, after the individual's primary insurance pays out.

Activity Costs: (Note: Patches are included for any attending child)

Program Aides (going into grades 8-12) and earned their PA pin

Discount for camper of adult volunteer

(All school age girls and adults participating in camp must register as Girl Scouts.)

\$ 65 (T-shirt/patch included)

-\$ 5/day (\$25 for 5 days)

Make checks payable to "<u>Girl Scouts of Western Ohio Volunteer Day Camp 5B</u>". Complete the registration, additional information and release forms and return with payment to:

Analisa Charlton 6329 Paxton Woods Dr Loveland, Ohio 45140

Do not put directly in Analisa's mailbox!

Use provided bin on her porch.

Do **not** send registrations to the Girl Scout Center. All registration received at the Girl Scout Center will be forwarded to the appropriate day camp on a weekly basis and may cause your child to be closed out of camp.

Financial Assistance: Financial assistance may be available for girls who want to attend but are unable to do so because of limited family income. Applicants must pay at least 50 percent of the day camp fee. Please include payment for the total amount your family can pay with the registration form.

Confirmation Email: If you have not received a camp confirmation email by May 12, 2024, please contact Day Camp staff by email at DayCamp5Bisfun@gmail.com. Please put 'Day Camp 2024' in the subject line.

Refund Policy: Money may be refunded for the following reasons only:

- 1. Moving out of town.
- 2. Illness or exposure to a communicable disease.
- 3. Required attendance at summer school.
- 4. Camp capacity is reached, and no other camp is attended; refund will be sent within four weeks of registration date.

To request a refund, send a written request within ten business days (by June 30, 2024) from the end of camp to: DayCamp5Bisfun@gmail.com. Please use subject of Day Camp 2024 refund.

CAMPER REGISTRATION FORM DAY CAMP 5B

Monday-Friday, June 10-14, 2024 Time Before Humans

Program Aide's Name:			_ Phone:	
Address:	City:		_ State:	Zip:
School:			County:	
DOB:	Age:		_ Grade in Fa	11:
Caregiver's Name:			Phone:	
Caregiver's Email:				
Troop Leader's Name or Tro	op #:	Servic	e Unit Name	or #:
Custodial Care: ☐ Mother on	nly \square Father only \square Both \square C	Other		
Dietary preferences or restric	ctions: (for outdoor cooking m	nenus)		
□ None □ Vegetarian	□ Vegan □ Kosher	☐ Halal	☐ Other _	
□ Program Aide - Girl Scout Cadettes/Seniors/Ambassadors (Going into Grade 8 – 12 in fall 2024) I have earned my PA pin □ Yes □ No Date:Location:				
T-Shirt Sizes: (circle size)	YM YL AS AM AL A	AXL AXXL	AXXXL o	ther
*	gistered Girl Scouts. If you ne assistance may be requested d			WO customer care
*To use Cookie Dough f	or payment			
Fill out the form at:				
"Cookie Dough Code" box and your camp code in the "Event/Camp Details" box. Camp ID:				
	al assistance (50% of the day of		se the GSW(O >EVENTS option:
except those noted. I have re understand that my camper	my daughter/son to attend da ead the Day Camp flier and ag must have written permission ched in an emergency, I give p	gree to cooperate to leave camp e	e with the gui arly or with s	delines listed. I someone other than a
Caregiver Signature:			Date:	

TOTAL FEES		
\$		
-\$		
-\$		
+\$		
-\$		
\$		

Mail completed application form, additional information and release form, health form, photo release, and camp code of conduct form with fee to:

Analisa Charlton 6329 Paxton Woods Dr Loveland, OH 45140

Deadline: Girls will be accepted on a first come, first served basis based on the number of volunteers available and according to postmark.

Priority will be given to girls with caregivers who are volunteering. After April 30, 2024, registrations will only be accepted based on unit availability.

Camp fee must be received to confirm spot.

Program Aide Application For Girls Entering Grades 8–12 only.

A Program Aide (PA) is a Girl Scout who is interested in sharing her interests and experiences with younger girls in a troop, group or camp setting. Being a PA at Day Camp VB is a leadership opportunity for girls to develop skills while giving service to others. Duties could range from leading games and songs, assisting in crafts or activities to helping set-up or clean-up. Please complete the following information for consideration

Criteria to apply:	
☐ Has completed the grade 7	
☐ Has attended a Girl Scout Camp previously	
☐ Has earned her PA Award (LiA, core training, six sessions working w/ younger §	girls)
☐ Is interested in giving time and service to enhance this camp experience for you	nger girls
Name: PA Camp Name:	
Have you attended Day Camp 5B previously? ☐ Yes ☐ No	
If yes, please list the years	
Do you have PA experience? \square Yes, 2024 will be my 1 st 2 nd 3 rd 4 th 5 th (circle one) year	as a PA at this camp \square No
As a PA at Day Camp VB, please list the assignments that you have had in the past:	
If elsewhere, please detail the experience(s):	
As you know, tradition is our PAs move in on Sunday late afternoon and camp all week after camp. This year we are offering the chance to come for extended days, with just of Thursday. Please choose an option:	until packing up Friday
☐ Move in Sunday, Go home Friday, with a choice of one night at home	
$\hfill\Box$ Come Sunday - 6:00-9:30 p.m., M, T, W - 8:00 a.m9:30 p.m., Th - 8:00 a.m	Fri 5:30 p.m.
Who do you plan to tent with? (no solo tenting)	
Do you have a tent? Or does your tentmate?	
Please give 3 reasons why you would be a great PA at camp:	
What is your favorite thing about working with younger girls?	

What is your least favorite thing about working with younger girls (be honest)?			
Please briefly describe why y preferences of activities or ag	1 0	•	np. Feel free to include
This is your chance to help us find the right place for you. Please look at the various skills shown in the table and list 3-5 that you consider yourself skilled in teaching. We will be using what you mark as a guide to help us.			
SKILL	SKILL	SKILL	SKILL
Outdoor cooking:	Slingshots	Fishing	Leave No Trace

SKILL	SKILL	SKILL	SKILL
Outdoor cooking:	Slingshots	Fishing	Leave No Trace
Box Oven	Plant/Animal identification	Crafts	Fire Building
Buddy Burner	Creeking	Inventure Games	Fire Cleanup
Charcoal Chimney	Hiking	Parachute Games	Fire Safety
Dutch Oven	Trail Signs	Lemme Sticks	Lashing
Stick Cooking	Flag Ceremonies	Tinikling Poles	Compass
Foil Dinners	Cleaning Latrines	Songs & Games	Knife Safety
Homemade ice cream	Dishwashing	Letterboxing	Knots

1:	
5.	

Please make sure you complete all of the forms and send them and payment in on time. We do give priority to girls who bring an adult volunteer with them. We must do that to have enough adults to staff the camp. If you are not accepted for our day camp, we will mail your check back to you. Please contact the Girl Scout Center at 888.350.5090 for other program aide opportunities or to find out about the new requirements for Girl Scout Cadette Program Aide Awards and Counselor-In-Training Awards

Camper Additional Information and Release Form (Side 1)

Camper's Name	Date of birth	Age
Address		
	Phone	
Caregiver's Email		
Medical Information		
This section must be completed by ev	veryone attending in order to register t	for camp.
Immunizations:		
Date of last injection—if this informati	ion is no longer available, write C for chi	ildhood if immunized as child.
DPT: Measles/Mumps:	TB: Polio: Tetanus	:: Hepatitis:
Are medications currently being taken:	□ No □ Yes (if yes, please specify): _	
(Medication must be in original contain	ner with written instructions and given to	o the Day Camp Nurse at camp).
Are there any special needs or accomm	nodations required? If yes, please explain	:
Are there any known behavior and/or e	emotional problems? If yes, please explai	n:
Allergies and/or dietary modifications:		
Is participant in good physical condition	on with no serious illness or operation sin	ice their last health exam?
\square Yes \square No (if no, please specify):		
Physician's Name:	Phone #:	
Insurance Information		
Is the participant covered by family me	edical/hospital insurance? \Box Yes \Box No	
If so, indicate carrier or plan name:	Group #: _	
Insurance ID number:		
Name of insured:	Relationship to par	rticipant:
Emergency Contact Information		
In case of emergency during day camp	hours, if caregiver cannot be reached ple	ease contact:
Name:	Home Phone	ne:
Relationship to camper:	Cell Phone	:

Camper Additional Information and Release Form (Side 2)

Camper's Name:			
Transportation Information (for registered Girl Scouts only)			
I understand that my daughter will b	e released only to the people listed below	w with proper ID:	
Name	Relationship to girl	Phone #	
Name	Relationship to girl	Phone #	
Name	Relationship to girl	Phone #	
Caregiver Permission and Consen	t to Treatment		
participate in all activities except the cooperate with all regulations. I furth the flier. Photography: NOTICE OF FILM event, you enter an area where photography ou consent to photography, audio/v GSWO and its affiliates and represer You have been fully informed of you	Participant has my permission to attend one noted. I have read the day camp flier her understand that the deposit is refund that	and understand and agree to able only for the reasons noted on adding a Girl Scouts of Western Ohio occur. By entering the premises, ation, exhibition or reproduction by of payment or royalties for its use.	
check-in.	ing in photos of viacos, you must let you	ar camp arrector mile if at event	
Emergency Medical Authorization: This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.			
Authorization for Treatment: In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.			
My daughter may be registered as a	Girl Scout member through September 3	30, 2024.	
Caregiver Signature (required):	1	Date:	

PA CAMP CODE OF CONDUCT

I,	(Girl Scouts name), unde	erstand that my attitude and behavior are
	ant to my success and the success of others in at camp I will following:	low the Girl Scout Promise and Law and
1. Iv	I will follow the established PA Unit Agreement and will abide	by all those rules.
2. I	I will be sensitive to the needs of my fellow Girl Scouts by per-	forming my assigned duties including unit
an	and all-camp kapers and participate in all camp activities.	
3. Iv	I will respect the spaces and the people at camp.	
4. Iv	I will be responsible for my personal belongings.	
5. I v	I will treat supplies/equipment and people with care.	
6. Iv	I will use any safety equipment provided for my own protection	n.
7. Iu	I understand I will be sent home for all physical aggression (ind	cluding hitting, kicking, biting, hair
pι	pulling) and threats or intimidation of physical injury.	
8. Iı	I understand that the use of bad language is not allowed.	
9. Iı	I understand that the use of alcohol, tobacco (including vaping)), or drugs is prohibited. I understand that
if	if I do not abide by this rule, I will be sent home.	
10. I v	I will submit any sport practices, play practices, doctor appoint	ments, or other reasons for leaving camp
to	to the camp directors by June 1 in writing. Notes must be signe	d by a parent.
11. I ı	I understand that camp is mainly cell phone free. If phones are	brought to camp, they can only be used
dı	during hours set by the directors. If a PA needs to use a phone of	during camp, they will need to ask an
ac	adult staff member to make the call. Caregivers, if you need to	reach your daughter, contact Elizabeth
Eı	Erb at 513.324.4357 or one of the numbers listed.	
12. I ı	I understand being able to have a car at camp is a privilege, and	l I acknowledge I will not provide
tra	transportation for other Girl Scouts during camp	
	estand that if I do not abide by the guidelines listed above the car. p. I will not receive a refund and I understand this can affec	-
This form	rm must be signed by both Girl Scout and the caregiver and retu	urned to the camp volunteers.
Girl's Sig	Signature Date	
Caregive	ver's Signature Date	