



– BUFFALO NIAGARA –
HERITAGE VILLAGE

Our Heritage • Your Village

Welcome to Summer Camp



BNHV's summer camp staff are looking forward to your child's summer camp session. We have a lot of fun, hands-on activities planned for the week. Before we get camp underway, we wanted to give you an idea of what to expect.

What to Wear:

We will be outside for most of the day. Therefore, wear comfortable play clothes which are appropriate for the weather, and sneakers. Since we will be outside, please wear (and bring so it can be reapplied) sunscreen and bug spray.

What to Bring:

- Bagged lunch and Snacks
- Water bottle
- Sunscreen and hat (if wanted) for sun protection

What not to Bring:

- We ask that all cell phones be stored in backpacks for the day. If they are not needed, please leave them at home.
- Outside toys or personal items that may get lost.

Drop Off/Pick Up Information:

Drop off is at 9:00 am and pick up is at 4:00 pm. Campers will be dropped off and picked up at the gates next to the Steffen Education Building. If you park in the large parking lot facing Tonawanda Creek Road, you will see the gates.

If you are running late (more than 15 minutes) or need to pick up early, please enter through the main museum entrance so that a staff member can lead your child out to join their group or radio us to bring your child in to you.

Campers will be signed in upon arrival and signed out at pick up. Only the adults/guardians listed in the registration paperwork will be allowed to pick-up a child.

Nurturing Positive Behavior:

Children sometimes exhibit challenging behaviors such as aggression, hurtful words, or defiance. This happens (a) because children have not yet learned the crucial social, emotional, language, and cognitive skills that lead to positive behavior and/or (b) because children like to test limits, and camp tends to offer a sense of freedom where they feel they can push some limits.

Here at BNHV, we believe that these instances of challenging behaviors are learning opportunities and train all camp staff in Positive Behavior Support. Working with campers starting day one, we develop and implement a positive behavior plan which allows us to anticipate behavioral challenges so that potential difficulties can be prevented.

The safety of our campers and staff is of utmost importance. The following behaviors are strictly prohibited and will result in disciplinary action.

- Bullying and/or threatening others
- Profanity
- Fighting
- Stealing or damaging camp property and/or other's property

BNHV's disciplinary process is as follows:

1. If any of the above behaviors are exhibited, a one-on-one verbal warning with the camper will take place.

2. If the behavior continues, a mild consequence will be enacted. This may include: time away from the group, removal from a group activity for the day, etc.
3. A report or phone call to the parent/guardian will be the next step if the behavior continues or escalates.
4. An expulsion from camp will result if the behavior does not cease. There will be no refunds if a child is expelled from camp.

Positive reinforcement is much more powerful than punishment. When campers are observed behaving well, getting along, and having fun responsibly it will be pointed out and they will be praised for it!

Photo Release:

Buffalo Niagara Heritage Village loves to include images of our visitors in our many publications and advertisements. During your child's visit to BNHV we will be taking photos and would like permission to use your child's likeness. If you are willing to let us take and use your child's photograph, please read and sign the photo release at the end of the enrollment form.

Health and Safety:

The health and safety of our campers and staff is of utmost importance. If your camper is feeling ill please refrain from bringing them to camp.



Enrollment Registration Information

Child Information

Name of Child (Last, First): _____

Nickname: _____ Identifies As/Gender: _____ Age: _____

Birth Date: _____ Child's Primary Language: _____

Child's Home Address: _____

Child's Home Phone: _____

Primary Contact and Release Persons

Parent/Guardian #1: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Home Address (if different from child):

Parent/Guardian #2: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Home Address (if different from child):

Additional Individual(s) your child may be released to: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Home Address (if different from child):

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____

Emergency Contact and Release Persons:

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the “Emergency Contact and Release” box, as the persons listed will also be authorized to pick up or accompany the child for purposes of medical treatment. Additionally, please list the persons you would like authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the “Release Only” box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government issued photo identification at the time of pick-up.

Mandatory Emergency Contact Person #1: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____

- Emergency Contact and Release
- Release Only

Emergency Contact Person #2 (optional): _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____

- Emergency Contact and Release
- Release Only

Date: _____

Parent/Guardian Initial: _____

Child Profile

Name of Child: _____ **Age:** _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his/her/their individual needs. All information is confidential.

1. What are your child's strengths or interests?

2. Does your child have any particular fears we should be aware of?

3. Are there any concerns we should be aware of?

Please check the appropriate boxes to describe your child's current social and emotional development. (All responses will be confidential and are for informational purposes only.)

Social and Emotional Development	Not Yet	With Support	Most of the Time	Always
Able to identify emotions in self	•	•	•	•
Able to identify emotions in others	•	•	•	•
Refrains from aggressive behaviors toward others	•	•	•	•
Able to self-soothe when upset or overwhelmed	•	•	•	•
Exhibits impulse control (ie~ uses appropriate words to show anger when upset)	•	•	•	•
Able to resolve conflict with others	•	•	•	•

Shows interest in being part of a group	•	•	•	•
Able to follow simple directions	•	•	•	•
Able to easily transition from one place to another (ie~ dropoff)	•	•	•	•
Cooperates with peers during play	•	•	•	•

Medical History

1. Can your child effectively communicate his/her/their needs? _____

2. Does your child have any medical or physical needs? Explain:

3. Does your child have any allergies? Are any of the allergies severe or life-threatening? Explain:

4. Does your child have any special dietary needs?

5. Please provide special instructions concerning any other illnesses, as necessary:

Date: _____

Parent/Guardian Initial: _____

Child's Name: _____

Date of Birth: _____

Emergency Contact (Name & Phone Number):

Medical Information

Authorization for Medical Treatment of a Minor

Physician's Name: _____ Phone
Number: _____

Address: _____ City: _____ State: _____ Zip: _____

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? _____

I (we) _____ and _____, do hereby state that I am
(we are) parent(s)/legal guardian(s) of _____, a minor child age _____,
born on _____, who resides with me (us) at _____.

I (we), _____ authorize for emergency purposes only, a BNHV employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice in the State of New York.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider: _____ Policy Number: _____

Has your child been immunized in accordance with the Immunization Schedule from the Centers for Disease Control and Prevention? _____

Parent/Guardian Signature: _____ **Date:** _____

BNHV Camp Management Signature: _____ **Date:** _____

Photo Release

I hereby grant Buffalo Niagara Heritage Village my irrevocable permission to photograph, film, or record the image of my minor child/children for use in online and print publications, film and video publications, news coverage, documentations, and online and print advertisements. This consent is granted without compensation. All copies of the image of my minor child/children photographed, filmed or recorded under this agreement shall constitute the sole property of BNHV, which has my permission to edit, alter, reproduce or use the images in any medium whatsoever without limitation or reservation.

_____ (child's name) is under 18 years of age and I

_____ (parent/guardian's name) do hereby certify that I have the

right to consent and do consent to this agreement as his/her/their parent or legal guardian.

Signature: _____ Date: _____