

Connecticut Audubon Society



Thank you for your interest in becoming a Junior Counselor (Summer Program Assistant) for the Connecticut Audubon Society's Summer Day Camps.

- To be eligible for the program you must be 14-18 years of age.
- Junior Counselors assist experienced staff working with campers.
- Family Membership must be current.
- There is a one-time fee of \$30 to enroll in the program.
- Payment must accompany your registration forms.

Please indicate on the registration form:

- the location
- the time
- the weeks in order of preference.

There are limited spaces available each week. Spaces are filled on a first-come, first-served basis. In order to offer this program to as many youth as possible, Junior Counselors may initially sign up for two weeks. If spaces are still available during the summer it may be possible to add additional weeks.

Junior Counselors may sign up for morning **OR** afternoon session.

Please visit the web pages for the Center at Fairfield and/or the Birdcraft Museum at [www.ctaudubon.org](http://www.ctaudubon.org) for our summer camp offerings.

Enclosed are the Junior Counselor Guidelines and Procedures. Please take a moment to read the information with your parents/guardians.

To enroll we need the following:

Registration Form

Parent Consent and Junior Counselor Acknowledgement Form

Payment

Health Form—must be received before the week you are enrolled. You may use our form or the form used for schools.

**PLEASE RETURN THE FORMS WITH PAYMENT TO:**

Summer Camp Director

Connecticut Audubon Society

Center at Fairfield

2325 Burr Street

Fairfield, CT 06824

If you have any questions, please call 203-259-6305 Ext. 109.

Connecticut Audubon Society  
Center at Fairfield  
and  
Birdcraft Museum

Summer Program Assistants  
**Parental Consent and Assistant Acknowledgement**

*Please read and complete before signing*

I, \_\_\_\_\_ as legal guardian of \_\_\_\_\_, do permit this youth's participation in the Connecticut Audubon Society Center at Fairfield's Summer Camp. I attest and verify that I have been sufficiently informed of the risks involved with the youth's participation in the program and do hereby release Connecticut Audubon Society, its officers, agents, sponsors, representatives, assigns and volunteers from any and all liability for loss, damage, or injury to any person or property which I may have or may be incurred through participation in the Summer Program assistant program. I have read and understand the information included in the Summer Program Assistant's packet.

I, \_\_\_\_\_ have read, understand and  
child's name

agree to follow the policies and procedures in the Summer Program Assistant's packet.

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Participant Signature

Date

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Parent/Legal Guardian Signature

Date

Return to:  
Summer Camp Director  
Connecticut Audubon Center at Fairfield  
2325 Burr Street  
Fairfield, CT 06824  
203-259-6305 Ext. 109 Or 117

# Junior Counselors 2012 Summer Camp

**ALL JUNIOR COUNSELORS MUST BE 14- 18 YEARS OF AGE TO PARTICIPATE IN THE PROGRAM**

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_ **Grade completed** \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone/Home(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone/Cell(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name (*other than Parent*) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_ Bringing an Epi-Pen? Yes or No

**PLEASE PRINT CLEARLY USING BLUE OR BLACK PEN**

On List \_\_\_\_\_ Sent Confirmation \_\_\_\_\_ Med Form \_\_\_\_\_ Authorization of Meds \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

<b><u>LOCATION &amp; TIME</u></b>	<u>Center at Fairfield</u>	<u>Birdcraft Museum</u>	<u>Beach Bums at Ash Creek</u>
Please circle	Monday- Friday	Monday- Friday	Tuesday- Thursday
	8:45 am—12:15 pm	8:45 am—12:15 pm	8:45 am—12:15 pm
	12:45 pm—4:15 pm		

Week/s in order of preference. 2 weeks maximum at this time.

\_\_\_\_\_

\_\_\_\_\_

Junior Counselor program has a one-time fee: \$30  
**Family Membership must be current**

FEE \$ \_\_\_\_\_

Connecticut Audubon Society Annual Family Membership (\$55)

\$ \_\_\_\_\_

**Total Payment Enclosed \$ \_\_\_\_\_**

Method of Payment:     Check enclosed     MasterCard     Visa     Amex

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make check payable to **Connecticut Audubon Society**. Mail registration form & check or credit card info to the appropriate CAS Center.

**Parental Permission Form**

*This section must be completed by a parent/guardian for all program registrations*

I certify that my child, \_\_\_\_\_, is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society (CAS) programs or classes. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the person listed at the emergency number that I have listed above who is authorized to give permission to treat my child. I also give CAS permission to treat my child in the event of an emergency if I, or the emergency contact, cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise. Also, if programs or classes meet or travel to other areas, I give permission for my child to be transported there.

Pediatrician's Name and Telephone Number \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

I give permission to Connecticut Audubon Society (CAS) to photograph my child \_\_\_\_\_ who is participating in a CAS program or class. I also give permission to Connecticut Audubon Society to use the photographs of my child for promotional purposes, including but not limited to the CAS web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials

I hereby release Connecticut Audubon Society (CAS) from any and all liability, claims or expenses in connection with any injury to my child resulting from my child's participation in a Connecticut Audubon Society (CAS) event.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Connecticut Audubon Society  
Center at Fairfield and Birdcraft Museum

Junior Counselors (Summer Program Assistants)

Guidelines and Procedures

Thanks for joining to help with our Summer Nature Weeks.

The goal of the guidelines and procedures is to provide a healthy and safe environment for everyone during our summer programs.

SUMMER PROGRAM Junior Counselors:

**Must have daily transportation** to and from their volunteer location:

Either the Center at Fairfield (2325 Burr St.) or the Birdcraft Museum (314 Unquowa Rd.).

**Agree to work a set schedule**

Center at Fairfield, 2325 Burr Street

Monday through Friday 8:45 am - 12:15 pm or 12:45 – 4:15 pm

If you cannot follow this schedule you must notify your teacher and the Summer Camp Director (203-259-6305 Ext. 117) in advance. The Center's voice mail system works 24 hours at day. Late night or early morning calls will not disturb anyone!

Birdcraft Museum, 314 Unquowa Road

Monday through Friday 8:45 am – 12:15 pm, Beach Bums: Tuesday through Thursday.

If you cannot follow this schedule you must notify your teacher and the Summer Camp Director (203-259-6305 Ext. 117) in advance. The center's voice mail system works 24 hours at day. Late night or early morning calls will not disturb anyone!

**Will arrive on time**—8:45 am or 12:45 pm at the earliest; check with your individual teacher.

**Will depart after clean up is done.** Teachers cannot require you to stay later than 12:30 p.m. for morning sessions and no later than 4:30 p.m. for afternoon sessions.

**Must come to work appropriately dressed**—Sneakers or hiking boots, shorts or long pants, tee shirts. Please NO: sandals or open-toed shoes of any kind, short-shorts, mini-skirts, spaghetti straps, strapless or crop tops or any exposed undergarments.

**Will NOT come to work under the influence of or in possession** of alcohol, tobacco products, any illegal substances, or anything that may be construed as a weapon or a drug.

**Will notify** the Summer Camp Coordinator in writing of any prescription or over the counter medications that must be taken during the time you are here. Medications may not be kept in the classroom unless they are needed for life threatening conditions. Your teacher must also be notified of any medications in the classroom.

**Will not use any offensive or inappropriate language or physical behaviors.**

**Will not discipline children.** Discipline is the responsibility of the teachers and education staff.

**Will follow the instructions given by staff and teachers**

**YOU ARE HERE TO HELP THE TEACHERS. YOU ARE THEIR ASSISTANT!**

**You are expected to do all of the following under the direction of your teacher:**

Follow directions completely and agreeably.

Help children complete their crafts

Prepare the materials for crafts

Serve the snack

Participate in nature walks and outdoor activities

Read stories, do puzzles, etc. with the children during free time

Sweep the room every day

Wipe and clean the tables & chairs every day

Wash any brushes or art supplies in the sink in Room 3 and return them to your room

Assist with room set up as needed

General clean up

Return any books, games, etc. to their proper places!

Wash (outside) and return to their proper places any buckets, nets, bowls, etc.

### **ANIMALS**

You will not handle any of the Center's education animals unless you are a current Animal Care volunteer and you have permission from the Summer Camp Director and the Animal Care Supervisor.

Campers are not permitted to handle/hold any education animals.

Your teacher must reserve animal visits to your room in advance.

You will not accept any animals from the public.

You will not enter the Animal Care Room at anytime unless accompanied by the Animal Care Supervisor or Summer Camp Director.

### **SNACKS**

You must wash your hands thoroughly with soap and water before serving snack.

Wipe off the tables before serving snack.

Give each child a napkin to put the snack food on.

Children receive one glass of juice and one serving of snack food.

Fill the water pitcher—no limits on this!

Juice must be refrigerated daily.

Snack food, cups, napkins must be kept in the snack box in your room and the lid securely closed.

Fridays—snack box emptied of crumbs, wiped out, food bags/boxes closed tightly and cups, napkins replenished.

Please do not bring in your own snack.

### **FIRST AID**

You will help the teacher remember to take the first aid backpack whenever your group leaves the building.

You will know where the Nature Store telephone is located.

The emergency number is 911.

Do NOT do any first aid treatments—get a teacher or staff member.

Do NOT clean up after any first aid emergencies.

Do NOT touch any blood, vomit or other bodily fluids or items containing these fluids.

*You will help to keep children away from these items.*

## **EMERGENCIES**

Follow directions

Know where the Nature Store & telephone is located.

## **PHOTOCOPYING**

Only teachers are permitted to use the photocopier.

## **JUNIOR COUNSELORS ARE EXPECTED TO:**

Avoid verbal or physical abuse of children and adults

Be fair and accepting of all others

Work to the best of your ability

Do all activities safely

Be kind, considerate, helpful and respectful towards everyone

Respect property/work of others—children, teachers, Connecticut Audubon, etc.

Respect the plants and animals of the Larsen Wildlife Sanctuary

Cooperate with your teacher

Be truthful at all times

## **YOU HAVE THE RIGHT TO:**

Consideration

Politeness from everyone--adults and children alike

Support from staff and teachers

Clear directions—ask for clarification

Freedom to make mistakes without teasing, putdowns, or ridicule

Ask questions and seek help from staff and teachers

Be treated with dignity and respect from everyone

*If you have concerns please do not hesitate to contact the Summer Camp Director or Nelson North, Director of Fairfield Operations*

## **UNDERSTAND THAT THE FOLLOWING ARE GROUNDS FOR DISMISSAL:**

Failure to follow the policies and procedures as stated above.

Inability to work well with others (volunteers, children, teachers and staff, etc.)

Habitual tardiness or absenteeism.

Being under the influence of or in possession of alcohol, tobacco products, illegal substances or anything that may be construed as a weapon or a drug.

Any behavior or situation, which endangers or is detrimental to the children, staff, teachers, public or animals.

Inappropriate attitudes, comments, language or attire.

## **STAFF ---203-259-6305**

Nelson North, Director of Fairfield Operations, Ext. 407

Program Registrars & Center at Fairfield Nature Store, Ext. 109

Summer Camp Director, Ext. 117

Linnea McHenry, Animal Care Supervisor, Ext. 118

**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**  
Physical Exams Are Valid For 3 Year From Date of Last Examination

**Please Return Completed Form to the Camp**

Camper  
Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): \_\_\_\_\_

Does the individual have allergies? YES NO Explain: \_\_\_\_\_

Is the individual on a special diet? YES NO Explain: \_\_\_\_\_

Does the individual have special needs? YES NO Explain: \_\_\_\_\_

**This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:**

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: \_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, APRN or PA

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number