YMCA CAMP BERNIE ENVIRONMENTAL EDUCATION CENTER

Planning and information guide

327 Turkey Top Road, Port Murray, New Jersey 07865
(908) 832-5315 FAX (908) 832-9078

www.campbernieymca.org

Camp Bernie Quick Facts

What is the Camp Bernie Environmental Education Program? Camp Bernie is an annual fifth grade trip to an outdoor environmental education facility located on 248 acres at the northern tip of Hunterdon County (located between Interstates 80 and 78). Camp Bernie has many different educational activities from which to develop team building, leadership opportunities, new friendships and communication skills. All of the programs act in accordance with the New Jersey State Core Curriculum Content standards. Each activity (course) is highlighted with the specific standard/s that applies. This assures that your child is receiving the essential level and quality of instruction. Each year students spend two and one half days engaged in fun and meaningful group activities, both indoors and outdoors. Students and chaperones are housed in fully heated modern cabins and lodges. Bathroom facilities with private showers are located in each cabin/lodge. Three nutritious and wholesome meals and a snack are served daily. A nurse is on the premises at all times. Some of the many activities and courses may include: archery, canoeing, climbing tower, ice cream social, soccer, basketball, sensory trail, teambuilding challenges, critter animal show, and aquatic ecology, to name a few.

When is the trip? The trip will take place this May 22nd, 23rd, and 24th. The students will leave from Bartle School on Monday, May 22nd and will return to Bartle School before the end of the school day on Wednesday, May 24th.

What is the cost for the trip? The cost for this year will be $135.00. This fee includes transportation to and from Camp Bernie, lodging, meals, environmental classes, and an ice cream social. There are three payment options.

1. Full Payment Plan- $135.00 due on or before April 28, 2017

2. Partial Payment Plan **A**-$67.50 due on or before March 28, 2016

   $67.50 due on or before April 28, 2017

3. Partial Payment Plan **B**-1st Payment of $45.00 due on or before February 28, 2017
   2nd Payment of $45.00 due on or before March 28, 2017
   3rd Payment of $45.00 due on or before April 28, 2017

(Scholarships for pay assistance are available and provided by the Highland Park Education Foundation and Bartle PTO)

Are there chaperones on this trip? Yes! Camp Bernie staff includes dedicated, certified adults who lead each activity. In addition to the Camp Bernie staff, several other Bartle staff members will accompany our students to Camp Bernie. Parent/Guardian volunteers are also eligible to participate in this experience, but will be required to pay $150.00 cost for attending the trip.

What does my child need to bring on the trip? In addition to submitting all the forms you will be receiving in this packet, a sample packing list has been included for your convenience.

If you have any questions, please feel free to contact Sarah Kirk at 732-572-4100, Ext. 2007, or your child's teacher.

Form One (1) RETURN BY March 3, 2017

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RIDGEWOOD YMCA PROGRAM WAIVER

I understand that Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the Ridgewood YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the Ridgewood YMCA property.

Name of parent/guardian (Please Print)	Name of child (Please Print)
Signature of parent/guardian	Date
E-Mail	Phone Number
Address	City, State, Zip

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(908) 832-5315 FAX (908) 832-9078

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Return this form by_____March 3, 2017_____.

Form Two (2) RETURN BY March 3, 2017

Authorization for Medical Treatment

I (We) _____
Parent(s)/ Guardian(s) Names-***Please Print***

_____ _____ _____ _____
(Street Address) (City) (State) (Zip Code)

__(_____)_____ __(_____)_____
(Daytime Phone Number) (Evening Phone Number)

Do hereby state that I am (we are) the parent(s)/guardian(s) having legal custody of:

_____ is a minor child, born on _____
(Child's Name)-Please Print (Child's Date of Birth)

If I/we cannot be reached I/we authorize the following person to authorize medical Services for my(our) child:

Sarah Kirk, Bartle School Counselor an adult who works at BARTLE SCHOOL.
(School Representative) (School)

To consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

This authorization will expire on May 24, 2017.

Signed_____ _____
(Parent Signature) (Date)

MEDICAL INFORMATION

Child's allergies, if any (medication, insects, food, etc.):_____

Usual Treatment for Allergies:_____

Existing Medical problems or conditions, if any_____

Medications your child is taking (list schedule on reverse side of form):

Child's Doctor_____ Phone Number_(_____)_____

_____ _____ _____
(Insurance Company) (Group Number) (Identification Number)

Date of last Tetanus shot_____

In Case of emergency a parent or guardian we can reach:

Name_____ Relationship to Child_____

Daytime Phone Number __(____)_____ Evening Phone Number __(_____)_____

If a parent/guardian is not available, please contact:

Name_____ Relationship to Child_____

Daytime Phone Number __(_____)_____ Evening Phone Number__(_____)_____

Return this form by_____March 3, 2017_____.

Form Three (3)-Medical Information- RETURN BY March 3, 2017

BARTLE SCHOOL CAMP BERNIE TRIP

TO: 5th Grade Parents/Guardians
FROM: Mary Toye, R.N.
RE: Medication on Camp Bernie Trip (Monday, 5/22-Wednesday, 5/24/17)

There will be a nurse at Camp Bernie and he/she will be giving the students their regularly scheduled school day medications unless told otherwise.

If your child is to take medication before school hours or after school hours, he/she will need a separate Doctor's order. This includes all over-the-counter medications including vitamins, allergy medications, Dramamine, etc. This also includes prescription medications, including inhalers. He/she will need a specific order for the length of the trip. No child will be allowed to self-administer any medication. All medication must come in a labeled bottle. Please send in only the amount that will be needed on the trip.

Attached is a form for your signature that authorizes our Camp Nurse to administer Tylenol 325mg. This is an optional form. **This medicine will only be administered in the event your child has an elevated temperature of over 101**◦. PLEASE MAKE SURE THAT WE CAN REACH YOU AT ALL TIMES. If you would like your child to be able to receive this medicine for another reason other than an elevated temperature over 101◦, you must send in a doctor's order.

If you want your child to use insect repellent or sunscreen, please have him/her bring it with him/her and instruct him/her on its use. Your child will be responsible for its application.

I need all medications sent to me in my office at Bartle School by **Friday, May 19, 2017.**

If you have any questions or concerns, please feel free to contact me at (732) 572-4100, Ext. 2003.

INSERT TYLENOL RX HERE FOR PARENT PRE-AUTHORIZATION

Form Four (4) Return by March 3, 2017

Please fill out and return this form.

Environmental Education Classes: All Bartle students will participate in the same environmental education classes. Student will receive a schedule of the courses and the times the students are assigned.

Recreational Activities: Students will be required to list their preferences of activities. All efforts will be made to accommodate these requests.

Cabin Assignments: Students will be asked to identify students with whom they would like to bunk. Every effort will be made to assign each student to a bunk with at least **one** of their chosen bunk mates.

Please complete the following and return to school along with the other required papers.

Name of Student_____ Homeroom Teacher_____

Recreational Activities:

Please number the following in order of preference:

_____ Scavenger Hunt

_____ Basketball

_____ Soccer

_____ Frisbee Golf

_____Sand Volleyball

_____Recreation Hall (Air Hockey, Foosball, Board Games, etc)

Bunk Mate:

1.)_____

2.)_____

3.)_____

4.)_____

5.)_____

Please check any special dietary restriction so that we may best accommodate your child:

_____Vegetarian Diet _____Diabetic Diet

_____Other (Please specify)_____

_____ My child will be bringing their own food to camp. All of their prepared meals will be labeled and stored in the Camp Bernie kitchen.

Return this form by_____March 3, 2017_____.

Please distribute these forms to the families that would benefit from sharing this information with us. The more notification and information we can obtain prior to your trip will ensure a positive experience for every one involved. It will also allow us to make the necessary arrangements to accommodate your students with special needs or concerns. These forms should not be submitted directly to YMCA Camp Bernie. Please include the information from these forms on the Group Information Sheet or otherwise submitted in writing.

Special Needs Notification

Student Name:_____

School:_____

Dates Attending Camp:_____

To the Program Director: I am attending camp with my school. In order for my experience to be rewarding I thought you needed to know that I have the following special needs.

_____ _____

_____ _____

I may need assistance with the following things:

_____

_____

_____

Thank you for taking the time to make sure that my time at camp is a memorable, safe and fun experience.

Food Allergy Notification

Student Name:_____

School:_____

Dates Attending Camp:_____

To the Chef: WARNING! I am allergic to _____. In order to avoid a life-threatening reaction, I must avoid all foods that may contain _____, including these ingredients:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Please ensure that my food does not contain any of these ingredients and that any utensils and equipment used to prepare my meals, as well as prep surfaces are thoroughly cleaned prior to use. Thanks for your cooperation.

Form provided by the Food Allergy and Anaphylaxis Network

Form Five (5)---Optional By March 3, 2017

PLEASE COMPLETE AND RETURN ONLY IF YOU ARE INTERESTED IN CHAPERONING AT CAMP BERNIE

_____YES, I am interested in chaperoning Camp Bernie from May 22 – May 24, 2017.

Parent Name(Please Print)_____

Child's Name(Please Print)_____

Child's Homeroom Teacher_____

Phone Number at Work___(_____)_____

Phone Number at Home__(_____)_____

Cell Phone Number_____(_____)_____

e-mail address_____

There will be 2 required chaperone trainings that must be attended. One will be an evening training and the other will occur the morning of May 22nd.

There is a $50/per day cost for chaperones attending the trip.

Thank you in advance for offering your services as a chaperone.

We are <u>always</u> in need of adult males! ☺

Return this form by_____March 3, 2017_____.

1/9/17

Dear Parents/Guardians,

Camp Bernie will be here very soon, so we are in the process of planning out the evening activities. On the last night at Camp Bernie, the students will attend a movie night. In order for us to show a movie with a PG rating, we need your written permission.

If you have specific questions please contact Ms. Kirk or your child's homeroom teacher. Please return this form by Friday, March 3rd.

Child's Name_____ Homeroom Teacher_____

Parent Signature_____

___ Yes my child can watch a PG movie

___ No my child is not allowed to watch a PG movie

Camp Bernie Dismissal Plan

We will be returning from YMCA Camp Bernie on
Wed., May 24th, at approximately 1:30 P.M.

Please complete the form below indicating your child's dismissal plan for that day. **We can dismiss your child from the Bartle School after Camp Bernie only by the method you indicate on this form.** Thank you in advance for your cooperation.

Dismissals will begin once we have unloaded all students' gear from all buses. Weather permitting -- the buses will unload students on 5th Avenue. In case of rain -- the buses will unload on Mansfield Street.

_____ I will be at Bartle School at 1:30 P.M. on Wednesday, 5/24/17 to pick up my child.

_____ I have appointed _____
To be at Bartle School at 1:30 P.M. to pick up my child.

_____ My child will walk home at **2:30 P.M.**

(**We are unable to allow students to walk home alone at 1:30pm.** Normal early dismissal procedures still apply on this day which is to require an authorized adult to be present and provide their signature for a students' early dismissal.)

_____ My child will ride the bus home as usual at 2:30 P.M., **with all gear**.

_____ My child will attend ASP as usual at 2:30 P.M, **with all gear.**

_____
Student's Name

_____
Homeroom Teacher

_____
Parent's Signature

_____
Phone Number where a **PARENT** can be reached on Wed. May 24th at 1:30 pm.

PLEASE RETURN THIS FORM
NO LATER THAN Friday, March 3rd!

Camp Bernie Packing List

Clothing/Equipment Checklist—In order for students to be safe and comfortable while at camp, it is important that they come prepared. We want to inform parent/guardians and students well in advance what should and shouldn't be brought to camp so that items families don't own can be borrowed or substituted rather than purchased hastily or neglected altogether. We recommend that parents/guardians note the time of year the school will be attending camp. **Check your weather station for the weather report before packing!** We also ask that **students' items be labeled with their name, their homeroom teacher's name and the name of their school.** All jewelry and other expensive belongings, or those with sentimental value should be left at home**. Items we explicitly prohibit are radios, CD players, I Pods, cell phones, and any other electronic devices, hair dryers, curling irons, etc.** Also included in the list of prohibited items are pocketknives, nail files, video games, matches and other fire starters. In addition, do NOT send any snacks. Student's nutritional needs are taken care of at camp.

Please note that the **three most important items** for all seasons are:
hat, raingear and appropriate footwear

CLOTHING/EQUIPMENT CHECKLIST

_____Sleeping bag or sheet & blanket for a single bed

_____Pillow with case

_____Pajamas

_____Slippers

_____Shower shoes

_____Bath towel, wash cloth and soap

_____Socks (2 pair per day preferable)

_____Shoes (2 pair if available)

_____Pants (1-2 pair per day)- NO shorts

_____Shirts (a good variety conducive to layering: T-shirts, long sleeve…)- NO tank tops

_____Underclothes (2 sets per day)

_____ Sweatshirt or Long Sleeve Fleece

_____Rain gear (coat, jacket or poncho)

_____Baseball cap (or other hat)

_____Toiletries (toothbrush, toothpaste, shampoo, hair brush, deodorant)

_____Laundry Bag (or large plastic bag)

_____Water Bottle with Name

Optional Items:

_____Sunglasses

_____Disposable Camera (labeled)

_____Wrist watch

_____Bug Repellent

_____Sunblock

_____Lip Balm

Additional Suggested Items for Chaperones ONLY:

_____Travel Coffee Mug

_____Sunglasses

_____Umbrella

_____Cell Phone & Charger

Please be aware that students will be responsible for carrying their own belongings from the bus drop-off point when arriving at Camp Bernie to their cabin, and back to the bus pick-up area before departing Camp Bernie. Please consider this when choosing the size and type of luggage or bag for your child's belongings and the quantity of how much you pack.

Parent/Guardian Camp Bernie Forms Checklist (Keep for Yourself)

Did you complete these forms?

_____ *Form One*- YMCA Program Waiver due March 3, 2017.

_____ *Form Two*- Authorization for Medical Treatment due March 3, 2017.

_____ *Form Three*- Medications for your child due May 20th.

_____ Permission for Nurse to Administer Tylenol

_____ *Form Four*- Selection Sheet for Recreational Activities, Bunk Mate and Special Dietary Restrictions due March 3, 2017.

_____ *Form Five* – Optional Chaperone Volunteer Form due March 3, 2017.

_____ *Form Six*- Permission slip for movie night due March 3, 2017.

_____ *Form Seven*- Dismissal Plan Form due March 3, 2017.

_____ *Form Eight*- Camp Bernie Packing List (Keep for yourself)

Payment **:

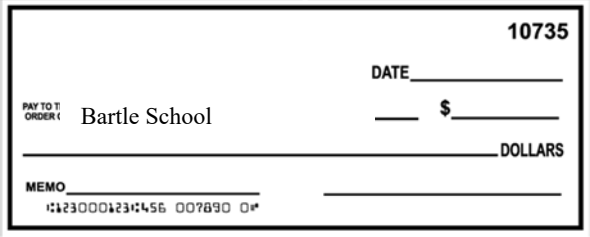
$135.00 is due for each student on or before April 28, 2017.

Two payment plans are available:

Payment Plan A:
$67.50 due on or before March 28, 2017
$67.50 due on or before April 28, 2017

Payment Plan B:
$45.00 due on or before February 28, 2017
$45.00 due on or before March 28, 2017
$45.00 due on or before April 28, 2017

Please make checks payable to: Bartle School



****The Highland Park Education Foundation has provided a grant to help with students needing assistance with paying the camp fee. Please contact Ms. Kirk at 732-572-2400 ext. 2007 or at skirk@hpschools.net for more information.**