

Chester County Art Association (CCAA) Summer Camp Policies and Procedures for Families

Drop Off and Pick Up Procedures

On the first day of each camp please aim to arrive 15 minutes before the beginning of the session. We ask that parents come inside on the first day in order to know where their child's classroom is and to obtain their window sign for pick up. When picking up we ask that parents put their sign in their car window to help volunteers guide students. Cars can line up in CCAA's back parking lot, as they have in previous years, in order to streamline the pickup process. We ask that parents arrive within 5 to 10 minutes of class ending for pick up.

Half Day / Full Day

All camp sessions will be half day in 2021. Morning sessions will run from 9 AM to 12:15 PM. Afternoon sessions will run from 12:45 PM to 4:00 PM. If you are staying for the morning and afternoon sessions, lunch will be from 12:15 PM to 12:45 PM, outside if weather permitting. CCAA does not provide lunch, all campers will be required to bring their own food and beverage.

Materials

Materials lists will be provided for students to purchase their own supplies, or a materials fee will be provided by the instructors if they are purchasing class supplies to distribute to students. If a class requires a materials fee—this reimbursement must be paid to the instructor during the first day of camp. Please refer to our online class listings for the supply lists or reimbursement fees for each particular class.

Registration Cut Off and Class Cancellations

Registration closes one week prior to the beginning of each camp. At this time if the minimum registration number is not met, the class will be cancelled, you will be notified, and registration fees will be posted to your account for credit or refunded.

COVID-19 Precautions

CCAA takes the health and safety of our campers and instructors very seriously. Social distancing will be in place—all students will be 3 ft. apart, as this is the current guideline for schools in the state of Pennsylvania. Students will be in classes of no more than 8 and will not be intermingling with other classes. Masks will be required at all times—with the exception of when eating or drinking. Weather permitting it will be highly suggested to have lunch outdoors.

Each classroom/instruction space will be sanitized after each session. Tools and materials will not be shared. Each student will have their own supplies either from a materials list or provided by instructors. If by chance something is shared, it will be sanitized prior to someone else coming into contact with it.

If a student is feeling unwell, we ask that they refrain from attending camp that day. If a positive case of COVID is detected, all other students and families in the individual's camp, along with any volunteers they may have come in contact with, will be notified right away.



Summer Art Camp Emergency Medical Release Form

PLEASE RETURN TO:

100 North Bradford Avenue, West Chester, PA 19382
chestercountyarts.org | 610.696.5600

Student Name: _____

Date of Birth ____ / ____ / ____

Parent/Guardian Name: _____

Primary Phone () ____ - ____
circle one: home/cell/work

Emergency Contacts:

Name and Relationship

Primary Phone () ____ - ____
circle one: home/cell/work

Name and Relationship

Primary Phone () ____ - ____
circle one: home/cell/work

MEDICAL (SEIZURES YES NO)

Please list any medical concerns, disorders or special needs we need to be aware of:

Please list all of your child's allergies:

Please list the people that are authorized to pick-up your child from CCAA's Summer Art Camp

Name and Relationship

Name and Relationship

Name and Relationship

Name and Relationship

+ **Emergency medical care:** *In the unlikely event that we need to administer immediate medical care, we need your authorization to have your child receive medical attention. I hereby authorize emergency medical treatment for (child's name) _____ in the event of any emergency at the Chester County Art Association's Summer Art Camp program. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to (child's name) _____ at no cost to the Chester County Art Association. I assume all financial responsibility and waive all claims (current and future claims) against the Chester County Art Association.*

Parent/Guardian Signature:

Date ____ / ____ / ____

CCAA uses photographs of children in class - both individual and group - and projects for promotional materials, social media, ads and email communications. If you have any objection to your child's photo being taken and used in this way, please sign below.



DO WE HAVE PERMISSION TO TAKE YOUR CHILD/S PHOTO? YES _____ NO _____



COVID-19 LIABILITY

**Please Return To: 100 North Bradford Avenue, West Chester, PA 19382
chestercountyarts.org | 610.696.5600**

I acknowledge that the Chester County Art Association has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Chester County Art Association cannot guarantee that I will not become infected with the Coronavirus/Covid-19.

I acknowledge that I must comply with all set procedures to reduce the spread while attending each day of camp.

****Social distancing will be in place. All students will be 3ft. apart, as this is the current guideline for Pennsylvania schools.**

****Students will not intermingle with students from other camps while inside the building.**

****Masks will be required at all times, with the exception of when consuming food or beverage.**

****Tools and materials will not be shared. If by chance a supply must be shared, it will be sanitized prior to someone else coming into contact with it.**

****If a student is feeling unwell, we ask that they refrain from attending camp that day.**

SIGNATURE:

DATE: