



Dooley Center

16170 Canberra
Roseville MI 48066
586-439-7600
Fax 586-439-7601
Melissa Laseck - Director

CAMP DOOLEY ENROLLMENT CHECKLIST

All registrations will be pending until step 2 is complete.

Step 1.

Schedule an appointment to turn in registration paperwork. The link to schedule an appointment can be found [here](#) or on the Dooley Programs tab on Dooley's website. <http://dooley.fraser.k12.mi.us>

We must have the following documents to complete the registration process. You may pick up the forms at the Dooley Center or you may complete them online and print them.

Required Camp Dooley Enrollment Documents

ALL FORMS ARE REQUIRED FOR A CHILD TO ATTEND CAMP

- ☐ Your child's **Original Birth Certificate** - we will make a copy and return it to you
 - If you do not have your child's birth certificate please use one of the resources below to obtain an original certificate:
 - Order online at www.vitalcheck.com
 - Contact State of Michigan Vital Records at michigan.gov/mdhhs/doing-business/vitalrecords or by phone at (517) 335-8656
 - Go to courthouse of the county where the child was born
- ☐ Camp Dooley Program Policies
- ☐ Medical/Allergy Questionnaire
- ☐ Completed Health Appraisal-**doctor's signature is required** (Not required for current Elementary students)
- ☐ Copy of up-to-date Immunization Record (Not required for current Elementary students)
- ☐ Concussion Awareness
- ☐ Pesticide advisory
- ☐ Days/Hours needed
- ☐ T-Shirt order form (Due by May 31st)

Step 2.

Complete the online registration for payments.

- Link will be given to you after Step 1 is complete.

If you have any problems registering online, please call:

- Bookkeeper at (586) 439-7038
- Or email melissa.laseck@fraserk12.org



CAMP DOOLEY

The place to go for kid friendly summer of fun!

Located at the Dooley Center
16170 Canberra • Roseville MI 48066 • 586.439.7600

Dear Parents,

We are planning our summer childcare, Camp Dooley, which will be available for 3 year olds (who are fully potty trained) through current 2nd grade students.

Our hours of operation will be Monday thru Friday from 7:00 a.m. until 6:00 p.m. The summer program will begin June 19th through August 17th. Camp will be closed July 4th for Independence Day as well as Friday August 25th and the week of August 29th to clean and prepare for the new school year. You will need to make other arrangements for your children on these days

The non-refundable registration fee is \$60.00 for one child or \$75.00 per family. The per/hr per child charge is \$5.25. Invoices will be sent on Monday or Tuesday for the schedule provided at registration. Invoices are emailed weekly. Payment of fees is due on or before Friday of each week for the prior week's care. **There are no refunds for days not attended.** It is your responsibility to keep all receipts for tax purposes and to notify the office at the time of registration if F.I.A. will be required to be billed.

Registration will begin Monday, April 17th. Once registration begins, there will be a link on our website to sign up for an appointment to turn in paperwork in the Dooley office. Registration forms are available to be picked up in the office or online at <http://dooley.fraser.k12.mi.us>. **Once ALL forms are completed and returned to the office, you will be given a link to complete registering with our billing department.** Once that process is complete and registration fees are paid, your child will be placed on the Camp Dooley list for the days specified at registration.

We look forward to spending a fun filled summer with your child!

Sincerely,
Dooley Camp Staff



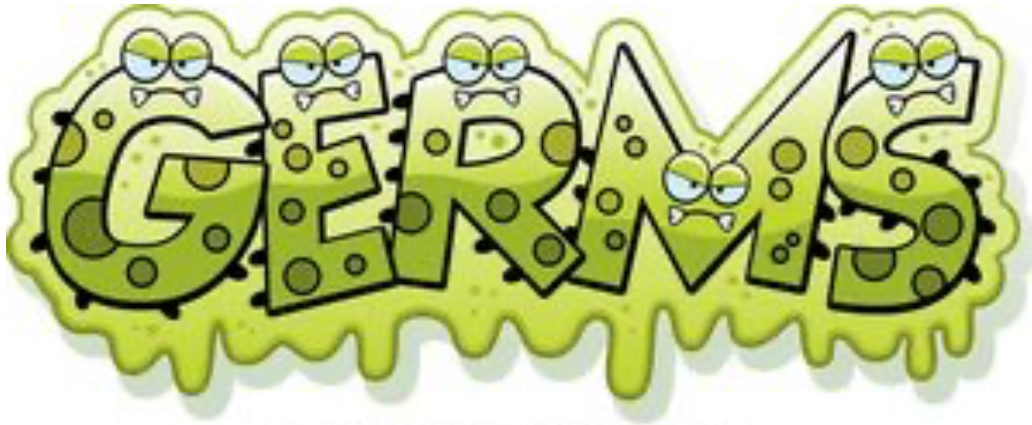
Camp Dooley Payments

Parents/legal guardians need to submit payment based on the schedule provided at the time of registration. **The registration fee must be paid to secure the child's placement.**

- We will use the schedule that you provided to reserve a spot for your child. We do not provide a refund if a child does not attend on their scheduled days.
- Invoices are emailed weekly on Monday or Tuesday. A link will be included in the email to make all payments through the online portal.
- Payment of fees is due on or before Friday of each week for the prior week's care.
- Parents/legal guardians that do not make their payments by Friday for the following week could lose their spot in Camp Dooley. They will be contacted if this situation occurs.
- If the account is not kept current or is chronically delinquent, we reserve the right to terminate care until full payment is made or permanently terminate childcare.
- Families with overdue accounts from the previous school year must pay the balance in full before current year registration will be accepted. We reserve the right to deny childcare services when payment is delinquent.
- You may schedule with the bookkeeper one consecutive week of vacation with a minimum 2 weeks advance notice.
- Any needed changes to your schedule will need to be coordinated with our bookkeeper and is subject to availability.

If you have any questions and/or problems with your account,
please contact our bookkeeper at (586) 439-7038

CAMP DOOLEY ILLNESS GUIDELINES



We promote frequent hand-washing, using tissues and catching coughs and sneezes in the inner part of the elbow. This is done to protect all children and adults from the spread of germs and illness. We frequently clean and sanitize toys, tables and other surfaces. Even with these precautions however, germs are sometimes shared. If your child is ill, it is important that you keep him/her home. Below are Camp Dooley's guidelines regarding illness. Please review and make yourself familiar with them.

- Children should remain home if running a fever. **A child must be fever free for a minimum of 24 hours** without the benefit of medication (i.e. Tylenol) before returning to school.
- In general, any child **must be symptom free for 24 hours before returning to school** and feel well enough to concentrate and participate.
 - **Examples include** vomiting, diarrhea, constant runny nose with abnormal yellow or green color or thick nasal discharge, shortness of breath or wheezing, a cough that disrupts normal activity, earache, headache, sore throat, has yellow or green discharge from eyes, unexplained rash.
- Children with a contagious disease **must remain home until the communicable stage has passed** and is feeling well enough to concentrate and participate.
 - Examples include chicken pox, influenza, vomiting, diarrhea, colds, pink eye, strep throat, head lice and COVID-19.
- Children who have been diagnosed with an infection and have been placed on medication may return to camp 24-48 hours after medical treatment has begun. **Please notify the Main Office at (586) 439-7600 of the specific diagnosis** and provide doctor's instructions and notes upon the student's return.
- In the event of an absence, parents are requested to notify the camp and indicate the reason for the absence. Please call **(586) 439-7620** and give the details of the absence so that we can log it properly in our attendance system. You may call this number 24 hours a day/ 7 days a week.



Fraser Public Schools Camp Dooley Program Policies

Child's Name: _____ Age: _____

- _____ I understand fees for Camp Dooley must be paid weekly and a schedule must be provided. **Failure to make payments in a timely manner may result in my child being dropped from the program.**
- _____ I understand that if I am late picking up my child I may be charged a \$15.00 late fee for every 15 minutes after 6pm. This fee will be added to my invoice.
- _____ I will make the camp staff aware of any changes with phone numbers, addresses, e-mail addresses, as well as any other information pertaining to my child.
- _____ I understand I must provide local emergency contact information.
- _____ I verify that my child _____ is in good health and has no limitation on activities. I will accept responsibility for my child's health while at the site.
- _____ I verify my child's immunizations are up to date. **A valid immunization record must be kept on file for children under the age of 5.**
- _____ I have made the camp staff aware of any allergies, medications and special needs that my child may have.
- _____ I understand that all Camp Dooley classrooms are peanut and tree nut restricted. I will not send to school items that contain peanut or tree nut products.
- _____ I understand the attached illness policy.
- _____ I am being made aware of a Licensing Notebook. I understand that: (i) The licensing notebook is available for parents to review during regular business hours, (ii) The licensing notebook contains all the licensing inspection reports, special investigation reports and related corrective action plans for the last 5 years, (iii) Licensing inspection reports, special investigation reports and related corrective action plans for at least the last 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.
- _____ I understand that all camp staff have been cleared through a comprehensive background check.
- _____ **I understand students must be at least 3 years old and fully potty trained.** I understand the toilet-trained policy and procedure.
- _____ **Little Camper students must take a rest period according to Michigan State law and licensing rules. I will provide the necessary linens.**
- _____ I understand that the Dooley Summer Camp staff will provide appropriate and reasonable guidelines for the children. Positive methods of discipline shall be used. If a caregiver feels that your child should be withdrawn, a meeting with both parents and the Director or Teacher In Charge will be held to decide what is in the best interest of the child.
- _____ I will talk with my child about the following behavior expectations and agree my child will...
- respect all of the Caregiver(s).
 - respect all peers. Kicking, punching, slapping etc... will not be permitted.
 - use appropriate language. No profanity.
 - walk while inside. Running is allowed only in the gym or on the playground.
 - stay in the Dooley Summer Camp rooms.
 - stay with the Dooley Summer Camp group.
 - assist with maintaining the cleanliness of game, craft and snack areas.
- _____ I understand that these plans and policies may change as new information and state licensing guidelines become available.

Parent Name: _____ Phone: (_____) _____ - _____

Parent email address: _____

Parent Signature: _____

Date: ____/____/____



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MEDICAL / ALLERGY QUESTIONNAIRE

Student's name _____ Class _____

Date of birth ____/____/____ Doctor _____ Phone (____) ____-____

Does your child have any medical conditions ? (Diabetes, seizures, heart conditions, etc) _____Yes _____No

If so, please list:

- ☐ _____
- ☐ _____
- ☐ _____

Does your child have asthma? _____Yes _____No If so, please list any medications they use.

NAME

AMOUNT

FREQUENCY

- ☐ _____
- ☐ _____
- ☐ _____

Does your child have any allergies?

☐ My child has NO CURRENT ALLERGIES (Skip to Parent Permission)

☐ My child has allergies. Please answer the questions below.

Has your child been diagnosed by a doctor for his/her allergies? _____Yes _____No

When/How was your child diagnosed with allergies? _____

When was the last time your child had an allergic reaction? _____

How many times has your child been treated in the ER or hospitalized for an allergic reaction? _____

FOOD ALLERGIES: Check all that apply. Name the specific food causing the reaction.

- ☐ Peanuts
- ☐ Tree Nuts Specifically: _____
- ☐ Fish Specifically: _____
- ☐ Fruit Specifically: _____
- ☐ Dairy Products Specifically: _____

REACTION can occur by (check all that apply) _____ Ingestion _____ Contact _____ Inhalation

SYMPTOMS of child's food allergy reaction/intolerance include:

- ☐ Nausea and vomiting
- ☐ Cramping and/or abdominal pain
- ☐ Facial swelling, itching, welts or hives
- ☐ Swelling of the lips, nose, tongue or throat.
- ☐ Respiratory changes difficulty breathing, wheezing or continuous coughing.
- ☐ Inability to speak or swallow.
- ☐ Flushed face
- ☐ Drooling
- ☐ Complains that the throat feels tight, scratchy, or different in some way.
- ☐ OTHER - DESCRIBE: _____

FOR PEANUT ALLERGY:

Reading food labels all the time is important. If a label indicates the food item is made in a facility that also processes peanuts, my child may consume. _____Yes _____No

Does your child have an Epinephrine Auto-injector prescribed? _____Yes _____No

MEDICATIONS: If your child takes for these symptoms please inquire about additional required forms

- ☐ Non-Prescription Medication
- ☐ Prescription Medication
- ☐ Allergy & Anaphylaxis Emergency Care Plan

OTHER ALLERGIES: Please list any other allergies you child has.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Does your child wear a Medic Alert to identify him/her as having allergies? _____Yes _____No

PARENT PERMISSION

I verify that the above information is correct. I give my permission to share this information with staff on a need to know basis. The information is **valid for ONE SCHOOL YEAR**. Annual parent signature is required.

Does your child ever ride the school bus to or from school? _____Yes _____No

Parent/guardian signature _____ Date ____/____/____

Mother _____ Phone (____) _____-

Father _____ Phone (____) _____-

HEALTH APPRAISAL

Michigan Department of Health and Human Services

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

PERSONAL

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Today's Date (mm/dd/yy)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number

SECTION I – HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Anaphylaxis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Does your child take any medication(s) regularly?	If yes, list medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Trouble with Passing Urine or Bowel Movements	If yes, please describe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Dental Problems Date of Last Exam _____ OR Date of Last Assessment _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe) _____	

Reason for Medication		
Concussion History		
Parent/Guardian Signature	Date	Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials _____

SECTION II – PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements						
Yes	No	Was child tested for	Tests and results	Normal	Referred	Under care
<input type="checkbox"/>	<input type="checkbox"/>	Vision Date _____	Visual Acuity			
			Muscle Imbalance			
			Other			
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Date _____	<input type="checkbox"/> Audiometer (R= Right, L=Left)	R/L	R/L	
			<input type="checkbox"/> OAE (R= Right, L=Left)	R/L	R/L	
			<input type="checkbox"/> Other (R= Right, L=Left)	R/L	R/L	
<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	Sugar			
			Albumin			
			Microscopic			
<input type="checkbox"/>	<input type="checkbox"/>	Blood Lead Level Date _____	Level _____ ug/dl			
<input type="checkbox"/>	<input type="checkbox"/>	Height & Weight Other _____	Height			
	Weight					
	Other _____					
<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin/Hematocrit	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	Reading _____			

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

Complete pediatric tuberculosis risk assessment available at:
https://www.michigan.gov/documents/mdhhs/4_MI_Pediatric_TB_Risk_Assessment_661537_7.pdf **OR**
 feel free to use the attached QR code instead of the full link text.



Examinations and/or Inspections

Essential Findings Deviating from Normal

Exam Date _____

SECTION III – IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.*

Vaccines (Circle Type)	Date Administered mm/dd/yy		Vaccines (Circle Type)	Date Administered mm/dd/yy	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	3
	2	4		2	
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal MenACWY (MCV4)	1	3
				2	
Tdap	1		Meningococcal B (Bexsero, Trumenba)	1	3
				2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	Human Papillomavirus (9vHPV, 4vHPV, 2vHPV)	1	3
	2	4		2	
Polio (IPV/OPV)	1	4	Additional Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	5		1	
	3			2	
			3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.		
	2	4			
Rotavirus (RV1/RV5)	1	3	* Note: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR/MMRV)	1	3			
	2				
Varicella (Chickenpox), (Var, MMRV)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____			Parent/Guardian refused recommended immunizations at visit: <input type="checkbox"/>		
I certify that the immunization dates are true to the best of my knowledge					
Health Professional's Signature		Title		Date	

SECTION IV – RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions? If yes, please explain: _____	

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Classroom <input type="checkbox"/> Swimming Pool </div> <div> <input type="checkbox"/> Playground <input type="checkbox"/> Competitive Sports </div> <div> <input type="checkbox"/> Gymnasium <input type="checkbox"/> Other </div> </div>
Other Recommendations		

SECTION V – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (OPTIONAL)

Child's Name	Has received <input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment
Findings and Recommendation (Check all that apply)	
<input type="checkbox"/> No Urgent Needs <input type="checkbox"/> Restorative/Urgent Needs for Dental Care	<input type="checkbox"/> Routine Care Needed <input type="checkbox"/> Untreated Decay
<input type="checkbox"/> Treated Decay <input type="checkbox"/> Further Referral for Specialist	
Signature	Date
Check One <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist	

PHYSICIAN'S SIGNATURE

Examiner's Signature	Date	Examiner's Name (Print)	Degree or License
Number & Street	City	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">MI</div>	Zip Code Telephone Number

Information required for:

Early On – Hearing and Vision Status; Diagnosis; Health status

Child Care Licensing – Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



Dooley Center

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Fax 586-439-7601

Melissa. Laseck - Director

Advisory To Parents / Guardians

Dear Parent or Guardian:

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that the Fraser Public Schools district utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized.

Please be advised that parents or guardians of children attending Fraser Public Schools may review the district's Integrated Pest Management program and records of any pesticide application upon request.

If you have questions regarding the district's pest management procedures, please contact:

Fraser Operations & Maintenance
33499 Klein Road
Fraser, MI 48026
(586) 439-7114
enviromental@fraserk12.org

Child's Name _____

Parent's Signature _____ Date ____/____/____



Camp Dooley

We are excited about our upcoming summer programs and delighted that you are participating.

In order for us to plan our staffing accordingly, please provide the days and times you plan on using Camp Dooley.

Child's Name: _____ **Age:** _____

Days/Hours Needed:

- | | |
|---|-------|
| <input type="checkbox"/> Monday | _____ |
| <input type="checkbox"/> Tuesday | _____ |
| <input type="checkbox"/> Wednesday | _____ |
| <input type="checkbox"/> Thursday | _____ |
| <input type="checkbox"/> Friday | _____ |

Thank you,
Dooley Staff



Camp Dooley

T-SHIRT ORDER FORM

Child's Name: _____ Age: _____

Shirt size

- ☐ Child small
- ☐ Child medium
- ☐ Child large
- ☐ Child X-large

- ☐ Adult X-small
- ☐ Adult small

We will NOT be accepting any T-shirt orders after May 31st.

Happy Summer!

Welcome to Camp Dooley!

We are very excited to have your child with us this summer! Here's some information to make the summer go more smoothly. Please read this letter carefully and talk to your Camp Dooley staff if you have any questions or concerns. Thank You!

Camp Dooley starts: 6-19-23 Closed: July 3-5th End date: 8-17-23

- **How to reach us:**

We can be reached at the following phone number: **586-439-7600** or 586-439-7620 (Between 8:00 am-4 pm) or 586-439-7649 (before 8am or after 4pm)

You can leave us a message at the 7600 number after hours or if no one is in the room to answer your call.

- **Summer Office Hours:** The office will be open most days from 9:00am - 3:00pm. Office personnel can help you with fall registration information & preschool/daycare billing information.
- **Activities:** The Camp Dooley staff is planning some fun activities for the children this summer. We will be letting you know when any special activities are coming up. We will be having water days, fieldtrips, themed weeks, outdoor games, and other fun activities.
- **Sunscreen:** We spend a lot of time outdoors. Please apply sunscreen to your child's skin before sending them to camp. We encourage you to teach your child how to apply his/her own sunscreen. We will help when needed but will expect the children to apply their own sunscreen to the best of their ability. Spray sunscreen would be best.
- **Payments:** Your bill will be emailed to you on a weekly basis. You are expected to pay your bill in full when you receive it. For instance, you will receive your bill by Monday or Tuesday and payment is due on or before Friday of each week for the past week's care.
There are no refunds for not attending.

You can pay your bill using the "Click to Pay" option from your emailed invoice. Children cannot return to camp if they are not current with their balance. **A late payment will result in your child being excluded from the program until the payment is made in full.**

- **Breakfast & Lunch:** A free breakfast and lunch is available for all of our Camp Dooley children. If you wish to provide food for your child, please send healthy food to camp. Pop and candy **DO NOT** belong in camp lunches. Your child will be allowed access to water all day long and will be served an afternoon healthy snack.

- **Water/Sprinkler Days:** Weather permitting, we will have outdoor sprinkler and water fun every Wednesday in July and every Tuesday in August. If you wish for your child to participate, he/she must come to camp IN A BATHING SUIT with a towel, flip flops or water shoes and a change of clothing. This must include sneakers and socks. If your child struggles with toileting while in a swim suit, please send the bathing suit and inform the camp staff that you want your child to take part in the water fun that day.
- **Drop off and Pick Up:** Please use the **Camp Dooley Building Entry Schedule** to determine the door to drop off/pick up. Most afternoons you will pick your child up from the playground or door # 28 in the front of the building. **You cannot drop your child off after 3pm. Only adults on the emergency card will be allowed to pick-up and will need identification if staff is not familiar with them. Your child must be signed in/out with the time.**
- **Safe Foot Wear:** Your child **MUST** wear safe shoes with socks to camp each day. The poem below is cute, but makes an important point about safety.



- Looking forward to a **safe** and happy summer for our Dooley Campers! ☺