

C.T.A.A.S.A 2017 Summer Mentoring Program



July 11-August 3

Tuesdays, Wednesdays, and Thursdays

9:00-12:00 (field trip days 9:00-1:00)

Chesterfield Parents, Students, and Residents:

I am writing to you regarding our 2017 C.T.A.A.S.A (Chesterfield Township Alliance Against Substance Abuse) summer program. The goal of the program is to provide the children of Chesterfield with positive activities that reinforce positive decision making skills needed in today's world. The hope is that as they grow older, and decisions become much harder, they will be able to turn away from those that limit their growth as productive members of the community and society. The C.T.A.A.S.A Mentoring Program will also be a great place to make new friends, practice independence, and develop self-confidence. The program provides typical summer time recreational activities such as sports and games, arts and crafts, board games, and a few special things thrown in for good measure. If this program sounds like something that your child would like, please consider joining us. We will have on staff this summer Mrs. Wolverton, Mr. Moncada, Mr. Brayton, and Mr. Forsyth and Ms. Bulley.

Our program will again be open to all Chesterfield children currently in K to 6th grade (student entering kindergarten for the 2017/2018 school year are not permitted). The program will be held on Tuesdays, Wednesdays, and Thursdays from 9:00 AM to 12:00 PM (**field trip days until 1:00**) and run from July 11 to August 3. Parents will be asked to drop off and pick up their child in the **Gymnasium**. Please do not go through the Main Entrance unless you are late. Please pick up your child/children **on time**. Staff is only paid for camp hours.

Attached you will find the registration form that needs to be completed and returned to school by **June 2**. Please fill out the forms and make **checks** payable to "**Chesterfield Township**." Cash is acceptable. If you have any other questions, feel free to contact me at the school. I look forward to seeing you soon.

Anne Lawrence

Preferred method of contact: chesterfieldctasa@gmail.com or through the "Remind" messenger once you are signed up (information on the next page).

Policy

Program supplies, counselor pay, other program necessities, predetermined amount of tickets and buses for transportation are paid for in advance depending on the enrollment. We reserve the right to modify any trip if adjustments are warranted. If you can't attend the trip on the scheduled day or the week of the program, **no refund** or credit will be issued because of the circumstances listed above (medical reason, will be taken into consideration and decided upon by the committee members). However, if CTAASA should cancel a trip, you will receive a refund for the amount of the trip only (not the whole week). ***Switching weeks is permitted with advance notice. You can also add addition weeks once the program has started.***

C.T.A.A.S.A Mentoring Summer Program
2017 Trip Schedule

Brief descriptions of the trips we have planned this season at CTASA Summer Mentoring Program are listed below. By registering your child, you are accepting the policies for participation in our trips and granting permission for our child to attend any trip sponsored by CTAASA. Buses will transport children to and from each trip (parents may drive kids to facilities). Buses will leave CES around 9:10 and **return to CES around 1:00**. Please make sure your child arrives at camp during trip days promptly at 9:00. The bus will not wait for late arrivals. **Parents are welcome to come on the trips, but will have to provide their own transportation (if buses are full) and pay their own way if a fee applies.** If your child has a food allergy please contact the trip facility if you have any questions about food ingredients. Please send an alternative lunch, if your child cannot eat what is provided. **A nurse will be on all trips and updated with all medical information.** Please make sure the school nurses have updated prescriptions from doctors.

Circle the weeks/trips you selected and **keep this document for your records.**

Week 1: Thursday July 11 (9:00-1:00)

Freedom Fest State Fair, Allentown

Pack a lunch

The 2017 State Fair promises to be spectacular with exhibits, amusement rides, food vendors, picnic grounds, games of chance, live entertainment, plus...Live agricultural exhibits and demonstrations. Please pack a bagged lunch.

Week 2: Thursday, July 13 (9:00-1:00)

FunPlex, Mt. Laurel

Pack a lunch

Unlimited Inside and Outside Attractions plus Bowling (excludes water attractions and arcades
Snack bar will be available. If you would like your child to purchase tokens for arcade games or a snack at the snack bar, please send additional cash the day of the trip. It will be your child's responsibility to hold onto the extra money. Pack a lunch.

Week 3: Thursday, July 27 (9:00-1:00)

2-6th Grade: Coco Keys Water Resort, Mt. Laurel
Camper must know how to swim to go on this trip

Pizza and drink will be provided

K&1 Grade: Chuck E Cheese, Princeton



Pizza and drink will be provided

Week 4: Thursday, Aug. 3 (9:00-1:00)

Hamilton, AMC

Snack Pack Included

Despicable 3 (subject to change)

 *Please sign up for "**Remind**," to receive payment confirmation and other notices involving the summer program. You can also directly message me with any questions using this service. 

Text the message @ctasa to 81010.

If you're having trouble with 81010 try texting @ctasa to 856-872-2618.



C.T.A.A.S.A 2017 Mentoring Program

Registration Form (2 sides)

(One form for **each** child attending program)

Please return to
Mrs. Anne Lawrence
by **June 2.**

Child's Name: _____ Grade/Teacher _____ ex: 1B

Address: _____

***Please place a check mark next to the week(s) your child is attending.
Then add up your grand total.**

There are 2 options for camp. Option A includes 2 days of the program and field trip. Option B is just the 2 days of the program. You can choose different options per week. Ex: My child will be choosing option A for week 1 and 2 but option B for week 3. Total = \$45 + \$60 + \$35 = \$140. Make checks payable to Chesterfield Township.

Participants may bring a peanut free snack.

Option A: Program + Trip		Field Trip Place	Total for the week which includes 2 days of camp (\$35) plus admission fees for trips.
Week 1:	July 11-13	Thursday, July 13 Freedom Fest State Fair	53.00
Week 2:	July 18-20	Thursday, July 20 Funplex, Mt. Laurel	\$55.00
Week 3:	July 25-27	Thursday, July 27 Cocoa Keys Water Resort (2-6)	\$60.00
		Chuck E Cheese (K-1)	48.00
Week 4:	Aug. 1-3	Thursday, Aug. 3 Hamilton, AMC	\$48.00

Option B: 2 days only (no trips)	Option B: No trips
Week 1: Just Tuesday and Wednesday	\$35.00 a week
Week 2: Just Tuesday and Wednesday	
Week 3: Just Tuesday and Wednesday	
Week 4: Just Tuesday and Wednesday	

Make checks payable to "Chesterfield Township"

*Grand Total (add up all your weeks)	\$ _____
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Health/Social Concerns (allergies, seizures, medications, etc.) Please note that the CTAASA staff cannot administer medications. Please make sure all medications are given prior to arriving at camp. A school nurse will be available during program hours for emergencies only. Please list any allergies or concerns. ***Please indicate below if your child will not be having pizza at Coco Keys or Chuck E Cheese or the Snack Pack at the movies. Thank you!**

Mother's Name: _____ Phone # during program hours: _____

Father's Name: _____ Phone # during program hours: _____

Best email address to contact about nonemergency issues (Please write clearly):

Emergency Contact Person: _____ Phone Number: _____

Doctor's Name _____ Phone # _____

***The nearest hospital chosen by the emergency squad (911) will be utilized.**

I/We, the undersigned, do hereby authorize officials of CTASA to contact the persons named above and the named doctor to render treatment as needed in an emergency for the health of said child. In the event that physicians, parents or other named cannot be contacted, the officials are hereby authorized to take whatever action deemed necessary in their judgment, for the health of said child. I/We will not hold CTASA, its employees, Chesterfield Board of Education or Chesterfield Township responsible for the emergency care and or transportation of said child.

Health Insurance name, #, Subscriber: _____

***Please state how your child will be arriving and leaving each day.**

_____ I give my child permission to walk or ride his/her bike to and from camp each day unaccompanied by an adult. I will not hold the camp responsible for anything that happens to and from camp.

_____ An adult will be accompanying my child to and from camp each day either by car, walking, or biking. **(Your child will not be allowed to go home with another adult, unless it is stated in a note.)**

Permission Slip for snacks:

Please circle one: Yes or No: Philly Soft Pretzel (Philly Pretzel Factory)

Please circle one: Yes or No: Freezer Ice Pop

Please circle one: Yes or No: Dum Dum (Lollipop)

Comment: _____

Parents Signature _____

I signed up for "Remind" messages.

I am having trouble signing up. Please sign me up using this number: _____