



# KidzArt Summer Camps! -US-1/HildenRd. Location Info Only-

## Camper Welcome Packet

All of the details to help parents and students prepare for a terrific experience at camp!



### Contact Us:

Tyler Burley – Camp Director  
(904) 287-8603 [tburley@kidzart.com](mailto:tburley@kidzart.com)

### Camp Structure!

You will pick up an **activity schedule** on the morning of the first day of camp, listing all of the activities your child will complete at camp!

\*Our week is full of exciting art projects! Campers will complete ~10 lessons if attending one time slot and ~20 lessons if attending both time slots for the week.

\*Each time slot has a snack break and an activity component which involves skill building and team work.

Our goal is to strike a balance between academic, social, and recreational pursuits!



**Our Tax ID #  
99-1552451**

### What to Send to Camp

If attending one time slot (AM **or** PM):  
one **peanut-free** snack and a drink for each day.

If attending both time slots (AM **and** PM):  
two snacks, lunch, and drink for each day.

### Camp Location & Hours

150 Hilden Rd. Suite #311  
Ponte Vedra, FL 32081  
Camps operate Mon-Fri  
9am-12pm and 1pm-4pm.  
Find us on Google Maps as  
"KidzArt -St. Johns"

### What **NOT** to Send to Camp

No cell phones, game devices,  
jewelry, cash, or other valuables.  
Any foods containing Peanuts .

KidzArt will not be responsible for items  
that are lost or stolen.

### Preferred Camp Apparel

Please dress your child in comfortable clothing and sneakers. Campers will receive a complimentary KidzArt t-shirt on the first morning of camp –we'd love for them to wear their camp shirt each day! We feel that wearing the t-shirt will give campers a sense of belonging and will help them relate to each other. Additional camp shirts can be ordered online at \$12 each.



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### Security Check at Dismissal

At check-in you will receive a 4-digit **Dismissal Code**, unique to your child.

**Parents must present their child's unique Dismissal Code when picking up their child. If a friend or relative is picking up your child, please ensure they know the Dismissal Code**

### Drop Off and Pick Up Times

#### Morning Session (9am - 12pm)

- Drop off time is 8:50-9:00am
- Pickup time is 11:50am-12:00pm

#### Afternoon Session (1pm - 4pm)

- Drop off time is 12:50-1:00pm
- Pickup time is 3:50-4:00pm

**Please plan to arrive no later than 12PM for Morning Session pick-up**

**Please plan to arrive no later than 4PM for Afternoon Session pick-up**



### Early Dismissal/Absences

**If your child will be absent or needs to leave camp early, please notify the Camp Instructors in person, or contact the Camp Director at 904-287-8603 or [ssimpson@kidzart.com](mailto:ssimpson@kidzart.com)**

### Personal Belongings

KidzArt is NOT responsible for personal belongings brought to camp. Please label all of your child's items such as lunch box, water bottle, backpack, etc. Refer to page 1 to review what to bring and what not to bring to camp.

### Behavior Expectations

Inappropriate language will NOT be permitted. Fighting, teasing, bullying or any intimidation by anyone is strictly prohibited. Good sportsmanship is always expected. Campers are expected to treat each other, the staff, and the facility with respect.

**Behavior deemed excessively disruptive to the overall experience of other campers will not be tolerated, and is cause for dismissal from camp.**

### **NOT REGARDING FAMILY DAY:**

**Please note that there is no "Family Day" on Fridays at our US-1 camp location, due to the small size of our classroom. Be sure to check our Facebook Page for an inside look at each week of camp instead!**



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Your Child's Health & Safety  
is our #1 Priority!



### Authorization of Medication

In order for our Camp Staff to administer medication to your child at any time during camp, you and your child's physician MUST complete the "Authorization of Medication" form included at the end of this Welcome Packet and bring it to the first day of camp. Medication must be sent to camp in its original bottle.



### Sick Campers

If your child is ill and will not be attending camp, please notify your child's Camp Director through email, phone, or text.

**Please DO NOT send your child to camp if he/she is not feeling well.**

If your child becomes ill during camp, we will use the Emergency Contact # you provide.



### Campus Security

As soon as check-in is complete, the front door will be closed and locked. Visitors will not be permitted on campus without permission from the camp director.

Please make sure to have your child's Dismissal Code EVERY DAY in order to leave the campus with your child.



### Lunch & Snacks!

Campers must bring their own drinks or snacks each day. KidzArt does not provide daily food to campers. We DO have a refrigerator and microwave available at our US-1 location, so let your child's instructor know if they need either!

**Due to allergy concerns, please DO NOT pack any food containing peanuts.**

### Camp Staff Details

All of our staff members have been fingerprinted, and have successfully passed a level 2 background screening. Camp counselors participate in detailed training on: curriculum expertise, classroom management, camper safety, camper to camper relationships, fostering self esteem, as well as emergency preparedness including CPR and First Aid



**KidzArt St Johns, FL**  
**150 Hilden Rd Ste 311**  
**Ponte Vedra, FL 32081**  
**Ph: 904-287-8603**  
[tburley@kidzart.com](mailto:tburley@kidzart.com)

### Administration Of Medicine

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Camp Location: \_\_\_\_\_

----- **TO BE COMPLETED AND SIGNED BY YOUR PHYSICIAN** -----

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage:

1. Amount to be given: \_\_\_\_\_
2. Time to be given: \_\_\_\_\_
3. Duration: Days \_\_\_\_\_ Weeks \_\_\_\_\_

Side Effects:

1. To report: \_\_\_\_\_
2. To expect: \_\_\_\_\_

Physician's Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

----- **TO BE COMPLETED AND SIGNED BY PARENTS** -----

I request that one of KidzArt's Site Directors administer the medication described above to my child (name of child) \_\_\_\_\_. I will supply the Site Directors with the medication prescribed in the original container or a duplicate professionally labeled and supplied by the pharmacist for this purpose.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_