

Pitt County Sheriff's Office  
2019 S.U.M.M.E.R. Camp  
Sheriff's **U**nderstanding, **M**onitoring, **M**entoring, **E**ducating & **R**ewarding  
**O**ur Youth

(In Partnership with Pitt County Schools)



***Paula Dance, Sheriff***

**Pitt County Sheriff's Office Mission Statement**

The Mission of the Pitt County Sheriff's Office is to "serve and protect" and defend the community with integrity and sound judgment, in a manner respectful of the trust that has been placed upon us, while preserving the rights and dignity of all.

**GENERAL INFORMATION**

- Location:** Bethel School  
**Ages:** 8-13 (must be in this age range by the start of the camp)  
**Days & Times:** Monday-Thursday from 7:30 am-5:30 pm (June 24-July 25, 2019)  
**Fees:** \$50.00 (non-refundable)  
**Acceptance Policy:** Each child is accepted on an individual basis, and acceptance is based upon our ability to accommodate each child's needs.

**PCSO S.U.M.M.E.R. CAMP STAFF CAN NOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH CHILD.**

The PCSO S.U.M.M.E.R. Camp is designed to allow children ages 8-13 the opportunity to participate in recreational activities through a semi-camp experience, and the staff will strive to maintain a counselor to camper ratio of 1:7.

Parents/Legal Guardians will be responsible for transporting their child to and from the site each day. Your child should **arrive** between **7:30 am and 8:00 am**. All children should be **picked up no later than 5:30 pm**. The PCSO S.U.M.M.E.R. Camp schedule of activities include: skill building activities, picnicking, arts and crafts, music and rhythms, athletic activities, movies, active and passive games and possibly field trips as time allows. The camp will be staffed with Pitt County Sheriff's Office Deputies, a site supervisor, and volunteers who will be trained to work with children from a diverse background.

To be fair, children are accepted to the PCSO S.U.M.M.E.R. Camp on a **first come, first served basis**. If you have any questions, contact Desha Lane, Camp Coordinator at (252) 902-2776.

Please return completed forms to:

Desha Lane  
P O Box 528  
Greenville, NC 27834

***\*\*\*Breakfast & Lunch will be provided at no cost through Pitt County Schools\*\*\****

**Pitt County Sheriff's Office**  
**2019 S.U.M.M.E.R. Camp**

**Program Rules**

- ✓ All participants shall display appropriate behavior, showing respect to themselves and to others.
- ✓ No child will be able to leave with anyone not authorized on the application.
- ✓ You must be on time to pick up your child.
- ✓ If late picking up your child, there is a fee of \$5 per child for every 5 minutes that you are late. This fee must be paid before your child returns to camp.
- ✓ Three (3) late pickups, for any reason, will result in your child not being able to attend the remainder of the program.
- ✓ No child/parent will have alcohol, tobacco, or illegal drugs in their possession while attending camp.
- ✓ No child will be allowed to text or talk on cell phones. It will be taken away if seen by a staff member. No exceptions!
- ✓ All participants will follow and comply with all instructions given to them by camp staff.
- ✓ If your child is accepted into the program, they are expected to attend every day.
- ✓ If you know in advance that your child is going to miss a day, you are expected to call and let us know 24 hours prior.
- ✓ If your child misses three (3) days, they will be removed from the roster and their slot will be filled unless prior approval has been given.
- ✓ You must sign your child in and out every day unless advised otherwise.
- ✓ All participants will follow all rules and guidelines set forth by Pitt County Schools.
- ❖ **If you agree to the rules above please continue with the application.**

Staff Use Only:  
Application #

# PCSO 2019 S.U.M.M.E.R. Camp Application

(In Partnership with Pitt County Schools)

Staff Use Only:  
Waiting List #

## Child's Information (PLEASE PRINT LEGIBLY)

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Sex:  Male  Female Age (as of April 30, 2019): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pitt County Resident?  Yes  No  
Parent/Legal Guardian Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## In Case of Emergency (other than Parent/Guardian) who can be reached between 7:30am-5:30pm

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

## Persons authorized to pick up your child from the program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History:

Please list below any medical conditions and currently prescribed medicines.

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Does your child have any severe allergies or special needs that staff should be made aware of? Yes  No

If yes, please explain: \_\_\_\_\_

*(PLEASE NOTE: Any behaviors, which endanger or are disruptive to other campers or staff, are grounds for non-acceptance to camp or immediate dismissal from camp. If dismissal is required, parent/legal guardian, or group home is responsible for transportation home. All applicants are expected to function to an appropriate degree in a group setting.)*

## Notes:

\*I give permission for the Pitt County Sheriff's Office to use this camper's photograph and comments in promotional materials.

## PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in the Pitt County Sheriff's Office S.U.M.M.E.R. Camp, I hereby assume all risks and release the Pitt County Sheriff's Office, County of Pitt, Pitt County Schools, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

For the safe enjoyment of this program by all participants, the Pitt County Sheriff's Office has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured, I hereby give permission to the physician or medical personnel selected by the Pitt County Sheriff's Office staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\* Pitt County Sheriff's Office does not discriminate on the basis of race, religion, creed, or national origin.

## PCSO S.U.M.M.E.R. Camp CLIENT SURVEY

### **PLEASE READ CAREFULLY! (This survey must be completed along with the application)**

By completing this survey, you are helping us to evaluate the effectiveness of the PCSO S.U.M.M.E.R. Camp. You will also be enabling us to provide data to possible future funding agencies. This data will be used to secure grants to assist in the operation of the PCSO S.U.M.M.E.R. Camp.

Please note that any information you provide will not be divulged, under any circumstances, to anyone else. You will not get added to any mailing lists as a result of completing this survey. The only exception is that we may provide this information to other agencies that may fund this program. We will only use the statistical information (NOT personal information) - for example, that 55% of our campers are female, and 12% are aged 8-13. If you have any questions, please contact the PCSO S.U.M.M.E.R. Camp Coordinator at (252) 902-2776 or email [desha.lane@pittcountync.gov](mailto:desha.lane@pittcountync.gov).

Thank you for supporting the PCSO S.U.M.M.E.R. Camp!

### **PLEASE FILL IN THE BEST POSSIBLE CHOICE!**

**1. How did you hear about the PCSO S.U.M.M.E.R. Camp?**

- PCSO Website  
 Pitt County Schools  
 Other (Please Specify): \_\_\_\_\_
- PCSO Staff Member  
 Friend/Family Member

**2. What is your camper's age?**

- 8-9 years old  
 10-11 years old  
 12-13 years old

**3. What is your camper's race?**

- American Indian  
 Asian  
 Black or African American
- Hispanic or Latino  
 White  
 Other (Please Specify): \_\_\_\_\_

**4. What is your camper's area of residence?**

- Grifton  
 Ayden  
 Other (Please Explain): \_\_\_\_\_
- Winterville  
 Greenville

**5. What is your individual or family income per year?**

- Below \$10,000  
 \$10,000 to \$14,999  
 \$15,000 to \$24,999
- \$ 25,000 to \$34,999  
 \$35,000 to \$49,000  
 Over \$50,000

**6. What school does your camper attend:**

\_\_\_\_\_