

Pitt County Sheriff's Office
2024 S.U.M.M.E.R.
(Sheriff's Understanding, Monitoring, Mentoring, Educating &
Rewarding Our Youth) Camp



Sheriff Paula Dance

Pitt County Sheriff's Office Mission Statement

The mission of the Pitt County Sheriff's Office is to serve, 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:** TBA
Ages: 7-12 (must be in this age range by the start of the camp)
Days & Times: 7:30 AM - 5:30 PM on June 17th-20th; June 24th-27th; July 8th-11th; July 15th-18th; and July 22nd-25th (NO CAMP ON JULY 1st-4th, AND NO CAMP ON FRIDAYS)
Fees: \$125.00 (non-refundable after child's first day of attendance) per child (\$25 per week)
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 CANNOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH CHILD.

The PCSO S.U.M.M.E.R. Camp is designed to allow children ages 7-12 the opportunity to participate in recreational activities through a semi-camp experience. The staff will strive to maintain a counselor-to-camper ratio of 1:5 along with a camp mentor.

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. Youth Camp schedule of activities includes (but not limited to): skill-building activities, arts and crafts, music and rhythms, athletic activities, movies, active and passive games, and 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 diverse backgrounds.

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, please contact Ms. Venus Curry, PCSO Camp Coordinator at (252) 902-2776.

All applications are due by Wednesday, May 15, 2024.
Please return completed forms to Ms. Curry via
email (venus.curry@pittcountync.gov).

***** The campers' breakfast and lunch will be provided by PCS School Nutrition Services.*****

Pitt County Sheriff's Office

2024 S.U.M.M.E.R. Camp

Program Rules

- ✓ All participants shall display appropriate behavior, showing respect to themselves and to others.
- ✓ If your child has an issue with another camper or a staff member, he or she needs to immediately report it to a staff member to be addressed.
- ✓ Cell phone use will be limited by campers and mentors. Cell phones will NOT be displayed during presentations and activities. Deputies' phone numbers will be provided if you need to reach your child in case of an emergency.
- ✓ All campers will follow and comply with all instructions given to them by camp staff and mentors.
- ✓ If your child is accepted into the program, he or she is expected to attend and participate 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.
- ✓ No child or parent will have alcohol, tobacco, weapons, or illegal drugs in their possession while attending camp.
- ✓ No child or parent will display or exhibit gang signs, colors, paraphernalia, etc., while attending camp.
- ✓ No child will be able to leave with anyone not authorized on the application.
- ✓ You must be on time to pick up your child. Chronic tardiness may result in extra fees, not allowed to go on field trips, or termination.
- ✓ 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.**

Reminder:
Applications and Client Surveys are due by Wednesday, May 15, 2024.

Staff Use Only:
Application #

PCSO 2024 S.U.M.M.E.R. Camp Application

Staff Use Only:
Waiting List #

Child's Information (PLEASE PRINT LEGIBLY):

Child's Name: (Last) _____ (First) _____ (Nickname) _____ T-Shirt Size: _____

Sex: Male Female Age: _____ Date of Birth: _____ Pitt County Resident? Yes No

Parent/Legal Guardian's 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 7:30 AM - 5:30 PM?

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.

Does your child have any severe allergies, special needs, or behavioral issues that staff should be made aware of?

Yes No

If yes, please explain: _____

(PLEASE NOTE: Any behaviors that 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, the parent/legal guardian or group home staff 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 for 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. I agree that my child will abide by these rules and regulations 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

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

2024 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, *55% of our campers are female, and 12% are ages 7-12.*

If you have any questions, please contact the PCSO S.U.M.M.E.R. Camp Coordinator at (252) 902-2776 or email her at venus.curry@pittcountync.gov.

Thank you for supporting the 2024 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 PCSO Staff Member
 Pitt County Schools Friend/Family Member
 Other (Please Specify): _____

2. What is your camper's age range?

- 7-8 years old
 9-10 years old
 11-12 years old

3. What is your camper's race?

- American Indian Hispanic
 Asian White
 Black or African-American Other (Please Specify): _____

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

- Grifton Winterville
 Ayden Greenville
 Other (Please Specify): _____

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

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

6. What school does your camper attend? _____

7. What does your camper want to be when he or she grows up? _____

Thank you for your feedback!