

*Jamie Horn, Special Needs Day Camp Director Phone: (517) 706-5454 1826 Osage Drive Fax: (517) 349-6643*

*Okemos, MI 48864*

Dear Parents,

We are excited that you have made the decision to place your child in the Okemos Special Needs Day Camp. We would like to take this opportunity to share an updated camp procedure with you before camp begins. This letter provides parents/guardians of male campers with a clear statement regarding swimming at Williamston Community Pool on Tuesday and Thursdays.

It is important to maintain safety of all campers and staff. Due to the number of male campers this year, we will need to utilize appropriately trained female staff to help campers who need assistance changing into their bathing suit and navigating the locker room on swim days. Female staff may also need to assist campers, including male campers, in the bathroom. This female staff will include special education paraprofessionals and child care workers who are employed by the district and camp directors. Female staff will undergo training prior to entering the bathroom or locker room and will not be alone in the bathroom or locker room with male campers. We take the safety of all of our campers seriously and have conducted background checks on all individuals who will be working with campers.

**For the safety of your child, no camper will be allowed to attend camp unless the following forms have been completed, signed and returned by the first day of camp. Each child must have on file with camp staff a Registration Form, an Emergency/Medication Form and an Acknowledgement of Camp Procedures.**

I understand and agree to the Okemos Special Needs Day camp procedures, I give permission for my child to be in the bathroom or locker room with female staff.

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_