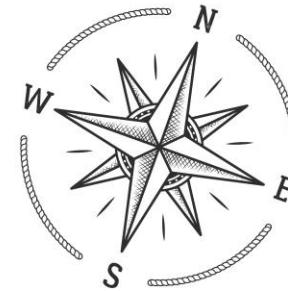




COMPASS SUMMER CAMP 2021



LEARNING IS AN ADVENTURE CHART YOUR COURSE

Details

Charting new territory, learning to navigate, solidifying skills, being a member of a crew.

Everyone entering grades 6th – 8th at BMS and Woolwich Central School are welcomed by invitation to attend Compass Summer Camp for the Summer of 2021.

This is an academic program that will provide students with academic support in Literacy and Mathematics. Students will continue to develop academic skills through Math Packet Crushers, Reading Plus, IXL, and more.

Students will also be able to select enrichment activities within a focus area that excites them! There will be Visual and Performing Arts, S.T.E.M., Physical Recreation, and Cooking.

The program is FREE and food will be provided at no cost.

Dates: July 12th – August 19th

Hours: Monday – Thursday, 10:00 am – 2:00 pm

Location: Midcoast Youth Center, Formerly “Bath Meetinghouse and Skatepark”

Visual and Performing Arts

- Film Editing
- Performing Arts
 - Art
- Set Design

S.T.E.M.

- Bike repair
- Geocaching & hiking
- Music Production

Physical Recreation

- Scooting & Skating
- Biking
- Field Games
- Hiking

Cooking

- Cooking & Baking
 - Gardening
- Asset building

Register at MYC website
www.midcoastyouth.org

or through
Karen Curley, BMS
Social Worker
kcurley@rsu1.org

If you are interested and have questions, contact either:

Program Director,
Rose McDonnell
rose@midcoastyouth.org
Phone: (508)274-9722

or
Site Coordinator,
Carson Harvey
carson@midcoastyouth.org
Phone: (207)653-2043

Midcoast Youth Center
4 Old Brunswick Rd,
Bath, ME 04530
Phone: (207) 443-8750

COMPASS PROGRAM REGISTRATION

STUDENT INFORMATION

Student Name: _____ Cell (if applicable): _____

Date of Birth: _____ Address: _____

Allergies: _____ Medications: _____

Medical or Mental Health Conditions: _____

Interests: _____

Transportation: _____ **Yes, I need bus transportation** _____ **I do not need bus transportation**

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

Email (list any who should receive email updates): _____

Emergency Contact: _____ Relationship: _____

____ I understand that program participants may leave the skatepark property with program staff to participate in bike rides, hiking, compass skills, and other outdoor activities.

____ I give permission to MCA to use my child's photo on social media and in promotion materials.

Program participants will complete "An Asset Checklist" survey by Search Institute to help measure external assets: support, empowerment, boundaries and expectations, constructive use of time and internal assets: commitment to learning, positive values, social competencies, positive identity. Through active and interactive learning, reflection, projects and worksheets, young people learn about the importance of developmental assets, strengths in their lives, sources of support and areas for growth.

Parent/Guardian Signature

Date

At Home Health Screening Tool for Staff and Students

Please review this screening tool before program/ work every morning. This tool is for your reference only - do not bring it to summer camp.

Are you experiencing any of the following symptoms?

Lower Risk symptoms include:
<ul style="list-style-type: none"> • New headache • Muscle pain (myalgias) • Runny nose/ congestion • Nausea or vomiting/ stomach pain/ diarrhea • Any of above symptoms present beyond what you typically experience (ie. if you have allergies, etc.)
Higher Risk symptoms include:
<ul style="list-style-type: none"> • New, uncontrolled cough • Shortness of breath or difficulty breathing (not exercise induced asthma) • New loss of taste or smell • Fever (100.4 or higher)/ chills / rigors (shaking) • Sore throat

If you are experiencing any of the above listed symptoms, **STAY HOME.**

Next, please determine Yes or No for the following statements:	Yes	No
Have you taken cough/ cold medication and/ or fever reducers such as Tylenol/ Ibuprofen today for the above listed symptoms? <u>"If yes, stay home and follow RSU 1 Illness Guidelines."</u>		
Have you been tested for COVID-19? <u>"If yes, call and discuss this with the school nurse before reporting to school. Staff call and discuss with the building principal."</u>		
Have you had close contact* with someone with a confirmed diagnosis of COVID-19 in the past 14 days? <u>"If yes, stay home, call your medical provider, do not report to work/ school."</u>		
Have you had close contact* with someone with a suspected diagnosis of COVID-19 in the past 14 days? <u>"If yes, stay home, call your medical provider and do not report to work/ school."</u>		
Have you traveled by air or traveled out of state in the past 14 days? <u>"If yes, please contact your school nurse before reporting to work/ school."</u> Link to State of Maine travel guidelines		

If you do need to stay home, please review the RSU 1 Illness Guidelines for more information on next steps: [LINK](#)

**** If you are experiencing the following symptoms: trouble breathing, persistent pain or pressure in the chest, feeling confused, hard time staying awake, bluish lips/ face. Seek immediate medical attention (911) ****

* What counts as Close Contact?

1) You have been within 6 feet of someone who has COVID-19 for at least 15 minutes, 2) Someone in your home is sick with COVID-19, 3) You have had direct physical contact with the sick person (touched, hugged, or kissed them), 4) You have shared eating or drinking utensils with the sick person, 5) The sick person sneezed, coughed, or somehow exposed you to the sick person's respiratory droplets.



Regional School Unit 1

The Communities of Arrowsic – Bath – Phippsburg – West Bath – Woolwich

*Patrick M. Manuel, Superintendent
Debra J. Clark, Business Manager*

*Katie Joseph, Assistant Superintendent
Justin R. Keleher, Director of Special Services*

"Education of a lifetime – for a lifetime"

Request for Release of Student Information

Date:

Student Name/DOB:

Parent/Guardian Name:

Address:

Phone No.:

The following information is requested to be released by:

Name:

Title:

Information Requested:

Academic Performance

Behavioral Information

Assessments

Educational Plan

Medical Information

Treatment Plan

Other: _____

The above information may be released to:

Name: Agency:

Title:

For the purposes of:

I, the legal parent/guardian of the above named student, give my permission for the information listed to be released to the person(s) indicated for educational purposes. (A facsimile of this form with parent signature is acceptable.)

(Parent/Guardian Signature)

(Date)

Updated 2/9/15