The Jim Eaton Summer Reading Program at the Grace Day School:

Another year of excellence
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What is Eaton Camp?

Eaton Camp is a summer enrichment program, presently run for Kindergarteners rising to first grade in the next academic year. We are a morning and early afternoon program which combines reading, writing, play, food, and enrichment in a safe and loving environment which allows children to maintain the learning of their previous academic year without ‘sliding’, all the while fostering in the children a life long love of reading.

Primary Goal

Keep kids from the ‘summer slide’.

Primary Goal Achievement Rate for 2015 & 2016: 100%

Based on entrance and exit testing, 100% of our kids did not lose knowledge during the program. Further, 90% showed academic gains.

Secondary Goal

Instill in kids a love of reading.

Secondary Goal Achievement for 2015 & 2016: Success!

This goal was harder to quantify, but our entrance and exit observations were clear. At the beginning of camp, none of the children wanted to be there, nor to read. At the end of camp, we had multiple reports that the kids were reading of their own volition at camp (see above), at home, on the bus (see left), and at school the following academic year.
A Day at Camp

Food
We start the day with breakfast at 8 AM and before we’re through at 2 PM, we’ll also have a mid-morning snack, and a hot lunch.

Stations
The academic portion of our program day consists of four 30-minute stations where teens and adults work with our campers in a 1:2 ratio or better. At the Reading Station, we read. At the Writing Station, we write. At the Workbook Station, we make our way through the Summer Bridge Activities workbook. At the Word Games Station, we play games that involve spelling, letter and word recognition, and word definition.

Crafts
An integral part of any summer program, our crafts help develop hand-eye coordination with cutting, pasting, drawing, and coloring.

Social Norms
We help develop and support common courtesy in our kids - basic table manners, saying please and thank you, and following directions and rules. We also maintain that apologizing takes bravery, and we reward it accordingly.

Safety & Agency
Not all children have the golden combination of both being safe, and choosing for themselves. In school, they are often safe, but are in a highly structured environment that does not allow them to express agency. In their neighborhoods, they may often have the ability to choose their actions and activities, but are not always doing this in the midst of a safe environment.

At Eaton Camp, children are given opportunities during ‘free play’ to choose both their game, and with whom they wish to play. This gives them the chance to express agency, to experience social dynamics and consequences of actions (for instance, ‘if I cheat at Shoots & Ladders, no one wants to play with me’, or ‘if I am mean to Joe, Joe won’t play with me anymore’) which is all good fodder for reinforcing social norms.
Friday Field Trips

Friday is our field trip day. Previously we’ve been to the Buffalo Zoo, Buffalo Science Museum, Kelkenberg Farm, The Aquarium of the Niagara, Fantasy Island, and the inflatable planetarium at Buffalo State College. This year we are looking forward to adding a new location to our enrichment: The Niagara Power Vista.

Smaller Programs

We also love any opportunity we have for other smaller programs of enrichment. In the past we have enjoyed visits from farm animals to our summer program (the goats were a particular success), and from a dental hygienist to reinforce good brushing technique.

This year we are looking forward to visits from specially trained dogs to whom our campers can read, swim days at the Y, and visits from the Tech Truck.
Our Secret Weapon: Teenagers.

Making Reading Cool

We want kids to begin to love reading, so we aim to make reading cool. To that end, we surround the kids with volunteers who, when they have a slow moment, whip out a book and start reading in front of the kids.

We turn our Camp Library into the most comfortable and awesome space possible, full of pillows, stuffed animals (some of them larger than the children), quilts, and comfort, as well as books.

Enter: The Secret Weapon

And then we have teenagers. Teens who help teach the kids, play with the kids, go on field trips, are seen reading their own summer reading books, and who, by the end of Tuesday on any given week, are each camper’s ‘Coolest Person I Know’. And the teenagers love reading. They make reading infinitely cooler for our Kindergarteners than anyone over the age of twenty-five can dream of managing, and they do it by virtue of showing up. Teenagers really are Eaton Camp’s secret weapon.
Volunteers

Main Roles

**READING:** We need volunteers to read to and with the kids.

**WRITING:** We need volunteers to help kids with their writing (don’t worry - book reports at the Kindergarten level are very easy.)

**WORKBOOK:** We need volunteers to shepherd our kids through their workbook pages - keep them engaged, on task, and help them when they flounder.

**WORD GAMES:** We need volunteers to lead the word game of the day, playing with the kids as they cement their learning with fun.

We like to have a ratio of at least a one strong reader to every two Kindergarteners, so that means that no volunteer will be working a station by themselves.

Chaperone

**CHAPERONE** is a technical term. What does it mean, exactly?

A chaperone accompanies a child or group of children and makes sure they remain safe from harm.

More than that, a chaperone at Eaton Camp also is supportive of the activity that is occurring and reinforces the rules & behaviors (social norms) we agree upon at the beginning of camp; this includes table manners, using please and thank you appropriately, and following directions.

Other Duties

Every volunteer has a Main Role - and that is the station that they’re volunteering in that day, or that week. However, stations are only two hours out of a six hour program day. In the other four hours, here is what a volunteer does:

- play games with kids during ‘free play’
- chaperone enrichment programs run by others, including off-site field trips
- chaperone meal and snack time
- chaperone and/or participate in outdoor games
- chaperone and/or participate in craft time

Training

All volunteers will have an opportunity for an in-person training at Grace Church which will cover a how-to on the main roles, a list of our social norms, our behavior support system, a Question & Answer time with the Camp Director, as well as a brief re-cap of safety protocols.

All adult volunteers must have completed online or in-person Safe Church training within the last two years, and will be subject to a background check.
Bonus Materials

There’s more!

The following pages have informational flyers that can easily be reproduced and look good both in color and grayscale. Similar visually, but with different pertinent information, one flyer is for Kindergarteners and one flyer is for volunteers.

Also we have our registration forms which can be easily reproduced. Please note that all applications are DOUBLE SIDED.

All registrations can be submitted to the address on the form. Physical and digital registrations are both accepted.
Eaton Camp

Calling all Kindergarteners!

Day Camp: Building & strengthening reading & writing skills - with field trips & fun!

Dates: July 10, 2017 - August 11, 2017

Days: Monday - Friday

Times: 8:00 AM - 2:00 PM. Parent or guardian picks up & drops off at bus stop approximately 15 minutes before and after camp. Any parents and siblings wishing to arrive at the camp site may join breakfast (8AM) and lunch (12:30PM) and eat for free!

Place: Grace Episcopal Church, 100 Genesee St, Lockport, 14094

Campers: Children who have completed kindergarten and are rising to 1st grade in September 2017.

Registration: Open! First come, first served. Registration closes June 20th. Send in completed registration form to our program office: Eaton Camp, 4275 Harris Hill Road, Williamsville, NY 14221.

Fee: None. Camp is provided courtesy of the Grace Day School.

Food: Breakfast, lunch, & a snack are provided.

Restrictions: Kosher & Halal can be accommodated with prior notice. We apologize that we are unable to accommodate severe nut allergies & significant learning disabilities.

For questions: Email our camp director, Sare Anuszkiewicz, at DIRECTOR@EATONCAMP.ORG or call (716) 800-1607.
Calling all Adult & Teen Volunteers

Day Camp: Volunteering at a summer reading program for kindergarteners. Build and strength your leadership skills!

Dates: July 10, 2017 - August 11, 2017. Let us know if you can volunteer for one or more complete weeks, or only on certain days of the week.

Days: Monday - Friday

Times: 7:45 AM - 2:15 PM.

Place: Grace Episcopal Church, 100 Genesee St, Lockport, 14094

Volunteers: We accept both adult and teen volunteers. Adults submit to a background check and must complete our Safe Church course online. A training session will be provided in June.

Registration: Open! First come, first served. Registration closes June 20th. Send in completed registration form to our program office: Eaton Camp, 4275 Harris Hill Road, Williamsville, NY 14221.

Bring: Your signed registration & medical release form, if you have not already mailed it in (in which case, please also call ahead to reserve your volunteering slot). Also bring daily: a packed lunch, a physical summer reading book.

Restrictions: We apologize that we are unable to accommodate severe nut allergies & significant learning disabilities.

For questions: Email our camp director, Sare Anuszkiewicz, at DIRECTOR@EATONCAMP.ORG or call (716) 800-1607.
Camper Name: ______________________________ Nick Name: __________________
Sex: □ M □ F Age: ____ Date of Birth: ____________ Grade: ____ School: ____________
Home Address: ______________________________ City: __________, NY, Zip: __________
Camper Shirt Size: □ Youth Small □ Youth Medium □ Youth Large □ Youth X Large
(Thursday)
□ Adult Small □ Adult Medium □ Adult Large □ Adult X Large

Parent or Guardian: ____________________________ Relationship: _________________
Phone: □ Home___________________ □ Cell____________________ □ Work_________________
Email: _______________________________________

In Case of Emergency - We will need to be able to locate you or an emergency contact at any time during the camp day. Please provide information for 2 Emergency Contacts:
1) Name: ____________________________ Relationship: _________________
Phone: □ Home___________________ □ Cell____________________ □ Work_________________
2) Name: ____________________________ Relationship: _________________
Phone: □ Home___________________ □ Cell____________________ □ Work_________________

How did you hear about the Eaton Program? □ School □ Faith Community □ Website □ Neighbor
□ Other: ________________________________

Consent & Release of Liability:
In case of medical emergency, I understand every effort will be made to contact a parent or legal guardian. In the event, one cannot be contacted, I hereby give my permission to the dentist or physician designated by the staff to hospitalize, secure appropriate treatment and/or order and injection, anesthesia, or surgery necessary for this child.

I hereby give permission to the representatives of the Diocese of Western New York, as a part of the reading program in 2017 to transport my child in private automobiles and/or vans. I realize that paid diocesan staff as well as volunteers may operate private vehicles. I hereby release and waive any claim I may have for injuries to said minor child including claims for medical treatment expenses for said minor child against any such person and the Diocese for their failure to exercise due care in transportation to and from and participation in any special trips. I do not waive or release claims that may arise from intentional, wanton, or willful misconduct by such staff or volunteers.

I give permission for quotes and/or photographs taken during the program to be used in promotional materials.
I give permission for my child to join contests based on reading and writing achievement.
I give permission for data regarding my child’s educational attainment to be collected and shared.
I give permission for my child’s past educational attainment data to be shared with representatives of the Eaton Program & the Grace Day School.

The Eaton Program retains the right to enforce its rules, and if necessary, send home any child infringing on the rights of others or whose behavior/actions are otherwise unacceptable.

The health history as well as the information on the original registration form is correct, to the best of my knowledge.

Parent/Guardian Signature: ____________________________ Date: __________

[continue on other side]
**Health History**

**Medication Allergies**
Describe reaction and management of the reaction

**Food Allergies**
Describe reaction and management of the reaction

**Other Allergies (insect stings, hay fever, animal dander, etc.)**

**Dietary Restrictions**

- [ ] Does not eat red meat
- [ ] Does not eat pork
- [ ] Does not eat eggs
- [ ] Does not eat poultry
- [ ] Does not eat seafood
- [ ] Does not eat dairy products
- [ ] Does not eat nut products
- [ ] Other: _______________________________________________

Date of last physical exam: ___________________________ *(WITHIN 12 Months of program attendance)*

Date of Last Tetanus shot: ___________________________

**Medications** used at present:

Dosage/s: ___________________________________________ When taken: __________________________

**MEDICAL DIAGNOSES**

(Attach additional sheets with this information to the back of form if needed. Thank you!!)

Has the child had the following vaccinations: DPT, MMR, chicken pox? YES ____ NO ____

Is this child challenged in any way physically, mentally or emotionally? YES ____ NO ____

If YES, please specify _____________________________________________________________

Has there been any trauma in the child’s life, either physical or emotional? YES ____ NO ____

If YES, please specify _____________________________________________________________

Family Dentist: ____________________________________________ Phone: (_____)_________________________

Family Physician: ____________________________________________ Phone: (_____)_________________________

Health Insurance Company: ____________________________________ Phone: (_____)_________________________

Policy/Group Number: ______________________________________

Is there anyone legally restricted from seeing this child? [ ] Yes [ ] No
If yes, name: _______________________________________________

**Health issues** [ ] Yes [ ] No **Childhood diseases (approx. dates)** **Other Allergies** [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Health issues</th>
<th>Yes</th>
<th>No</th>
<th>Childhood diseases (approx. dates)</th>
<th>Other Allergies</th>
<th>[ ] Yes</th>
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<tbody>
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**IMPORTANT:** If this child has ASTHMA (exercise induced or otherwise) (s)he MUST either bring a rescue inhaler with them OR a letter from their HEALTH CARE PROVIDER stating they DO NOT NEED (NOT “do not have”) a rescue inhaler. Should they not have this with them at the time of registration, the child shall be sent home. NO EXCEPTIONS.

**Those taking medication:** Please provide medication in plastic, daily dose containers with medication for the day already dosed. Please place containers in a zip-lock plastic bag clearly marked with the child’s name. Name of medication and dosage, for informational purposes, can be enclosed written on an index card. This will assure greater dosing accuracy for your child. Thank you!
Teen Name: __________________________________________ Nick Name: _______________
Sex: ☐ M ☐ F Age: ____ Date of Birth: ____________ Grade: ____ Parish: ____________________
Address:____________________________________ City:_____________ State:___ Zip:_________
Teen Shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X Large
(∗pick one) ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X Large

Parent or Guardian:_____________________________ Relationship:_______________
Phone: ☐ Home___________________ ☐ Cell____________________ ☐ Work_________________
Email:______________________________

In Case of Emergency - We will need to be able to locate you or an emergency contact at any time during the camp day. Please provide information for 2 Emergency Contacts:
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Phone: ☐ Home___________________ ☐ Cell____________________ ☐ Work_________________
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Phone: ☐ Home___________________ ☐ Cell____________________ ☐ Work_________________

How did you hear about the Eaton Program? ☐ School ☐ Faith Community ☐ Website ☐ Neighbor
☐ Other:__________________________________________

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In case of medical emergency, I understand every effort will be made to contact a parent or legal guardian. In the event, one cannot be contacted, I hereby give my permission to the dentist or physician designated by the staff to hospitalize, secure appropriate treatment and/or order and injection, anesthesia, or surgery necessary for this child.

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Parent/Guardian Signature: ________________________________   Date: ___________

[continue on other side]
**Health History**

Medication Allergies

Describe reaction and management of the reaction

---

Food Allergies

Describe reaction and management of the reaction

---

Other Allergies (insect stings, hay fever, animal dander, etc.)

---

Dietary Restrictions

☐ Does not eat red meat  ☐ Does not eat pork  ☐ Does not eat eggs

☐ Does not eat poultry  ☐ Does not eat seafood  ☐ Does not eat dairy products

☐ Does not eat nut products  ☐ Other:

---

Date of last physical exam: ___________________________ (WITHIN 12 Months of program attendance)

Date of Last Tetanus shot: ___________________________

Medications used at present: ________________________________________________________________

Dosage/s: ____________________________________________ When taken: __________________________

MEDICAL DIAGNOSES

(Attach additional sheets with this information to the back of the form if needed. Thank you!!)

Has the child had the following vaccinations: DPT, MMR, chicken pox?  YES ___ NO ___

Is this child challenged in any way physically, mentally or emotionally?  YES ______ NO ______

If YES, please specify _________________________________________________________________

Has there been any trauma in the child’s life, either physical or emotional? YES____ NO_____

If YES, please specify _________________________________________________________________

Family Dentist: ____________________________________________ Phone: (_____)_________________________

Family Physician: ____________________________________________ Phone: (_____)_________________________

Health Insurance Company: ____________________________________________ Phone: (_____)_________________________

Policy/Group Number: ____________________________________________

Is there anyone legally restricted from seeing this child?  ☐ Yes  ☐ No  If yes, name: ___________________________

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Health issues  [ Yes ]  [ No ]  Childhood diseases (approx. dates)  Other Allergies  [ Yes ]  [ No ]

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Please Describe: (any yes answers)

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**Those taking medication:** Please provide medication in plastic, daily dose containers with medication for the day already dosed. Please place containers in a zip-lock plastic bag clearly marked with the child’s name. Name of medication and dosage, for informational purposes, can be enclosed written on an index card. This will assure greater dosing accuracy for your child. Thank you!

[please use an additional sheet of paper, if necessary]
Name: _____________________________________________ Nick Name: ______________________
Sex: ☐ M  ☐ F Age: ____ Date of Birth: ____________ Parish: ______________________
Home Address:__________________________________ City: __________ State:___ Zip:_____
Shirt Size:  ☐ Youth Small  ☐ Youth Medium  ☐ Youth Large  ☐ Youth X Large
(pick one)  ☐ Adult Small  ☐ Adult Medium  ☐ Adult Large  ☐ Adult X Large

In Case of Emergency - We may need to use an emergency contact at any the during the camp day.
Please provide information for 1 Emergency Contact:
1) Name:__________________________________________ Relationship:_______________
Phone:  ☐ Home___________________ ☐ Cell____________________ ☐ Work_________________

How did you hear about the Eaton Program? ☐ School ☐ Faith Community ☐ Website ☐ Neighbor
☐ Other:________________________________________

I have taken, or will take before my arrival at camp, Safeguarding God’s Children as required by the
Episcopal Diocese of Western New York. I will send proof that I have taken the course to the director of
the Eaton Program, if it is not already on file with the Diocese of WNY.

I will submit to a background check.

The Eaton Program retains the right to enforce its rules, and if necessary, send home any child or adult
infringing on the rights of others or whose behavior/actions are otherwise unacceptable. If you are with
the Eaton Program as a chaperone of children, you may be responsible for supervising the removal of
one of your own who has been asked to leave.

The health history as well as the information on the original registration form is correct, to the best of my
knowledge.

Signature: _____________________________________________ Date: __________

[continue on other side]
Health Information

Medication Allergies
Describe reaction and management of the reaction

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_______________________
_______________________

Food Allergies
Describe reaction and management of the reaction

_______________________
_______________________
_______________________

Other Allergies (insect stings, hay fever, animal dander, etc.)

_______________________
_______________________
_______________________

Dietary Restrictions
☐ I do not eat red meat  ☐ I do not eat pork  ☐ I do not eat eggs
☐ I do not eat poultry  ☐ I do not eat seafood  ☐ I do not eat dairy products
☐ I do not eat nut products  ☐ Other:

Family Dentist: ___________________________ Phone: (_____)_________________________
Family Physician: ________________________ Phone: (_____)_________________________
Health Insurance Company: ______________________ Phone: (_____)_________________________
Policy/Group Number: ________________________________ Phone: (_____)_________________________

Anything else we need to know?