2026

Simsbury
PARKS + RECREATION

CAMP STUFF-TA-DOO

PARENT HANDBOOK

Camp Schedule:
Monday-Friday
8:30 AM-3:30 PM

Department Info:

Simsbury Parks and Rec Dept.
100 Old Farms Road, West Simsbury, CT 06092
Main Office: 860-658-3836
Email: kyard@simsbury-ct.gov

Dept. Staff:

Tom Tyburski, Recreation Director, ttyburski@simsbury-ct.gov
Jaimie Clout, Supervisor, jclout@simsbuyr-ct.gov
Recreation Coordinator, Caitrin Huysman, chuysman@simsbury-ct.gov

Camp Info:

Central School
29 Massaco Street
Simsbury, CT 06070
Camp Director Phone (during camp hours): 860-866-9440
Recreation Coordinator Phone: 860-408-4684
Email: chuysman@simsbury-ct.gov

Camp Staff:

Emma Windisch, Camp Director
Camp Stuff-Ta-Doo is so excited to have you all for another summer! My name is Emma Windisch and I will be the camp director this summer. This is my second year as director, and eighth year working at Camp Stuff-Ta-Doo. I just received my Master's at the University of Connecticut and will be a first year teacher in Simsbury this fall. I am so excited to be back at camp this year at camp and cannot wait to continue working with our campers and staff!

Will Boswell, Camp Assistant Director
Brennan Metz, Camp Assistant Director

Camp Schedule:
Monday- Friday
8:30 AM-3:30 PM
**Please do not drop off your camper before 8:30 AM. Camp Staff cannot supervisor campers before the start of camp. Please pick up your camper promptly at 3:30 PM.*

General Camp Info & Policies

Welcome to Camp Stuff-ta-Doo, the Simsbury Parks and Recreation Department's Day Camp Program. We are pleased that you have chosen this program for your family. This parent handbook was written to help you better understand our programs and policies.

Camp Stuff-ta-Doo will operate with 7-8 groups. Campers are grouped by age. Each group will have 2-3 counselors for the duration of the session. Camp has many fun themes and activities planned for this summer!

2026 Camp Stuff-ta-Doo Themes:

Session 1, 6/22-6/26: Adventure Starts Here!
Session 2, 7/29-7/3: Celebrate Camp: Holiday Week!
Session 3, 7/6-7/10: Take a Trip to The Tropics!
Session 4, 7/13-7/17: World Cup Week
Session 5, 7/20-7/24: Lights, Camera, Camp!
Session 6, 7/27-7/31: Build It: Minecraft Week!
Session 7, 8/3-8/7: MessFest!
Session 8, 8/10-8/14: Camp Rewind!

Drop Off & Sign In:

On the Thursday or Friday before camp, you will receive an email stating your child's group number and counselors' names. Our Camp Staff will be meet you and your camper along the fence by the Massaco Street Parking Area at Central School at 8:30 AM. There will be 7-8 groups and Group 1 will be at the end of fence nearest the school and group 7 or 8 will be at the end furthest from the school building. Guardians must accompany campers to their group and check in with their camper's counselor.

Pick Up & Sign Out:

Pick up will be at 3:30 Pm at the same location that you dropped off your damper. If your camper is taking an after camp swim lesson, you can pick them up at Memorial Pool at 4 PM. Access Memorial Pool by the parking area from Plank Hill Road. Only those designated on the camper's pick-up list (completed online during registration) or listed on a separate Pick-Up Authorization Form, will be able to pick up your camper. The person picking up your camper should have a photo ID with them.

If you did not add a pick up person at the time of registration, and need to add someone, please fill out the Pick-Up Authorization Form. Your child will not be allowed to leave camp with anyone other than those people listed on their registration or listed on a separate Pick-Up Authorization form. REMEMBER, this is for your child's safety and your peace of mind.

Daily Check List: <u>Please label all items!</u>

- A smile!
- Sunscreen (campers should already have sunscreen on when they get dropped off. They should bring additional sunscreen for reapplying throughout the day)
- Sun protection (hat, sunglasses, etc)
- Lunch and two snacks. Please pack snacks separately from lunch and label them.
- Water bottle (or two- camp does have a water bottle filling station if needed)
- Hand Sanitizer
- Change of Clothes
- Swimsuit & Towel
- Rain Gear/ Warm Clothes as needed.
- Medicine (if necessary)

<u>PEASE LABEL ALL ITEMS!</u>

What NOT to bring to Camp:

- Electronics (including cell phones, tablets, Nintendo Switches, etc)
- Water Guns
- Valuable Items
- Precious or treasured items
- Money

<u>Camp Policies</u>

We hope that you understand and appreciate our policies as they directly relate to the safety and well-being of your camper. We look forward to your cooperation in helping us provide a fun and safe camp experience for your camper.

<u>Rules, Behavior, and Discipline Policy</u>

Campers will be responsible for following ALL camp rules as listed below:

- Campers must be respectful to other campers, staff, and facilities and equipment at all times.
- Campers must remain in designated camp areas at all times unless escorted by a counselor.
- Campers must stay with their specified counselors at all times.
- Campers must use appropriate language with other campers and staff at all times.
- Campers are only permitted to leave camp when they are signed out by a parent/guardian or other authorized person.

All children are expected to behave in a proper and respectful manner. We will not tolerate any physical violence, name calling, foul language, destruction of property, or any other behavior deemed inappropriate by the staff. In accordance with the severity and frequency of the behavior, a behavior tracking form may be completed and kept on file. Parents will be notified and receive a copy of any such form. If warranted, the Recreation Department reserves the right to dismiss or suspend any child from the program. No refunds will be given.

Medication

If your camper will need to take medication during camp hours (prescription & non-prescription drugs) or requires medication in the event of an emergency (EpiPen, inhaler, etc.), parents MUST provide an "AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FORM". The form is attached to this Parent Handbook and can be found at SimsburyRec.com.

1. The authorized prescriber must complete the Authorized Prescriber's Order (Section1) of the "Authorization for the Administration of Medication" form attached.
2. The parent/guardian must complete the Parent/Guardian Authorization (Section 2) of the "Authorization for the Administration of Medication" form attached.
3. A child may only Self-Administer medication with written authorization of the Authorized Prescriber and the Parent/Guardian
4. Parents will be asked to provide program Staff with pre-measured dosages of the prescribed medication. Medication must be in the original container and labeled with the child's name, name of medication, directions for medication's administration and date of the prescription.
5. All unused medication will be destroyed if not picked up within one week following the end of the program.

Food Allergies

The primary safeguard for a child with food allergies is for the child to consume only food/snacks that they bring to the program each day. Staff will enforce strict no food trading/sharing rules. Table surfaces will be cleaned and campers will wash their hands after snack/food. We do assume campers with allergies have been instructed by their guardian not to touch trade or share food with anyone else. A completed "Authorization for the Administration of Medication" form is REQUIRED. Camp Assistant Directors and Directors are certified to administer Epi-pens. Other camp staff members are not certified to administer EpiPens, but will use the instructions to ASSIST THE CHILD in an emergency if necessary. Complete the forms BEFORE your child attends so that the program staff may be prepared to handle an emergency situation.

Attire

Campers should wear comfortable, active clothing that allows them to participate fully and safely in various sports and games. Campers should always wear sneakers to camp. **Crocs and other sandals are not appropriate footwear for camp sports & games.**

Camp will go to Memorial Pool everyday (weather dependent) so campers should arrive at camp wearing their swimsuit under their clothes, or they can bring their swimsuit to change in the pool's locker rooms. Campers should bring a towel and pool shoes.

Campers may participate in water games, messy arts and crafts, etc, so bringing a spare change of clothes is a great idea as well.

Sun Protection

We strongly suggest that a guardian apply sunscreen (minimum SPF 30) prior to drop off at camp. Staff can assist in applying sunscreen if it is the spray can variety, but we will not apply lotion to campers. Campers should bring their own sunblock each day in order to reapply when/as needed. This, along with all personal belongings, should be labeled with the camper's name. There will be sunscreen reminders/breaks throughout the camp day.

Illness

If your camper is sick, please keep them home. Any child with a temperature over 100 degrees Fahrenheit should not be brought to the camp. If your child does become sick during the camp day including a temperature of 100.0 F or higher, a guardian will be contacted to pick them up.

If sent home with a fever, the camper should not be brought back into camp until they are healthy enough to return to the program.

Lunch and Snack

Campers are asked to bring a lunch, drink and 2 snacks to camp daily. Please label all lunch bags, boxes, juice, and water bottles. Lunches will be able to be stored inside the school in a refrigerated case.

Electronics and Personal Property

Please do not send your child with electronics or other expensive toys to camp. We are not responsible for lost, stolen, or damaged items. We recommend that campers leave any treasured or favorite toys/stuffed animals/jewelry etc. at home! We do not want these special items lost or damaged at camp.

Weather

In the event of rain or severe weather during the camp day, camp will relocate to indoor locations within Central School. They will return to the outdoors when possible. If there is an all-day expected rain event, we will remain inside. Please send your child with clothes that can get wet/dirty as we may go outside if possible. Should occasional wet weather be in the day's forecast, please be sure to send your child with appropriate clothing to get wet outside as we will do our best have some fun despite the weather!

Refund/Cancellation Policy

Refunds or credits will be given in the following situations, please carefully review the refund/cancellation policy for these programs only (Stuff-Ta-Doo, Awesome Adventure, Lots-Ta-Doo):

1. If a program is cancelled by the Simsbury Parks & Recreation Department, a full refund will be issued.
2. **Prior to March 31, 2026 –** Full refunds for day camps will be granted for any reason, less a $10 processing fee
3. **April 1, 2026-April 30, 2026 –** Refunds for day camps will be granted for any reason less the $100 non-refundable fee (unless a Dr.'s note is provided)
4. **Beginning May 1, 2026 –** No refunds for day camps will be granted unless a Dr. note is provided

Refunds may be issued in the following two ways:

1. A credit on your account at Simsbury Parks & Recreation, which will remain indefinitely and may be used toward any future activities with the department.
2. A refund check sent to the address on file with your Simsbury Parks & Recreation account or the refund amount may be able to credited back to the credit card used for the purchase. Checks will be processed and sent from the Town of Simsbury's Finance Department. Please allow 3-4 weeks for processing.

Camp Schedule

*This is an approximate schedule- camp days may be different based on groups, themes, and planned activities!

8:30-8:40 AM: Drop off by Central School Parking Area Along Massaco Street.
8:40-9:00 AM: Morning greeting, ice breaker, all camp stretches
9 AM: All Camp Game
9:25 AM-9:45 AM: Snack & Water
9:45 AM- 12 PM: Group Rotations (themed special activities, gym games, art room, field games, etc)
12:00- 12:30 PM: Lunch
12:30 PM-1 PM: Playground Time
1 PM-3:15 PM: Swim Time
3:15-3:30: End of Day Wrap Up and Bead Ceremony
3:30 PM: Camper Pick Up at Central School

Questions or Concerns?

Please reach out to Caitrin Huysman, Recreation Coordinator, chuysman@simsbury-ct.gov, or Tom Tyburski, Recreation Director, ttyburski@simsbury-ct.gov.

Medication and Pick Up Authorization Forms are attached below.

SIMSBURY PARKS AND REC PICK UP AUTHORIZATION
PERMISSION FOR PERSONS TO REMOVE A CHILD FROM PROGRAM FORM

Please provide information for all people that are qualified to pick up your child.
If you listed the person on your camper's online registration you do not need to fill this form out!
Please notify people listed on this form that they may be contacted in case parents cannot be reached and photo ID may be required at time of pick up. This form must be returned to the camper's counselor.

Camper Name(s): _____

I hereby authorize the Simsbury Parks and Recreation Department personnel to release my child(ren), to the following people:

Parent/Guardian:

Name:		Relationship:	
Phone #:	Home/Work/Cell/etc:	Alternate Phone #:	Home/Work/Cell/etc:

Parent/Guardian:

Name:		Relationship:	
Phone #:	Home/Work/Cell/etc:	Alternate Phone #:	Home/Work/Cell/etc:

Others Authorized to Pick Up:

Name:		Relationship:	
Phone #:	Home/Work/Cell/etc:	Alternate Phone #:	Home/Work/Cell/etc:

Name:		Relationship:	
Phone #:	Home/Work/Cell/etc:	Alternate Phone #:	Home/Work/Cell/etc:

Printed Name: _____

Signature: _____ **Date:** _____

SIMSBURY PARKS & RECREATION
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

If your child is on medication or requires medication in the event of an emergency, parents MUST provide the following information: IF CHILD WILL NEED TO TAKE MEDICATION DURING PROGRAM HOURS (prescription & non-prescription drugs) AND/OR IF CHILD REQUIRES MEDICATION IN THE EVENT OF AN EMERGENCY (epipen, asthma inhaler, etc.)

ALL FORMS MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED
1. The authorized prescriber must complete the Authorized Prescriber's Order (Section 1) of the "Authorization for the Administration of Medication" form attached. 2. The parent/guardian must complete the Parent/Guardian Authorization (Section 2) of the "Authorization for the Administration of Medication" form attached. THIS FORM 3. A child may only Self-Administer medication with written authorization of the Authorized Prescriber and the Parent/Guardian.
4. Parents will be asked to provide program Staff with pre-measured dosages of the prescribed medication. Medication must be in the original container and labeled with the child's name, name of medication, directions for medication's administration and date of the prescription.
5. All unused medication will be destroyed if not picked up within one week following the end of the program.

POLICY FOR CHILDREN WITH FOOD ALLERGIES:
- The primary safeguard for a child with food allergies is for the child to consume only food/snacks that he/she bring to the program each day.
- Staff will enforce strict no food trading/sharing rules. Table surfaces will be washed clean and children will wash their hands after snack/food. We do assume the child with an allergy has been instructed by the Parent/Guardian not to touch trade or share food with anyone else.
- The completed "Authorization for the Administration of Medication" form is REQUIRED. Staff is not certified to administer Epi-pens, but will use the instructions to ASSIST THE CHILD in an emergency if necessary. So that the program staff may be prepared to handle an emergency situation, the form must be on file BEFORE your child attends.

RETURN FORMS BELOW TO THE PARKS & RECREATION OFFICE PRIOR TO THE START OF THE PROGRAM!
MEDICATION CAN BE BROUGHT ON THE FIRST DAY OF THE PROGRAM.
If you have any questions, contact the Simsbury Parks & Recreation Office at 860-658-3836.

SIMSBURY PARKS & RECREATION DEPARTMENT

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Parents/Guardians requesting medication administration to their child shall provide the program with the appropriate written authorizations(s) and the medication before any medications are administered. All medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

1. AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advance Practice Registered Nurse) Name of Child_____

Date of Birth_____/_____/_____ **Todays Date**_____/_____/_____

Address of Child_____

Town_____**State**_____**Zip Code**_____

Medication Name/Generic Name of Drug_____

Controlled Drug? Yes_____ **No**_____

Condition for which drug is being administered_____

_____

Specific Instructions for Medication Administration_____

_____

_____

_____

Dosage_____ **Method/Route**_____

Time of Administration_____**If PRN, frequency**_____

Medication shall be administered: Start Date:_____/_____/_____

End Date:_____/_____/_____

Relevant Side Effects of Medication_____

None Expected_____

Explain any allergies, reactions to/negative interactions with food or drugs_____

Plan of Management for Side Effects_____

Prescriber's Name/Title_____

Phone Number ( )_____-_____

Prescriber's Address_____**Town**_____**State**_____

Zip Code_____

Prescriber's Signature_____

Date:_____/_____/_____

2. PARENT/GUARDIAN AUTHORIZATION

_____ I request that medication be administered to my child as described and directed above.

_____ I hereby request that the above medication be administered by Simsbury Parks & Recreation personnel and I give permission for the exchange of information between the Prescriber and Parks & Recreation personnel as necessary to ensure the safe administration of this medication.

_____ I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature_____
Relationship_____ Date_____/_____/_____
Parent/Guardian's Address_____
Town_____State_____
Home Phone: ( )_____-_____
Work Phone : ( )_____-_____
Cell Phone: ( )_____-_____

3. SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian.

Prescriber's authorization for self-administration: Yes_____ No_____

_____
Signature and Date

Parent/Guardian authorization for self-administration: Yes_____ No_____

_____
Signature and Date

DEPT. USE ONLY

Today's Date _____/_____/_____

Printed Name of Individual Receiving Written Authorization and Medication

_____

Title/Position_____

Signature_____