

Villa Ventures 2010

Information Packet

Welcome to Camp Villa Ventures! We are pleased to greet both new faces and old friends to our program. It is our goal to provide every camper with the opportunity to discover and enhance his or her unique talents and abilities. We believe every child is special, so we strive to create a program that will nurture their imagination and creativity while promoting exploration and self-awareness.

Enclosed in this packet, you will find the following:

- Information about Villa Ventures
- Villa Ventures Class Grid
- Villa Ventures Behavior Expectations (All children)
- Directions to Villa
- A blank immunization form (if needed)

Please bring the following on the first day.

- Copy of your child's current immunization form (New Villa students & Non-Villa students only)
- Villa Ventures Behavior Expectations (All children)

On the Monday of each week, sign-in will begin a half-hour early. Sign-in for AM classes begins at 8:30 am, and sign-in for PM classes begins at 12:30 pm. There will be a staff member outside of the Rainbow Theater at the East Side entrance to check your child in and point you in the direction of the class.

For subsequent days of the week, the child will go directly to the Cafeteria and line up next to the sign for their class. This process will begin at 8:45 for AM classes and 12:45 for PM classes.

If your child is signed up for AM classes only, he/she will be escorted to the East Side of the Building for pick-up at Noon.

Some PM classes end earlier than others at 3:30. If your child's class ends at 3:30, he or she will then escorted to the East Side of the Building for pick-up or can be supervised by Villa Staff until 4:00 when most camps finish then be escorted to the East Side of the Building. Please email summer@thevilla.org if this service is needed.

Please remember if your child is signed up for a full day you will need to provide a brown bag lunch, adequate snacks, and a water bottle. Villa Ventures is a NO NUTS zone so pack their food items accordingly. Please apply sunscreen (if needed) to your child before arriving at Villa as we do not provide sunscreen.

Please let me know if I can do anything to ensure your child's success at camp. I will be available to discuss any concerns or questions you or your child might have, in person or by email at ssalyer@thevilla.org.

Sincerely,

Shea Salyer

2010 Class Grid

Date	Time	Class Description
WEEK 1		
July 6-9	9am-Noon & or 1-4pm	Having a Ball!
July 6-9	9am-Noon	Theater Crafts
July 6-9	9am-Noon	Hoop Dreams
July 6-9	9am-Noon	What's Cooking?
July 6-9	9am-Noon & or 1-4pm	Chess Camp
July 6-9	9am-Noon	Beginning Sewing
July 6-9	1-4pm	Cooking Creations
July 6-9	9am-Noon & or 1-3:30pm	Space & Rocketry
July 6-9	1-4pm	Scrapbook Stories
July 6-9	1-4pm	Games Galore!
July 6-9	1-4pm	Picture Books Come Alive!
July 6-9	1-4pm	Improvisation & Auditioning
WEEK 2		
July 12-16	9am-Noon & or 1-4pm	Having a Ball!
July 12-16	9am-Noon	Hoop Dreams
July 12-16	9am-Noon	Jumpstart Kindergarten
July 12-16	9am-Noon	Juggling & Stage Combat
July 12-18	9am-Noon	Middle School Boot Camp
July 12-16	9am-Noon & or 1-4pm	iCamp
July 12-16	9am-Noon	Flower Power
July 12-16	9am-Noon or 9am-3:30pm	Gizmo's Robot Factory
July 12-16	9am-4pm	Don Bear's Cooking
July 12-16	9am-4pm	Soccer
July 12-16	1pm-4pm	Beginning Knitting
July 12-16	1pm-4pm	A Secret Garden Party

Date	Time	Class Description
WEEK 3		
July 19-23	9am-Noon or 1-4pm	Golf Camp
July 19-23	9am-4pm	Basketball Camp
July 19-23	9am-Noon & or 1-4pm	Chess
July 19-23	9am-Noon or 9-3:30 pm	Mystery of the Pharaoh's Treasure
July 19-23	9am-Noon	Fashion Design
July 19-23	9am-4pm	Don Bear's Cooking
July 19-23	9am-Noon	Fantasy Island
July 19-23	1-4pm	Jewelry Making
July 19-23	1-4pm	Sewing Pajama Party
July 19-23	1-4pm	American Girls History
WEEK 4		
July 26-30	9am-Noon	Jumpstart Kindergarten
July 26-30	9am-Noon & or 1-4pm	iCamp
July 26-30	9am-Noon	General Sewing
July 26-30	9am-Noon	Dance Workshop
July 26-30	9am-Noon	Lacrosse
July 26-30	9am-Noon	Mini Hawk
July 26-30	9am-Noon or 9am-3:30pm	Go Wild
July 26-30	1-4pm	Best of Broadway Musicals
July 26-30	1-4pm	Fantasy Island

Lunch supervision included if student is enrolled in AM & PM classes in the same week

Villa Ventures Behavior Expectations

Our Mission

Villa Academy is the premier Catholic, independent school in the Northwest. In our unique learning environment, we are dedicated to excellence in the education of the whole child to develop character and prepare culturally competent individuals.

Behavior & Discipline

Villa Ventures expectations for the members of our community, students and adults alike, are based on Catholic teachings. Respect and sensitivity for each other are at the heart of our interactions. This is the basis for a positive and caring environment that allows students to achieve enrichment goals while developing a sense of personal responsibility, self-discipline and strength of character.

BEHAVIOR EXPECTATIONS:

As a Villa Ventures attendee, I will:

RESPECT SELF AND OTHERS

Use an inside voice at all times

Treat my peers as I would like to be treated, be polite.

Stop, look, and listen to all instructions

Be honest-it is okay to make mistakes

Listen respectfully to any adult who speaks to me.

Respond the first time to requests

RESPECT PROPERTY

Walk inside the classrooms and hallways

Keep my feet on the floor-couches and chairs for sitting only

Put items back after using them

BE RESPONSIBLE

Clean up after myself

Throw all garbage in the garbage cans, recycling in the blue cans

Ask before going to the bathroom or water fountain

Leave toys, cell phones, & music players at home

Date:

Student Signature

Parent Signature

DIRECTIONS TO VILLA ACADEMY

5001 NE 50th St.
Seattle, WA 98105

From I-5 heading north or south:

1. Head north or south on Interstate 5 to Exit 169–NE 45th Street.
2. Take Exit 169–NE 45th Street.
3. Head East on NE 45th Street (turn Left if coming from the North, turn Right if coming from the South). After 1 mile, you will pass the University of WA on your right hand side. 45th Street turns into a one lane, down hill ramp and intersects Montlake Blvd E.
4. Turn left onto Montlake Blvd E / NE 45th Street (you will see a sign for "Children's Hospital" at this point and further ahead. The Villa is in the same direction).
5. Head East on Montlake Blvd E / NE 45th Street. After 2 lights, NE 45th Street breaks off from the main flow of traffic. Do not break away from the main road, but curve to the left onto Sand Point Way.
6. Continue following Sand Point Way. You will pass Children's Hospital on your right hand side.
7. Immediately after Children's Hospital take a right onto NE 50th The Villa Academy entrance will be on your right at the top of the hill. (at the intersection of NE 50th St. and 50th Ave. NE)

From 520 heading east or west:

1. Take the Montlake Blvd Exit.
2. Merge onto Montlake Blvd and head north, crossing the bridge and passing the University on the left and the University Stadium on the right.
3. Stay in the right hand lane and, after approximately 1/2 mile, merge onto NE 45th Street.
4. Head East on Montlake Blvd E / NE 45th Street.
5. Curve to the left onto Sand Point Way.
6. Continue following Sand Point Way. You will pass Children's Hospital on your right hand side.
7. Immediately after Children's Hospital take a right onto NE 50th The Villa Academy entrance will be on your right at the top of the hill. (at the intersection of NE 50th St. and 50th Ave. NE)



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (mm/dd/yyyy): _____	Sex: _____	I certify that the information provided on this form is correct and verifiable.	
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only			Parent/Guardian Name (please print): _____			
					Parent/Guardian Signature Required _____	Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date			
		Month	Day	Year	
◆ Polio (IPV, OPV)					
	1				
	2				
	3				
	4				
Influenza (flu, most recent)					
◆ Measles, Mumps, Rubella (MMR)					
	1				
	2				
◆ Varicella (chickenpox) or verify disease 1-4 ▶					
	1				
	2				
Hepatitis A (Hep A)					
	1				
	2				
Meningococcal (MCV, MPSV)					
	1				
Human Papillomavirus (HPV)					
	1				
	2				
	3				
Office Use Only: Immunization information updated and verified with parent/guardian permission:					
Printed Staff Name _____		Date _____		Printed Staff Name _____	
Printed Staff Name _____		Date _____		Printed Staff Name _____	
Printed Staff Name _____		Date _____		Printed Staff Name _____	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

<p>1) <input type="checkbox"/> Chickenpox disease verified by printout from CHILD Profile Immunization Registry Must be marked by printout (not by hand) to be valid.</p>
<p>2) <input type="checkbox"/> Chickenpox disease verified by Health Care Provider (HCP) If you choose this box, mark 2A OR 2B below. 2A) <input type="checkbox"/> Signed note from HCP attached OR 2B) <input type="checkbox"/> HCP signed here and print name below: _____ Licensed health care provider (HCP) Signature _____ Date _____ (MD, DO, ND, PA, ARNP) HCP Printed Name: _____</p>
<p>3) <input type="checkbox"/> Chickenpox disease verified by school staff from CHILD Profile Immunization Registry If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)</p>
<p>4) <input type="checkbox"/> Chickenpox disease verified by parent* If you choose this box, fill in the date or child's age when he or she had the disease: Age/Date of disease: _____ *Can ONLY verify for some grades, see back #5 (4).</p>
<p>If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box. Documentation of Disease Immunity I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.</p>
<p> <input type="checkbox"/> Diphtheria <input type="checkbox"/> Mumps <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Rubella _____ <input type="checkbox"/> Hib <input type="checkbox"/> Tetanus _____ <input type="checkbox"/> Measles <input type="checkbox"/> Varicella _____ </p>
<p>Licensed health care provider (HCP) Signature _____ Date _____ (MD, DO, ND, PA, ARNP) HCP Printed Name: _____</p>