

2010 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____ Age as of June 1, 2010 _____

Grade Completed as of June, 2010 _____

Telephone # _____ Religious Affiliation _____

E-Mail Address(es) _____

School Attending _____ Sex _____

Father's Name _____ Home Phone _____

Cell Phone Number _____

Home Address _____

Business Address _____ Business Phone _____

Mother's Name _____ Home Phone _____

Cell Phone Number _____

Home Address _____

Business Address _____ Business Phone _____

Are parents Married _____ Divorced _____ Separated _____ Living Together _____

Other Family Members (names and ages): _____

Person to notify in Case of Illness (other than Parents):

Name _____ Relationship _____

Address _____ Home Phone _____

Business Address _____ Business Phone _____

Health Insurance coverage for child under family insurance policy or medical assistance if applicable:

Physician's Name _____ Phone Number _____

Any additional information or special needs of the child that may require special attention (re: allergies, unusual health considerations or child custody considerations) _____

office use only: *rgfee* _____ *dep* _____ *med* _____ *rdexed* _____ *emer cntct* _____



EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
Address		
MOTHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
FATHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
Emergency Contact Person(s)		Telephone Number
Person's To Whom The Child May Be Released		Telephone Number
Address		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
Address		
Special Disabilities (If Any)		
Medical or Dietary Information Necessary In An Emergency		Allergies (Including Medication Reaction)
Additional Information On Special Needs Of Child		Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
Walks And Trips	Swimming	
Transportation By The Facility	Wading	
Administration of Sunscreen (SPF of 30 or Higher)	PLEASE BE SURE YOU HAVE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE) TO ALL SEVEN BOXES AND ALSO TO THE SPACE PROVIDED BELOW	

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

2010 CAMP REGISTRATION FORM



REGISTRATION:

- ☺ A camp day consists of the hours 8:40 AM – 4:10 PM, however, your tuition allows you to take advantage of extended hours (7:00 AM until 6:00 PM). Tuition also includes breakfast (until 8:00 AM), AM snack, lunch, and PM snack. The \$50.00 per camper registration fee is not included in your tuition.
- ☺ There are two options for registration: 3 or 5 days per week. Please check one of the following to enroll your child (If part-time, please circle applicable days):
 - FIVE DAYS PER WEEK** **\$385.00 PER WEEK**
 - THREE DAYS PER WEEK** **\$285.00 PER WEEK** M T W H F
 - COUNSELOR IN TRAINING** **\$260.00 PER WEEK**
 - JUNIOR COUNSELORS** **\$70.00 PER WEEK**
- ☺ Counselor In Training Program is offered for returning Windmill campers thirteen (by May 31st 2010) to fifteen years of age. This program is also contingent upon an interview with our Camp Director.
- ☺ The Junior Counselor Program is offered for returning Windmill campers fifteen (by May 31st 2010) to seventeen years of age. This program is also contingent upon an interview with our Camp Director.
- ☺ The Camp enrollment minimum for full-time campers is **FIVE WEEKS**.
The Camp enrollment minimum for part-time campers is **SEVEN WEEKS**.

register below:

- ☺ WHEN REGISTERING, PLEASE KEEP IN MIND THAT YOU WILL BE FINANCIALLY OBLIGATED FOR ANY AND ALL WEEKS FOR WHICH YOU HAVE REGISTERED REGARDLESS OF ACTUAL ATTENDANCE. ALL REGISTRATIONS SHALL BE CONSIDERED FINAL AS OF MAY 10TH, 2010. AFTER THAT DATE, ANY CHANGES AND/OR DELETIONS WILL REQUIRE A \$50.00 FEE **PER REQUESTED CHANGE FOR EACH CAMPER**. ANY REQUESTED CHANGE(S) AND/OR DELETION(S) MUST BE SUBMITTED IN WRITING (ALONG WITH THE \$50.00 FEE **PER CHANGE FOR EACH CAMPER**) TO THE CAMP OFFICE AT THE TIME OF THE REQUEST. ANY QUESTIONS CONCERNING THE IMPLEMENTATION OF THIS POLICY SHOULD BE DIRECTED TO LISA SILVERSTEIN, CAMP DIRECTOR..

6/7 – 6/11 _____	7/5 – 7/9 _____	8/2 – 8/6 _____	2010/2011 Academic Year At Windmill _____
6/14 – 6/18 _____	7/12 – 7/16 _____	8/9 – 8/13 _____	
6/21 – 6/25 _____	7/19 – 7/23 _____	8/16 – 8/20 _____	
6/28 – 7/2 _____	7/26 – 7/30 _____	8/23 – 8/27 _____	
(Post Camp Week - Limited Availability)			

tuition:

- ☺ Windmill Day Camp will be closed on Monday, July 5th, 2010 in honor of Independence Day. Full tuition will be due for this week despite the scheduled holiday.
- ☺ In order to secure a spot for enrollment, a \$50 registration fee must be paid along with 25% of your child(ren)'s total camp tuition (both of which are non-refundable). Keep in mind that the \$50.00 camp registration fee is not included in your camp tuition. Another 25% will be due no later than May 10th, 2010. The remaining camp tuition balance (50%) shall be due no later than June 10th, 2010.
- ☺ There is a late charge of \$2.00 per minute per camper picked up after 6:00 P.M.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE





tuition (continued):

☺ In order to secure a spot in our 2010 Camp Enrollment for your child(ren), the following must be received:

Completed Camp Application
\$50.00 Registration Fee (Non-Refundable)
25% of Your Child(ren)'s Total Camp Tuition (Non-Refundable)

- ☺ After May 10th, 2010, any additions to your child(ren)'s registration(s) must be applied for and paid in full at the time of your request. Spaces will be granted on a first-come first-serve basis .
- ☺ There is a \$25.00 discount per week per additional full-time sibling enrolled in our camp program. This discount does not apply to any campers who are enrolled on a part-time (three day a week) basis or the JC program.
- ☺ There is a \$20.00 charge for each returned check.

absences:

Full tuition is due even when your camper is absent from camp. **There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of absence, withdrawal, illness, or dismissal. Sorry, but we cannot allow "make-up days" for any reason, and we cannot allow part time campers to switch their days for any reason. Full tuition is due for all registered weeks, scheduled holidays (Monday, July 5th, 2010) and any weather emergency days. Please remember that May 10th is the last day that changes are allowed to be made to your registration without incurring a *CHANGE FEE (\$50.00 per change/deletion per camper)*. After that date you will be financially responsible for all weeks for which you have registered.**

illness:

It is our policy to ask all parents to keep home any camper who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the camper picked up if he/she exhibits any of the following symptoms): diarrhea, severe coughing, difficult or rapid breathing, yellowish skin or eyes, pinkeye/conjunctivitis, vomiting, contagious rashes, unidentifiable rashes, fever (over 100 degrees orally or 101 degrees rectally) and head lice (Windmill maintains a "nit free" policy). We also ask that any campers who require more than a reasonable accommodation (to be determined by Windmill Day Camp) make alternative arrangements, or if already at camp, be picked up by a parent/guardian or emergency contact. Windmill Day School also utilizes a "24 hour fever free policy." This policy mandates that any child sent home with a fever (see above) cannot be readmitted to camp within 24 hours.

dismissal policy:

Windmill Day Camp reserves the right to cancel any enrollment or dismiss a camper whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the camp.

relationships:

Windmill Day Camp engages staff to provide services at the camp during the camp day. The camp does not recommend, sponsor, encourage, or condone any arrangements whereby counselors and/or other staff provide child tutoring, baby-sitting, or other out-of-camp services to parents of children enrolled in the camp. Parent(s) hereby acknowledge that if any such out-of-camp relationship exists, or develops in the future, the camp is not responsible and any involved counselor or staff is not acting within the framework or scope of his/her employment with Windmill Day Camp.

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION

DATE





"talking brochure":

Normally, summer camps will offer brochures and other written information as a means of informing prospective parents about their programs. At Windmill Day Camp, we believe that these prospective parents would value more the opinions and comments made by the people whose children are already enrolled at our camp. This way, Windmill Parents will become a valuable reference source, letting our future parents know about Windmill from an "un-cut" perspective. Don't worry, we won't give out your phone number without your permission. We will only use you as reference if you check the appropriate box below. If, down the road you change your mind and no longer wish to be used as a reference, just let us know. Thank you for your help!!!

Please use me as a personal reference for Windmill Day School and Camp. You have my permission to distribute my name and phone number to prospective parents.

Please do not use me as a reference for Windmill Day School and Camp at the present time.

photo release:

I hereby authorize Windmill Day School and Camp to use any photograph or representation of my child in any advertisement, brochure, press release and/or news story.

windmill wear:

All Windmill campers are required to wear camp shirts on a daily basis. Windmill Day Camp t-shirts, tank tops, non-hooded sweatshirts and visors will be made available for sale before camp begins and during the camping season. However, to ensure exact orders please note the deadline on the Windmill Wear Order Form.

"peanut aware" policy:

Windmill Day Camp strives to be a peanut/nut-aware facility, and to this end desire to eliminate all products containing peanuts/nuts from our facility. Windmill Day Camp requires that any foods brought into the camp be peanut/nut free. This policy is to include all breakfast & lunch foods, snacks, party goods & favors, and any special "treats" brought into camp. If a peanut/nut food is discovered, it will be discarded immediately.

medications:

I understand that it is the policy of Windmill Day Camp to only administer medications brought from home during lunch (12:00 PM-1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). If medication is to be administered for a period of time longer than seven consecutive days, it will be necessary for a doctor's note to accompany the medication. All medications/containers will be sent home daily.

john hancock's:

I (We) have read, understand, and agree to this policy sheet and have affixed my (our) signature(s) hereto. I also understand that I am financially obligated for all weeks for which I have registered my child(ren) without exception. All questions, if any, have been answered to my (our) satisfaction and that my (our) signature(s) signify agreement to abide by these policies:

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION

DATE

SIGNATURE OF CAMP DIRECTOR / ADMINISTRATOR

DATE

Name of Person Who Conducted Your Camp Tour: _____



CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.