



Day Camp

2010 Registration & Health Form

Ages 4-13

8:30am-5:30pm Monday-Friday

101 Likes Rd., Edgewater MD 21037

P: 410.798.0455 F: 410.798.1214

www.campwabanna.org

**PLEASE
PLACE
CAMPER
PHOTO
HERE**
*Do not fax
picture

REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS".
PLEASE COMPLETE BOTH SIDES AND ENCLOSE THE FOLLOWING:

- **Full payment with this form- registration will not be processed without full payment.**
- **Tetanus shot date filled out in the medical information section**
- **Recent photo of camper and signed/ notarized parent consent form**

Camper's Legal Name _____ Female Male

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth ____/____/____ Age (at camp) ____/____ Grade (Fall '10) _____ School _____
Month/Day/Year Year/Month

Father's/Guardian's Name _____ Home # _____

Work # _____ Cell # _____ Email _____

Address (if different from camper) _____

Mother's/Guardian's Name _____ Home # _____

Work # _____ Cell# _____ Email _____

Address (if different from camper) _____

Number you can be reached at while your child is at camp (if not listed above): _____

TWO Emergency Contacts (to be notified if parents cannot be contacted):

Registration will not be final until two emergency contacts are provided on this form. They will be contacted to pick up the camper if illness or behavior problem occurs and parents/guardians are not available.

1. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Please Check desired week(s): Mon-Fri: Regular hours – 8:30am-5:30pm

- Early Hour is 7:30am-8:30am. Additional charge applies.

- | | |
|--|--|
| <input type="checkbox"/> Week 1: *Option #1 June 14-18 (\$255) | <input type="checkbox"/> Week 5: July 12-16 (\$255) |
| <input type="checkbox"/> Week 1: *Option #2 June 15-18 (\$204) | <input type="checkbox"/> Week 2: June 21-25 (\$255) |
| <input type="checkbox"/> Week 1: *Option #3 June 16-18 (\$153) | <input type="checkbox"/> Week 3: June 28 –July 2 (\$255) |
| <input type="checkbox"/> Week 1: *Option #4 June 17-18 (\$102) | <input type="checkbox"/> Week 4: July 5-9 (\$255) |
| <input type="checkbox"/> Week 1: *Option #5 June 18 (\$51) | <input type="checkbox"/> Week 6: July 19-23 (\$255) |
| | <input type="checkbox"/> Week 7: July 26-30 (\$255) |
| | <input type="checkbox"/> Week 8: Aug. 2-6 (\$255) |

*** All week one options have been created to accommodate for school snow days.**

After May 28, any request for a change of dates must be made in writing. If we can honor the request, there will be a \$25 processing fee. Any other registration changes that require additional processing will incur a \$25 processing fee.

🌀 Health Information 🌀

Insurance Company _____ Policy Number _____
 Camper's Doctor's Name _____ Phone Number _____

REQUIRED FOR ALL CAMPERS: Date of last tetanus shot: _____

Are immunizations up to date (Diphtheria, Pertussis, Polio, Measles, Mumps, and Rubella)? YES NO

Is child exempt from any immunization requirements due to religious or medical reasons? YES NO

Is child enrolled in Maryland state schools? YES NO

IF YOUR CHILD IS NOT ENROLLED IN MD STATE SCHOOLS, YOU MUST ATTACH A COPY OF CERTIFICATION OF IMMUNIZATIONS

Does your child suffer from: (please circle)

- | | |
|--|-------------------------------|
| Allergies | Seizures |
| Bladder or bowel problems | Asthma |
| Diabetes | Heart Problems |
| Skin Conditions | Emotional/Behavioral Problems |
| Learning Disability | Hearing Impairment (aides) |
| Allergic Reactions: Bee Sting Penicillin | Other Explain _____ |

State law requires that all prescription medications contain a pharmacy label showing prescription number, date filled, prescribing physician's name, name of medication, directions for taking medication, and the patient's name. **All medications (prescriptions or over the counter) brought to camp must be deposited with the camp nurse with information and instructions.**

- If needed, pain reliever preference: Aspirin Base Non-Aspirin Base

CAMPER MAY REQUEST TWO CABINMATES ONLY IF THEY MEET THESE CRITERIA:

- 1) They are NO MORE than 12 months apart 2) The requested cabinmate must also request your camper
 Cabin Requests: 1) _____ 2) _____

We cannot guarantee cabin requests.

🌀 Payment Information 🌀

• Registration Fee is \$255 per camper, per week. (Except for week one) 10% discount for 8-week enrollment (full payment must be received with registration to qualify for discount) Price does not include any early hours fees.

• A cancellation before June 4th forfeits \$100. **No refunds after June 4.**

Registration fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total registration fee

*Registration fee includes 2 snacks and lunch each day.

Early Hour Fee = \$50 per week. Early hour includes breakfast each morning.

Early Care (7:30am-8:30am) \$50.00 (per wk.) X _____ (# of wks) = \$ _____ Total

Total Paid=\$ _____

Please check payment method: Check _____ Money Order _____ Cash _____
 Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Account # _____ Exp. Date _____

Name of cardholder _____ Authorized Signature _____

*Each child will receive a morning and afternoon snack. The afternoon snack will be a choice of one drink and one snack from the Snack Shop. The Gift/Snack Shop will also be open Thursdays after day camp pick-up.

*Wabanna Camp & Conference Center reserves the right to not accept a camper or allow a camper to stay if exposed to any contagious disease within two weeks prior of his/her stays at camp. **No refund will be given if a child is sent home for either behavioral or medical reasons.** If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notifications, the parent/guardian will be allowed a maximum time of four hours to remove their child from the camp property. General reasons for immediate dismissal include, but are not limited to any of the following: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 101 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or can not participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program.*

I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE TWO PAGES IS COMPLETE AND ACCURATE.

Signature of Parent/Guardian _____ **Date** _____