

Camper Name: _____

2018 Camp Caldwell Camper Registration

Camper Information:

First: _____

Last: _____

Age as of 6/25/18: ____ Grade as of Fall 18: ____

Camper DOB: ____/____/____

Address: _____

Town: _____ Zip Code: _____

School: _____

Parent/Guardian (1):

Name: _____

Cell #: _____

Work #: _____

Email: _____

Parent/Guardian (2):

Name: _____

Cell #: _____

Work #: _____

Email: _____

Emergency Contact Info

If neither parent/guardian can be reached, please list THREE ADDITIONAL people who can be contacted & have permission to pick up your child. They must bring a photo ID at pickup.

Contact 1:

Name: _____

Relationship to: _____

Home #: _____

Cell #: _____

Contact 2:

Name: _____

Relationship to: _____

Home #: _____

Cell #: _____

Contact 3:

Name: _____

Relationship to: _____

Home #: _____

Cell #: _____

In addition to the Emergency Contacts, my child may be picked up by: (must bring photo ID)

Contact 1:

Name: _____

Relationship to: _____

Contact 2:

Name: _____

Relationship to: _____

Contact 3:

Name: _____

Relationship to: _____

Is there any specific person(s) to whom your child should NOT be released?

Photo Release

I hereby give permission for the image of my child, captured during Camp Caldwell events through video, photographic, digital, electronic or any other media together with or promotional material and publications and waive any rights of compensation or ownership thereto.

I hereby release and hold harmless the CCC and the borough of Caldwell, their agents and representatives and any third parties involved in the creation or publication of the promotional materials from any liability or claims by me or any third party for violations of my personal, proprietary or privacy rights about the use of such images.

Parent Signature: _____



Please check this circle if you do NOT wish to have your child's photo taken.

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Session Dates	Fees	Session(s) Attending	Aftercare 5:30 to 6:15 p.m. \$40 per week	Swim Lessons \$100 per session (\$80 until 4/28)	Total
Session 1 – 6/25 to 6/29 Payment due June 11 th	\$275				
Session 2 – 7/2 to 7/6 No camp Wed 7/4 Payment due June 18 th	\$220				
Session 3 – 7/9 to 7/13 Payment due June 25 th	\$275				
Session 4 – 7/16 to 7/20 Payment due July 2 nd	\$275				
Session 5 – 7/23 to 7/27 Payment due July 9 th	\$275				
Session 6 – 7/30 to 8/3 Payment due July 16 th	\$275				
Session 7 – 8/6 to 8/10 Payment due July 23 rd	\$275				
Session 8 – 8/13 to 8/17 Payment due July 30 th	\$275				
Session 9 – 8/20 to 8/24 Payment due August 6 th	\$275				
Session 10 – 8/27 to 8/31 Payment due August 13 th	\$275				
Total Amount Due					

1. Membership must be valid through all Camp Sessions that your child is enrolled.
2. If you are not paying in full, a \$50 deposit per session/per child is required at the time of registration. Deposits are applied to your camp balance & are non-refundable.
 - a. If you are enrolling in multiple sessions, each prior week must be paid in full before you will be able to attend the following weeks.
 - b. Payment due dates for each session are listed above
3. Registration for Aftercare and Swim Lessons closes the Sunday before the session begins.
 - a. Late pickup fee- \$15 per \$15 interval starting from the scheduled pickup time

Parent/Guardian Signature: _____

(Please make a copy for parent/guardian records)

Camper Name: _____

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Camper Health History

Please list ANY current allergies & their reactions:

Please list any current medications/the reason that your child takes them (prescription or over the counter):

_____ check here if you need to fill out an authorization to give medication form (page 4 of form)

Please describe any physical, psychological, developmental that may require medication or special considerations/restrictions while your child is at camp:

If you child has an IEP or Behavior Management Plan, please tell us how we can best accommodate that at Camp:

Insurance Information:

Insurance Carrier: _____
 Group Policy #: _____
 Name of Insured: _____
 Relationship to Participant: _____
 Primary Care Physician: _____
 Phone #: _____

Immunization History:

Please check on of the options below
 _____ My child is current on all immunizations required by the NJ Department of Health to participate in Summer Camp. I will provide a copy of my child's immunization records.

_____ I have signed and provided a Waiver to the Caldwell Community Center exempting my child from vaccinations for religious or other reason

Immunizations Records Received: _____

Exemption Letter Received: _____

Your child CANNOT attend Camp without either

A. Immunization Records

OR

B. Exemption Letter

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In the event of medical emergency, I authorize Camp Caldwell and its adult staff or representatives to consent to medical treatment and/or hospital care, which is rendered to the minor, named above, under the supervision of any licensed physician. It is the responsibility of every individual, his or her parents or legal guardian to provide for his or her own medical coverage while participating in all activities. I also give permission to the Camp Director to provide or arrange related transportation for my child in an emergency medical situation. If I cannot be reached in an emergency, I hereby give permission to emergency services personnel secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature:

Camper Name: _____

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Authorization to Give Medication Form

If not applicable check here: _____

Minimum standards for Child Care Centers provide that non-prescription drugs, including but not limited to vitamins and aspirin, shall be given to a child only with the parent's or legal guardian's written consent.

Prescribed drugs shall be given to a child only in accordance with a signed doctor's order, in the original container supplied by the drug store with the label intact and with the parent's or guardian's written consent for each separate occurrence.

Child's Name: _____ Date: _____

Camp Caldwell has my permission to administer the following drugs and medication:

Drug name and/or Prescription Number: _____

Dosage and Time: _____ Duration: _____

Special Instructions (if any): _____

Date of prescription: _____

This authorization is effective from 6/1/18 to 9/15/18. Parent Initials _____

Parent/Guardian Signature: _____ Date: _____

I, _____, the parent or guardian of _____, request that Camp Caldwell staff at the Caldwell Community Center administer the medication prescribed above to my child during camp programs. I understand that the person who will administer the medication may not be medical personnel. I also agree to furnish said medication in the original container supplied by the drug store with the label intact.

Signature of Parent/ Guardian _____ Date _____

Print Name _____ Relationship to Camper _____