

# Camper's Application Form

**APPLICATIONS ONLY ACCEPTED WITH ATTACHED HEALTH FORM SIGNED AND COPY**

Web [www.franklincountrydaycamp.com](http://www.franklincountrydaycamp.com)

## OF IMMUNIZATION RECORD



Tel. 508-533-8882

Fax. 508-533-0567

***This form may be duplicated for sibling***

Please print and complete all information

Name of Camper \_\_\_\_\_ Grade (currently attending) in School \_\_\_\_\_

Home Address Street \_\_\_\_\_ Town/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ (M) Male / (F)Female

Parent's Name \_\_\_\_\_ email address \_\_\_\_\_

Business Address of Father \_\_\_\_\_ Cell phone \_\_\_\_\_ Father's Business Phone \_\_\_\_\_

Business Address of Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Name of neighbor or relative in case of emergency when parent's cannot be reached \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

From what source did you hear of Franklin Country Day Camp? \_\_\_\_\_

If your child would like to be with a friend attending the same session and is in the same grade, please put name here \_\_\_\_\_  
Returning campers are placed in groups with children from prior summer, on a first come first serve basis, we cannot guarantee a group's availability for friend requests.

**A \$100.00 per session, per child, enrollment fee, deductible from tuition (unless a session is cancelled) must accompany this application. If you sign up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100.00, for that session is not refundable and may not be deducted from the final payment. Checks should be made out to **Franklin Country Day Camp**. Balance of camper's **tuition must be paid on or before \*June 1<sup>st</sup> for all sessions.****

**THERE WILL BE NO REFUND FOR CANCELLATION AFTER MAY 1<sup>st</sup>.**

**Tuition for 2020 is \$775.00 per two-week session**

Please check session (s) desired

July 6 thru July 17 (First Session) \$ \_\_\_\_\_

July 20 thru July 31 (Second Session) \$ \_\_\_\_\_

Aug 3 thru Aug 14 (Third Session) \$ \_\_\_\_\_

**\*Total tuition due on or before June 1<sup>st</sup> (for ALL sessions) \$ \_\_\_\_\_**

*\*We reserve the right to cancel any camper's contract that is not paid by June 1<sup>st</sup>. If we cancel your child's contract, we will return any monies paid to Franklin Country Day Camp (less a \$100.00 per child bookkeeping charge), as we maintain a long waiting list of children wishing to enroll by June 1<sup>st</sup>.*

**This application MUST include attached health form and immunization record for acceptance**

Date of Application \_\_\_\_\_

Signature \_\_\_\_\_

The following information will greatly aid us to understand your child better. Kindly complete the questionnaire below and return with the application form

Name of Camper \_\_\_\_\_ Nickname (if any) \_\_\_\_\_ Age \_\_\_\_\_

Grade in School \_\_\_\_\_ Child will attend session 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Has child had previous camp experience? \_\_\_\_\_ Name of camp attended \_\_\_\_\_

If at FCDC, how many years? \_\_\_\_\_ Last Tribe Name: \_\_\_\_\_ Overall Experience? \_\_\_\_\_

Is child reserved by nature or does he/she make friends easily? \_\_\_\_\_

Is child average in maturity for his/her age? \_\_\_\_\_

Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Does child play a musical instrument? \_\_\_\_\_ If so, please state what: \_\_\_\_\_

In what sports has your child participated? \_\_\_\_\_

List favorite sport or activities: \_\_\_\_\_

What are your child's swimming capabilities? \_\_\_\_\_

Any previous swimming lessons? \_\_\_\_\_

Comments: \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

What skills, traits or attitudes would you like emphasized for your child in a camping situation: \_\_\_\_\_

Please provide additional information which may help us to know your child better, in order to give him/her the best possible experience:

Are parents employed or skilled in any specialized areas that would be of interest to campers? \_\_\_\_\_

If so, would you be willing to share your specialty for an hour or two at our camp? \_\_\_\_\_

If your child attended Franklin Country Day Camp last year, please list any suggestions or comments you might have to help us improve any area of our camp: \_\_\_\_\_



# FCDC CAMP HEALTH FORM

THIS FORM MUST ACCOMPANY CAMPER'S APPLICATION

**IMMUNIZATION RECORD FORM Must Be Attached for Acceptance**

CAMPER: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ First Middle Initial

Parent or Guardian : \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip Code

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

**IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL OR NOTIFY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone Number:( \_\_\_\_\_ ) \_\_\_\_\_

Name of Practice:: \_\_\_\_\_ Address \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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**HEALTH HISTORY**

Ear Infections \_\_\_\_\_ Tubes \_\_\_\_\_ Heart: \_\_\_\_\_

Concussion \_\_\_\_\_ Behavioral \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

Explain: \_\_\_\_\_

Any Self-Administered Medications by camper at during camp? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Has camper had a bee sting? \_\_\_\_\_

**ALLERGIES: Please describe:**

FOOD \_\_\_\_\_  
ENVIRONMENT \_\_\_\_\_  
DRUG \_\_\_\_\_

**Risk of Anaphylaxis?** \_\_\_\_\_ If yes, Medical Authorization Form (downloadable on our website) and emergency allergy plan must be received prior to camper's start date along with any medication-- i.e. EpiPen (MAY BE DROPPED OFF AT CAMP OFFICE WEEKEND PRIOR)

Operations or serious injuries \_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any specific activities to be encouraged, limited or restricted? \_\_\_\_\_

**Important:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

**IMMUNIZATION FORM FROM PHYSICIAN (can be dated within 18 MONTHS of your child's session)**

**CAMP FAX # 508-533-0567**

[www.franklincountrydaycamp.com](http://www.franklincountrydaycamp.com)

**This form must be signed and dated on back page for acceptance**



# FCDC CAMP HEALTH FORM



**Program:** I give permission for my child to participate in all camp program activities similar to those described in the camp brochure/website.

**Expectations/Dismissal:** I have informed the Camp Director and other appropriate Franklin Country Day Camp staff of any limitations to my child's Participation and agree to abide by Franklin Country Day Camp's sole judgement as to whether my child can be accommodated in the camp program. I understand failing to disclose any physical, emotional, or behavioral needs may result in the child's dismissal from the camp without refund. I understand that my child must follow all behavioral expectations and safety rules and that Franklin Country Day Camp reserves the right in its sole judgement to dismiss without refund any child whose behavior that interferes with the rights and safety of others or consistently disrupts group dynamics or activities may result in the child's dismissal from the camp without refund.

**Sun and Bugs:** I understand that outdoor exploration is an integral part of Franklin Country Day Camp Program and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Franklin Country Day Camp staff to reapply my child sunscreen (50 spf) and/or bug spray (25% deet) as needed. I understand that ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any tick that may become attached.

**Medical Release:** This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff nurse to provide routine health care; to administer prescribed or over the counter medication as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the Health Care Advisor selected by the camp to order x-rays, test, and treatment in an emergency. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedure, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release of any records necessary for treatment, referral, billing, or insurance purpose. I understand that information on this form will be shared on a "need to know" basis with camp staff.

**Medications:** Pursuant to Massachusetts law and FRANKLIN COUNTRY DAY CAMP Health care policy, I authorize Franklin Country Day Camp designated healthcare staff to administer as listed on Campers Medical Authorization form medication at camp as directed to my child for whom it was prescribed. I understand that all medication at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's Nurse, and each dose monitored by camp nurse. I understand that all medication must be in their original container, unexpired and labeled with specific instructions, including the child's name and dosage, and that any prescription medication must include the full pharmacy label.

**Insurance:** I certify that the named camper is covered by health and accident insurance or Medicaid that the policy information given is correct.

**Visual Image Release:** Franklin Country Day Camp uses photos of children and staff participating in its activities in its yearly brochure and on our website. Franklin Country Day Camp will not identify any child. In consideration, I hereby give my permission and consent to Franklin Country Day Camp to use images of my child in Franklin Country Day Camp website and brochure, and I hereby release on behalf of my child and myself any rights to compensation for, or ownership of, such images of my child and the above uses of them by Franklin Country Day Camp.

**Payment, Cancellation and Refund:** A \$100 per session per child, enrollment fee, deductible from tuition must accompany this application. If you sign your child up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100 for the cancelled session(s) is NOT refundable and may not be deducted from the final payment. Checks should be made out to Franklin Country Day Camp. Balance of tuition **MUST** be paid no later than June 1<sup>st</sup> for all sessions. We reserve the right to cancel any camper's contract that is not paid by June 1<sup>st</sup>. If we cancel your child's contract, we will return any monies paid minus a \$100/CHILD/SESSION bookkeeping charge as we maintain a waitlist of children wishing to enroll by June 1<sup>st</sup>. **THERE WILL BE NO REFUND FOR CANCELLATIONS AFTER MAY 1<sup>ST</sup>.**

Franklin Country Day Camp is **NOT** a peanut free camp. Head counselor are informed of all allergies, and, along with our camp Nurse, we make every effort to protect all allergic conditions of our campers.

**This Form must accompany Camper Application with PARENT AUTHORIZATION SIGNED below. We cannot accept any child without Immunization form (per Franklin Board of Health) and this form signed and dated with the current year.**

**I have read the above and agree to all its terms and conditions.**

**SIGNATURE:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

Any Information that you may want your child's counselors to be aware of:

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