Odyssey Summer Day Camp

2020



Registration Packet

Odyssey Early Learning

& Enrichment Programs/Maritime Odyssey Preschool

11 Ingalls Avenue

Norwalk, CT 06854

Phone (475) 215-6100

www.odysseyct.com/summer

Summer Day Camp 2020



Enjoy a safe and fun summer with

Odyssey!

Camp Dates:

June 22nd, 2020 - July 31st, 2020

For more information contact:

Maritime Odyssey Preschool @ (475) 215-6100

Dear Parents/Guardians,

We are very pleased that you have chosen our summer day camp. We are looking forward to a wonderful summer with you and your family. Our camp will begin on Monday, June 22nd and end on Friday,July 31st, 2020. We have designed our program to offer a variety of activities for our camp participants. Activities are geared to meet the developmental level of our participants. Activities will include Arts and Crafts, Indoor and Outdoor Recreation, S.T.E.M lessons, Cultural Enrichment and Daily Reading among others.

Special weekly activities/field trips may include:

* Maritime Aquarium
* IMAX Movie Theatre
* Beardsley Zoo

We thank you once again for choosing the Odyssey Summer Day Camp. Please do not hesitate to contact Odyssey at (475) 215-6100 for further assistance/questions you may have.

Please review the enclosed documents and complete them thoroughly. Enrollment is contingent upon completion of all application materials. No application will be accepted without all the necessary documentation and registration fee. A completed application does not guarantee placement. Space is available on a first-come, first-served basis. Odyssey will notify all accepted families by email.

Best Regards,

Monisha Gibson

Director

Johnathan Gibson

Assistant Director

Verna Bethelmie-Foy

Assistant Director

Gayon Mills-Austin

Assistant Director

Director of First Aid

Donald Austin

Assistant Director

**SUMMER CAMP FEES**

**$195.00** per week/child: 8:30 a.m. to 3:30 p.m. (regular hours)

**$25.00** per week/child for before care: 7:30 a.m. to 8:30 a.m.

**$50.00** per week/child for after care: 3:30 p.m. to 5:30 p.m.

**$125.00** per child Registration Fee (non-refundable)

**$100.00** per child Registration Fee for current Odyssey families

(non-refundable)

**Completed Application/Registration Fee is due by Monday, April 27, 2020.**

**1st Weekly Payment is due Monday June 1st, 2020 (6/22 - 6/26)**

**2nd Weekly Payment is due Monday June 8th, 2020 \*\*\* (6/29 - 7/2) \*\*\***

**3rd Weekly Payment is due Monday June 15th, 2020 (7/6 -7/10)**

**4th Weekly Payment is due Monday June 22nd, 2020 (7/13 - 7/17)**

**5th Weekly Payment is due Monday June 29th, 2020 (7/20 - 7/24)**

**6th Weekly Payment is due Monday July 6th, 2020 (7/27 - 7/31)**

**\*\*\* We will be closed on Friday, July 3rd \*\*\***

**\*\*Please note that this is a six (6) week program. You may sign up for as many weeks as you wish (1 week minimum). You will be responsible for the entire weekly payment even if your child does not attend each day.**

**\*\*\*Families who register and prepay for the ENTIRE 6 weeks by May 22nd will receive a 10% discount off their total bill.**

**ONCE YOU HAVE PAID FOR A WEEKLY SLOT THERE WILL BE NO REFUNDS.**

**Payment may be made by: Credit/Debit Card, EFT, Money Order and Cash.**

**There will be a $35 declined credit card fee and this must be paid before your child can return to the program.**

Odyssey

Summer Day Camp

2020



**Parent Orientation**

Wednesday May 20th, 2020

&

Wednesday June 3rd, 2020

Time: 6:00pm - 7:00pm

Nathaniel Ely School

11 Ingalls Avenue, Norwalk CT 06854

Meet the administration/staff and hear what your child will be doing this summer

**Odyssey Summer Camp Registration Form**

**1st Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_**

**Grade (in fall 2020) \_\_\_\_\_\_\_**

**2nd Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age \_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_**

**Grade (in fall 2020) \_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_**

**Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work or Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work or Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (please list the one you check frequently)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of authorized person(s) to pick-up child/ren if parent/guardian is unavailable:**

**#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_**

**#2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_**

**#1 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#2 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any health concerns? (i.e. allergies, asthma, special medication or diet) If yes, list or explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: ALL INFORMATION ABOUT YOUR CHILD WILL BE CONFIDENTIAL.**

**Child’s Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By completing this form, I give permission for health records of my child/ren to be released to OELEP/Odyssey Learning Inc. for the purpose of my child/ren participating in their summer camp.**

**Liability Waiver Form/Photo Release Form**

**Odyssey Summer Camp Program**

I/we realize that participation in summer camp activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the camp participant and/or parent/guardian) assume all risks related to the participation in any and all activities during the Odyssey Summer Camp Program.

I/we agree to release and hold harmless Odyssey Early Learning and Enrichment Program hereby known as OELEP and Odyssey Learning Inc. hereby known as OLI including their board members, teachers, staff members, administrators and the facilities in which they use from any cause of action, claims, or demands now and in the future. I/we will not hold OELEP and OLI liable for any personal injury or any personal property damage, which may occur before or during the SUMMER CAMP Program. Furthermore, I/we agree to follow the directions and rules of the program and take full responsibility for my/our behavior in addition to any damage that my child may cause to the facilities utilized by OELEP and OLI.

I understand that OELEP and OLI. is a licensed and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after the program, I/we agree to report the unsafe conduct or conditions to the Summer Camp Director, Assistant Directors, instructor and/ or staff member as soon as possible.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

I authorize and agree that Odyssey may take and use photographs, videos or likenesses of myself or my child as needed for its record-keeping, advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**CAMP PROCEDURES**

All camp activities are planned to offer fun in a safe and healthy environment; as a result, there are guidelines to which we must adhere. Please review the following information:

* Camp begins each day at 8:30am and Regular Camp ends at 3:30pm. Any child enrolled in Regular Camp MUST be picked up at 3:30pm.
* If your child is registered for the Extended Before Day Camp Program, drop off will be no earlier than 7:30am.
* If your child is registered for the Extended After Day Camp Program, pick up will be no later than 5:30pm.
* Your child will be placed on probation and eventually terminated from camp if late pick-ups are excessive.
* There is a late pick-up fee of $10.00 for the first 15 minutes and $15.00 for every 15 minutes after that. The fee must be paid before your child/ren can return to camp.
* We cannot and will not accommodate early drop-offs or late pick-ups outside of the times listed.
* Dress children appropriately for camp (Rubber-soled Sneakers, Shorts, Sweats, T-Shirts)
* No halter tops, revealing clothing, or open-toed sandals.
* Your child will not be permitted to camp if found to be dressed inappropriately.
* Do not drop off or pick up your child without signing the daily sign-in sheet.
* Do not send children with toys, games, dolls, to camp.
* Once your child’s summer camp spot is paid for and reserved, there will be NO REFUNDS.
* Even if your child is only attending our camp for a half-day or for part of the summer schedule, full payment is required.
* No incomplete registration packet will be accepted. All forms must be filled out completely.
* Please make sure all information is current and correct (i.e. home numbers, work numbers, cell phone numbers, addresses and emergency contacts, etc.) If there are any changes in personal information during the summer camp period, please alert us A.S.A.P!
* Your child will not be allowed to attend camp without a current and complete physical examination form, signed by your local medical provider and dated after July 2019.\*\*
* We do not administer psychotropic or topical medications including sun block lotion. We have staff that is unlicensed but trained in the administration of medication. We will only administer Epi-pen and inhalers with a written authorization from a physician and written parental consent for each camper. Medication must be in its original packaging and clearly labeled. Several staff are trained to administer First Aid and CPR and will work within the guidelines set forth.
* Parents/Guardians must provide lunch for their child/ren each day. As per state regulations, all lunch bags/boxes must include an ice pack. Odyssey will provide your child with two snacks per day (morning/afternoon). Odyssey Summer Camp is a nut-free environment. It is the parent’s/guardian’s responsibility to inform Odyssey staff of any allergies their child/ren may possess.

\*\* Physicals must be on the State of Connecticut Health Assessment Form.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Medical Treatment**

I hereby grant permission to Odyssey for my child to be transported to the nearest hospital for treatment should a medical emergency arise.

I further authorize the nearest hospital to provide any medical treatment or surgical treatment, including administration of medication, immunizations and anesthesia, considered necessary or advisable by a physician for the child referenced below.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOR MANAGEMENT**

Our staff is encouraged to treat all campers with respect and to redirect undesired behavior with care and encouragement. Staff should never show their frustration when they are managing undesired behaviors.

All behaviors have consequences. When your child acts responsibly, they earn incentives as well as trust. However, when they act in a way that is not responsible, they will not

earn incentives and may have some type of restriction or loss of specific privileges.

Staff works closely with your child to resolve issues of conflict. Staff may utilize time outs, awards and incentives plans to motivate students.

**ASSERTIVE DISCIPLINE PLAN**

Children will be addressed and redirected about disruptive behaviors; he/she will receive a verbal warning and staff will document the incident in an incident report.

If the child’s disruptive behavior persists, he/she will be made to sit out for a developmentally appropriate time, the parents/guardians will be notified. Written documentation of the above steps will be provided.

If the child continues the disruptive behavior, the child’s parent will be notified and a plan for improvement will be developed with the parent. In addition, the child will be suspended for one day with the loss of an upcoming special activity.

**Hitting or physical abuse of staff and/or peers will result in an automatic: Parent Notification, three-day suspension, and loss of upcoming special activity (After immediate investigation and documentation).**

Though we try to use a 3 infractions system before strong consequences are imposed, we will assign more severe consequences when the nature of the behavior warrants such a consequence.

I have read the above and discussed it with my child and we both fully understand Odyssey’s Assertive Discipline Plan.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip Transportation**

First Student transportation company will be providing bus service for all of our field trips.

T-Shirts must be worn on the day of scheduled trip by all campers. Odyssey will provide campers with one (1) T-Shirt per child.

I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the trips on the designated days.

In the event that I do not wish for my child to attend a specific trip I will not send my child to camp on that day.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your child’s/ren’s T-Shirt size(s):

Child size:

Extra Small Small Medium Large Extra Large

OR

Adult size:

Small Medium Large

**Prescriber’s Authorization for EPIPEN**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Name: EPI PEN Dose: \_\_\_\_\_\_\_\_\_\_

Time of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: No Yes (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Prescriber’s Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Authorization**

I hereby request that the above ordered medication be administered by Odyssey Summer Day Camp staff. I understand that I must supply Odyssey Summer Day Camp staff with the EPIPEN. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of my child’s participation in the program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL\***

Prescriber’s authorization for self-administration: Yes No

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian authorization for self-administration: Yes No

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Only complete this form if applicable

**Late Pick-up Agreement and Fee Voucher**

Please initial to indicate that you were informed of/read our late fee policy. \_\_\_\_\_\_\_\_\_\_

Dear Parent:

You are hereby notified of a late charge of $\_\_\_\_\_\_\_ due to a late pick-up.

15 Minutes Late $10.00

30 Minutes Late $25.00

$15.00 for every 15 minutes thereafter

Name of Child/ren: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of pick-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

----------------------------------------------------------------------------------------------------------------------------------------------------------------

Office use only

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child/ren: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Time of Pick-Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Time of Pick-up \_\_\_\_\_\_\_\_\_\_\_\_

Fee Assessed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMER CAMP 2020 APPLICATION CHECKLIST**

1st Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Camper’s Date of Birth: / /

2nd Camper’s Date of Birth: / /

Ethnicity/Race (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M F

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Check List: (Office Use only)

a. Day Camp Registration Form\_\_\_\_\_

b. Liability Waiver/Photo Release\_\_\_\_\_

c. Permission for Medical Treatment\_\_\_\_\_

d. Health Assessment Record\_\_\_\_\_

e. Assertive Discipline Plan/Behavior Management\_\_\_\_\_

f. Camp Procedures\_\_\_\_\_

g. Trip(s) Permission Slip/T-Shirt size\_\_\_\_\_

h. Epipen Authorization (If Applicable)\_\_\_\_\_

i. Late Pick-up Fee Voucher\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Office Use Only:

Health Alerts: Yes No

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_