

PLEASE PRINT CLEARLY

HEALTH HISTORY AND EMERGENCY INFORMATION

Does your child have any special need that might affect his/her participation?
 If checked, please describe _____

Will your child need an aide or assistance? If checked, please specify _____

Date of last health exam ___ Date of last tetanus booster _____

Family Physician _____ Phone _____

Please check any conditions that may apply to your child during camp.

- Allergies*
- Hay Fever Ivy, Oak, etc. Heart Disease Convulsions
- Insect Stings Drugs Asthma Behavior
- Food _____ Diabetes Ear Infections
- Other _____

Please explain: _____

Operations or serious injuries or illnesses? If "Yes," attach explanation and dates.

Will your child be taking medication during camp week? What? _____

Religious restrictions to medical treatment?
If checked explain _____

Swimmer - Someone who can swim alone to the side of the pool if they are in water that is over their head.

NON Swimmer - MUST wear identifying arm band supplied by camp unless a note provided by Perry Day Camp, signed by the parent states that the named child is indeed a swimmer.

LIABILITY & MEDICAL RELEASE

I understand that campers will be supervised by responsible volunteer counselors from **8:45 A.M. to 3:15 P.M. ONLY**. I understand that under no circumstances will the cooperating agencies, steering committee, staff, volunteers or operators of the swimming area be held responsible for loss of property, nor injury or death due to an accident.

I do hereby give my permission to the staff of the Perry County Day Camp to obtain and administer such medical aid or assistance as might be required for the immediate care of my child in the event such help of any emergency nature becomes necessary.

Parent or Guardian's Signature (Required) _____ **Date** _____

REGISTRATION DEADLINE: MAY 16, 2009
REGISTER EARLY!

**PERRY COUNTY
DAY CAMPS
2009**

WHO: PERRY COUNTY YOUTH FROM GRADES 1 – 6
WHERE: LITTLE BUFFALO STATE PARK
at the Moore Pavilion near the Old Mill
WHEN: WEEK of JULY 6-10 or WEEK of July 13-17
TIME: 9 AM TO 3 PM

2009 THEME IS "Walk on the Wild Side"

REGISTRATION DEADLINE: MAY 16, 2009
REGISTER EARLY!
www.perrydaycamp.org

HINT: Write PCDC 789-4314 on your calendar on May 16. If you lose your form you will still know the deadline and the registration number to call and register for Day Camp.

Sponsored by:
Perry County Day Camp Steering Committee
Perry County Cooperative Extension
and
Little Buffalo State Park

**PERRY COUNTY INTERAGENCY
DAY CAMP**

1. Perry County Day Camp programs are offered to youth of Perry County currently enrolled in grades 1 through 6.
2. Camp enrollment is on a first come/first serve basis and camp always fills up.
3. Campers are grouped according to last grade completed. Activities include: hiking, nature, crafts, recreation, games and swimming.
4. Parents are responsible for providing transportation. Contact Melva Gohn for carpool information.
5. A limited scholarship program is available. Contact Melva at 789-4314.
6. One week after the deadline information letters will be sent to all applicants.

EQUIPMENT NEEDED

Sturdy shoes and socks, sweatshirt, swimsuit and towel, plus SACK LUNCH, Monday – Thursday (include drink). Raincoats and boots for rainy days.

DAY CAMP STAFF

1. Day camp counselors are volunteers from the Perry County community. The number of volunteer counselors determines the number of children accepted at day camp. Please consider volunteering your time as a counselor or as a full time first aid person. Children of volunteers are given priority enrollment.
2. Children of full-time counselors attend camp for \$10.00 per week. Preschool children of counselors (PIXIE) are welcome to attend camp for \$10. They may attend only when the parent is present. Campers bringing an adult volunteer (not a teen helper) are considered for reduced fees.
3. Perry County Day Camp has a non-smoking policy.

REGISTRATION INFORMATION

1. Complete both sides of day camp registration form. Use one form per child. **Because of limited enrollment, registrations are accepted until the program is filed or until the deadline date, whichever occurs first.** Enrollment is limited to 120 campers per week. Children of volunteer counselors are given priority. Registration deadline is: **May 16, 2009.**
2. Camp fee is \$35.00 per week per child; \$10.00 per week per child of volunteer. Make check payable to: **Perry County Day Camp.** Write child's first and last name in the memo section of the check.
3. Mail registration form and payment to: **Perry County Day Camp, c/o Melva Gohn, 51 Wineberry Drive, Landisburg PA 17040. Do not return it to the school.**
4. Camp fees are refundable only if the application is not accepted, the camp is cancelled, or a physician's written statement is submitted.

DAY CAMP SCHEDULE

Day camp activities begin at 9:00 AM and run until 3:00 P.M. While at camp, campers are supervised by responsible volunteer counselors. We are responsible for your children ONLY between the hours of 8:45 A.M. and 3:15 P.M.

For Camp concerns or Registration Information contact: Melva Gohn at 789-4314. Leave a message with your phone number and question so call can be returned with answer. Karin Getz (589-3858) or Deb Smith (582-8046) can be called to relay your question to Melva.



**PLEASE PRINT CLEARLY
DAY CAMP REGISTRATION**

Complete one (1) form for each child (including pixies). **Complete both sides and include parent signature.** Forms can be printed from www.perrydaycamp.org
REGISTRATION DEADLINE: MAY 16, 2009

Check Week Desired

July 6 – 10 July 13 – 17 Possible to attend either? Yes No

Camper's name _____

(leave this line blank) _____

Present Age _____ Birthdate _____

Male _____ Female (circle one) _____

Name of School _____

Grade as of May 16, 2009 (circle one) 6 5 4 3 2 1 (PIXIE)

Parent's Name _____

Street Address _____

City _____ Zip _____

Phone numbers to reach you at home prior to camp and during camp hours.

Home _____ Work _____ Cell _____

Work _____ Cell _____

If parent can not be reached, call: _____

Name _____

Relationship _____

Phone _____

Check if parent is willing to volunteer as a Camp Counselor or a full-time First Aid Person. You will be sent a form for your own registration - return it quickly as a sign of your commitment to volunteering.

Name & Phone of adult _____

Do you need additional camper forms? How many? _____

Children of volunteer counselors are given priority enrollment.

COMPLETE BOTH SIDES AND HAVE PARENT SIGN. Write special requests here: