

PLEASE PRINT CLEARLY

HEALTH HISTORY AND EMERGENCY INFORMATION

Does your child have any special need that might affect his/her participation? yes/no

Please Describe _____

Will your child need an aide or assistance? yes/no Describe _____

Family Physician _____ Phone _____

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

- | | | | |
|--|---|---|--------------------------------------|
| <i>Allergies</i> | | <i>Chronic or Recurring illness</i> | |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ivy, Oak, etc. | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Drugs _____ | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | |
| <input type="checkbox"/> Other _____ | | | |

Please explain: _____

Operations or serious injuries or illnesses? yes/no If "Yes," attach explanation and dates.

Will your child be taking medication during camp week? yes/no What kinds?

Religious restrictions to medical treatment? yes/no
Explain _____

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

My child is a 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.

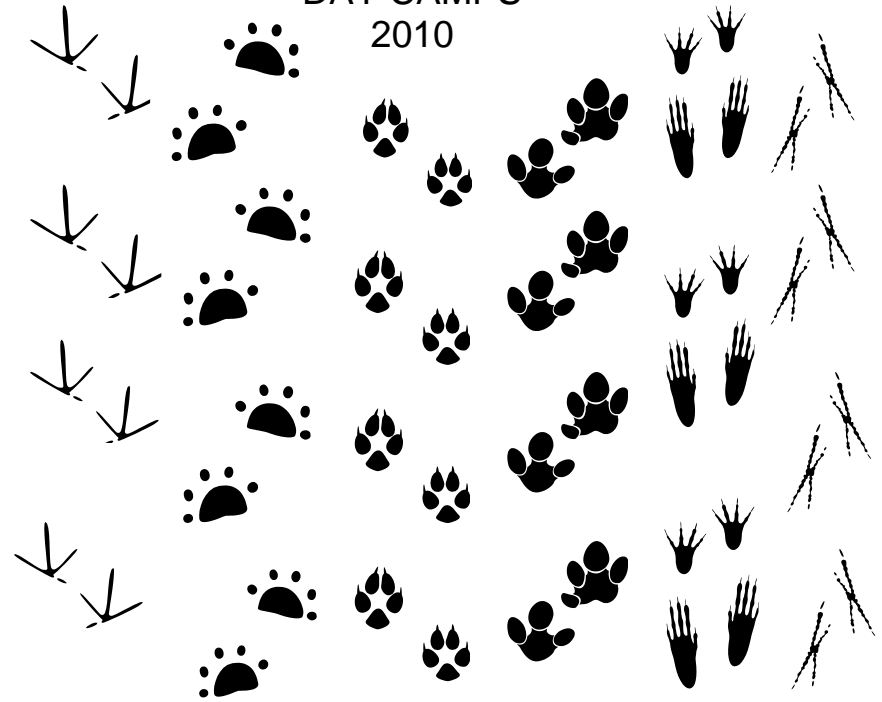
Parent or Guardian's Signature (Required)

Date

**REGISTRATION DEADLINE: MAY 15, 2010
REGISTER EARLY!**

**PERRY COUNTY
DAY CAMPS**

2010



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 12-16 or WEEK of July 19-23
TIME: 9 AM TO 3 PM

2010 THEME IS "Animal Tracks"

REGISTRATION DEADLINE: MAY 15, 2010

REGISTER EARLY!

www.perrydaycamp.org

HINT: Write Perry Day Camp 789-4314 on your calendar on May 15. If you lose your form you will still know the deadline and the phone 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

**PLEASE PRINT CLEARLY
DAY CAMP REGISTRATION**

PERRY COUNTY 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 provide transportation. Contact Melva Gohn for carpool information.
5. A limited scholarship program is available. Contact Melva at 789-4314. You may call Melva 789-4314 to verify receipt of your form.
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 per week. Preschool and Kindergarten children of counselors (pixies) 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 filled 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 15, 2010.**
2. Camp fee is \$35 per week per child; \$10 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 PM. 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 PM.

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.

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 15, 2010

Check Week Desired

July 12 – 16 July 19 – 23 Possible to attend either? Yes No

Camper's name _____

(leave this line blank) Write special requests at bottom.

Present Age _____ Birthdate _____

Male Female (circle one)

Name of School _____

Grade on 5/15/10 (circle one) 6 5 4 3 2 1

Parent's Name _____

Street Address _____

City _____ Zip _____

e-mail _____

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.

Do you need forms for pixies of volunteers? How many _____

Do you need forms for teen helpers? How many _____

Every person attending camp needs to submit a form of their own.

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

