

Camp Cowabunga 2022 Registration Form



CAMPER INFORMATION:

(Please Print CLEARLY)

Camper Last Name: _____ Camper First Name: _____

Address: _____

DOB ____ / ____ / _____ Age by 6/22/21: _____ Grade (Fall 2022): _____ T-Shirt Size: _____

PARENTS/GUARDIAN INFORMATION:

(Please Print CLEARLY)

Primary Parent/Guardian Name: _____

Day Phone # (_____) _____

Address: _____

Cell Phone # (_____) _____

City/State/Zip: _____

Email: _____

Other Parent/Guardian Name: _____

Day Phone # (_____) _____

Address: _____

Cell Phone # (_____) _____

City/State/Zip: _____

Email: _____

EMERGENCY CONTACTS INFORMATION:

(Please Print CLEARLY) Please List 3 Emergency Contacts, Other Than Parents-At Least 18 Years Of Age- Who Are Authorized To Pick Up, In Order Of Priority.

Name: _____

Check if authorized to pick up your camper

Address: _____

Day Phone # (_____) _____

Relationship: _____

Cell Phone # (_____) _____

Name: _____

Check if authorized to pick up your camper

Address: _____

Day Phone # (_____) _____

Relationship: _____

Cell Phone # (_____) _____

Name: _____

Check if authorized to pick up your camper

Address: _____

Day Phone # (_____) _____

Relationship: _____

Cell Phone # (_____) _____

PLEASE NOTE: FOR SAFETY OF YOUR CHILD, STAFF WILL ONLY RELEASE CAMPERS TO AUTHORIZED PICK UP/EMERGENCY CONTACTS WITH PICTURE I.D.

Camper Schedule

Full-Time (Monday-Friday) Cost: \$242 per week

Campers may only register for full weeks of camp. Please check all weeks for which you would like to register. The deadline to add/drop weeks from your schedule is May 13th.

Week	Theme	Check if attending
June 27th-July 1st	Curators of Kindness	<input type="checkbox"/>
July 5th-July 8th	The Great Outdoors	<input type="checkbox"/>
July 11th- July 15th	Animal Extravaganza	<input type="checkbox"/>
July 18th-July 22nd	Space is the Place	<input type="checkbox"/>
July 25th-July 29th	Music & Melodies	<input type="checkbox"/>
August 1st- August 5th	Harry Potter	<input type="checkbox"/>
August 8th- August 12th	Yes Way, Vacay!	<input type="checkbox"/>
August 15th- August 19th	Carnival	<input type="checkbox"/>

PARENTAL PERMISSION SIGN-OFF

- Yes No **PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED:** I give permission for my child to be photographed while attending Cowabunga for the purpose of promotion or display materials, including but not limited to flyers, newsletters, and social media, such as Growing Places website or Facebook.
- Yes No **PERMISSION TO WALK NEIGHBORHOOD:** I give permission for my child to walk the surrounding area to his/her school. Counselors will always follow safety measures outlined by NH Licensing Guidelines for child ratios, will bring a first aid kit, have their cell phone charged and available, and post a note on their sign in/out clipboard before leaving the Site.
- Yes No **PERMISSION FOR SUNSCREEN:** I give permission for Growing Places staff to apply sunscreen supplied by GP. Sunscreen will be 30-45 SPF, waterproof, sweat proof, children's sunblock. **If NO: Family will provide sun screen to be left at camp, clearly labeled with child's name.**
- Yes No **PERMISSION FOR BUG SPRAY:** I give permission for Growing Places staff to apply bug spray supplied by GP. Bug spray will contain between 7% and 10% deet as recommended by the Department of Health and Human Services. **If NO: Family will provide bug spray to be left at camp, labeled with child's name.**
- Yes No **BEHAVIOR POLICY:** I understand that if my child acts disrespectfully toward a teacher or another child, causes, or with careless disregard causes harm or injury to another child by his/her actions, willfully destroys property, or behaves in such a way that staff would be concerned for the child's safety or the safety of others, Growing Places may decide to suspend the child the following day.
- Yes No **ORCSD PUPIL SAFETY AND VIOLENCE PREVENTION:** I understand that Cowabunga is a guest of Oyster River Cooperative School District, and therefore abides by the ORCSD Bullying and Cyberbullying policy, which can be found here: http://orcscd.org/UserFiles/Servers/Server_538005/File/School%20Board/Policies/J/JICK_-_Pupil_Safety_-_Bullying_06_01_16.pdf

NH STATE LICENSING SIGN-OFF

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at: <http://www.dhhs.state.nh.us/oos/cclu/index.htm>

Parent Agreement

- I understand that toys, games, electronics, or other personal items of value are not to be brought to camp. I am aware that Camp Cowabunga will not be held responsible for lost, stolen, or broken items brought from home.
- I agree to submit an up-to-date copy of my child's physical and immunization records at the time of registration in order to comply with state regulations.
- I understand that my child may not attend camp until all required forms and payments are received.
- I understand that it is my responsibility to bring any special concerns about my child to the Camp Director's attention before beginning of camp. (ex: medical concerns, behavioral issues, custody agreements, etc)
- I understand it is important that children and parents/guardians follow all rules, policies and procedures. By signing below, I acknowledge that I agree to abide by the policies and procedures of Cowabunga. I will contact the Director if I have any questions or concerns.
- **I have received and read the Welcome Handbook and agree to all rules, policies and procedures within.**

Parent/Guardian Signature: _____

Date: _____

PAYMENT DUE WITH REGISTRATION

Select your tuition type: Private NH Child Care Assistance Scholarship and Private*
Please contact Sarah Nason at sarahnason@growingplacesnh.org for Provider Verification Form

Choose your registration fee and deposit method:

- Check or Money Order (Payable to Growing Places)
- Credit Card Payment (please call main office at 603.868.1335 to process payment. 2.75% processing fee applies.)

Make your initial payment:

\$35.00 Registration Fee + \$20 weekly deposit for each registered week = \$ _____

Signature _____ Date _____

CAMP COWABUNGA 2022 – EMERGENCY CONSENT FORM

Camper: _____ DOB: ____/____/____
Last First M.I.

To complete the **EMERGENCY CONSENT FORM** both of the following must be submitted with each child's registration:

- The above-named camper's most recent Physical Examination, signed by their physician.
- The above-named camper's most recent Immunization History

If the camper is taking medications during camp hours, a MEDICATION ADMINISTRATION FORM must be completed. Based on the information we receive on the Emergency Consent Form and/or Doctor's Record, we will ask families to fill out additional appropriate forms.

Medications will only be administered by Camp Cowabunga staff under the following circumstances:

- Medications provided are in the original prescribed container with instruction label intact.
- A completed/signed Medication Administration Form is on file with the Camp Office.
- Medication has been given to Camp Cowabunga staff.

CAMP COWABUNGA 2022 EMERGENCY CONSENT FORM

Camper: _____ DOB: ____/____/____
Last First M.I.

Address: _____
Street City/Town Zip

CAMPER'S EMERGENCY CONTACTS - THE FOLLOWING PEOPLE MUST HAVE THE ABILITY TO PICK UP A SICK OR INJURED CHILD IF NECESSARY:

Emergency Contact Name Relationship Home Phone Work/Cell Phone

Emergency Contact Name Relationship Home Phone Work/Cell Phone

Emergency Contact Name Relationship Home Phone Work/Cell Phone

PHYSICIAN INFORMATION

Doctor's Name Phone

MEDICAL INFORMATION

Past Medical History (i.e. Asthma, Diabetes, epilepsy, chronic headaches, ADD, DHD, ODD, etc.)

Does your child take any daily medications? **Yes No** (if yes please list medication names and dosages)

List of Allergies: _____

Is your child required to have : (EpiPen) **Yes No** (Inhaler) **Yes No**

Does your child require medication to be administered AT CAMP? **Yes No** (if yes please list name, dosage, and time of administration)

ALL MEDICATIONS (INCLUDING EPI PENS, INHALERS, PERCRIPSTION MEDICATIONS AND/OR OVER THE COUNTER MEDICATIONS) REQUIRE COMPLETION OF A MEDICATION ADMINISTRATION FORM.

EMERGENCY AUHORIZATION: I understand that every effort will be made to contact parents or guardians of campers in case of a health problem or emergency. If I cannot be reached, I authorize camp authorities and medical personnel selected by the Camp Director to administer first aid and, where necessary, to transport my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, injections, anesthesia and/or surgery for my child. Camp authorities will notify parent/guardian as soon as possible.

ACCURACY OF INFORMATION: The information contained here is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

IMMUNIZATION HISTORY AND PHYSICAL EXAM: State Board of Health guidelines require an Immunization History and Physical Examination Record from the camper's doctor be on file at camp. Please attach a copy of your doctor's form to the Physician's Record (on the reverse side). Without this Emergency Consent Form AND a complete Physical Examination Record AND Immunization History, your child will not be permitted to attend Camp Cowabunga.

Signature of Parent/Guardian: _____ Date: _____

Evacuation and Relocation Permission Form

OFF-SITE RELOCATION FOR PARENT/GUARDIANS AT MOHARIMET ELEMENTARY LOCATION

Name of Program: Camp Cowabunga

Street Address: 11 Lee Road Madbury, NH 03823

In the event there is a need to evacuate the staging area because of an emergency/disaster within that area, the staff and children will be transported by foot to the primary relocation site the Moharimet Sugar Shack.

Primary Relocation Site Contact Person: Principal David Goldsmith

Primary Relocation Site Street Address: 11 Lee Road Madbury NH 03823

Primary Relocation Site Phone Number: (603) 969-8677 (Program Cell Phone)

If in the event the primary relocation site is inaccessible, the alternate relocation site of Madbury Public Library will be used.

Alternate Relocation Site Contact Person: Susan Sinnott, Director

Alternate Relocation Site Street Address: 9 Town Hall Road, Madbury NH 03823

Alternate Relocation Site Phone Number: 603-743-1400

If necessary, children will be transported to this healthcare facility: Wentworth Douglass Hospital

Healthcare Facility Street Address: 789 Central Avenue, Dover NH 03820

Healthcare Facility Phone Number: 603-742-5252

This permission form may be used in the event of an actual or practice drill of an emergency/disaster. This Relocation/Evacuation Permission Form provides a release stating that you as the parent/guardian authorize Growing Places to take your child off the child care site for the purpose of relocation and/or evacuation. A relocation drill may require walking your child to primary and alternative relocation sites. This permission slip covers your child's participation in emergency relocation/evacuation drills throughout the year. This will involve leaving the child care facility site with child care staff. You will be notified in advance when a relocation and/or evacuation drill will take place and where to pick up your child.

Child/Children's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian's signature for permission to treat medically in an emergency/disaster:

_____ Date: _____

Child Reunification – Release Form

PLEASE UPDATE ANNUALLY. THIS FORM WILL BE USED IN CASE OF EMERGENCY REUNIFICATION PROCEDURE.

CHILD'S LAST NAME:		CHILD'S FIRST NAME:	
DATE OF BIRTH:	ADDRESS:		
PARENT'S NAME:	DATE OF BIRTH:	DAY PHONE ()	
		CELL PHONE ()	
		HOME PHONE ()	
PARENT'S NAME:	DATE OF BIRTH:	DAY PHONE ()	
		CELL PHONE ()	
		HOME PHONE ()	
LEGAL GUARDIAN'S NAME (IF DIFFERENT FROM ABOVE):	DATE OF BIRTH:	DAY PHONE ()	
		CELL PHONE ()	
		HOME PHONE ()	
IF I/WE ARE UNABLE TO PICK UP MY/OUR CHILD, I/WE DESIGNATE THE FOLLOWING PEOPLE TO WHOM MY/OUR CHILD/CHILDREN MAY BE RELEASED IN CASE OF EMERGENCY.			
NAME:	DATE OF BIRTH:	PHONE ()	
NAME:	DATE OF BIRTH:	PHONE ()	
NAME OF PERSON OUT OF STATE IN CASE OF LOCALIZED EMERGENCY:	STATE:	PHONE ()	

FAMILY/GUARDIAN SIGNATURE: _____ DATE _____

UPDATED ANNUALLY ____/____/____

UPDATED ANNUALLY ____/____/____

UPDATED ANNUALLY ____/____/____

UPDATED ANNUALLY ____/____/____

FOR GROWING PLACES STAFF USE ONLY			
NAME OF PERSON CHILD RELEASED TO:		RELEASED BY:	
PROOF OF ID PROVIDED:	DATE:	TIME:	AM PM
DESTINATION:			