

# Camp Cowabunga 2023 Registration form



## CAMPER INFORMATION:

(Please Print CLEARLY)

Camper Last Name: \_\_\_\_\_ Camper First Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Grade & school this fall: \_\_\_\_\_ Please circle your camper's t-shirt size: S, M, L, XL

## 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

**Cost: \$260 per week. Registration \$75. Weekly deposit of \$20.**

**Campers are committed to signing up for a full week of attendance at a time. Please check all weeks that you are interested in having your camper attend below. All withdrawals from weeks are to be completed by May 19th. All schedule changes must be discussed and approved by Camp Director.**

Theme	Date	Attending
Week 1: Kindness is Cool	June 26-30	<input type="checkbox"/>
Week 2: New Hampshire Nature	July 3-7	<input type="checkbox"/>
Week 3: Bugs & Birds	July 10-14	<input type="checkbox"/>
Week 4: Space is the Place	July 17-21	<input type="checkbox"/>
Week 5: We Love the 90s	July 24-28	<input type="checkbox"/>
Week 6: Ocean Adventure	July 31-August 4	<input type="checkbox"/>
Week 7: Mythical & Magical	August 7-11	<input type="checkbox"/>
Week 8: The GreatOutdoors	August 14-18	<input type="checkbox"/>

## PARENTAL PERMISSION SIGN-OFF PLEASE CHECK YES OR NO

- 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 bugspray 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](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 read and received information on the "Locked Door Policy" waiver
- **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](mailto: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:

\$75.00 Registration Fee + \$20 weekly deposit for each registered week = \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMP COWABUNGA 2023 – 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 directly to Camp Cowabunga staff.

# 2023 Emergency Contact 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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:			



## **BEHAVIOR MANAGEMENT POLICY**

It is important that we take appropriate action to make sure your child and other children remain safe and happy while at camp. Our behavior management plan begins with positive reinforcement to strengthen camper character and prevent inappropriate behavior from taking place. Campers that fail to follow camp rules are treated fairly and appropriately and offered accommodation before termination of care. All staff members have the support of experienced directors to provide guidance and intervene if necessary. The following policies pertain to actions by a child to another child or to an adult or parent towards any child or staff. The director, upon notification to the parent, may suspend or terminate a child or family from all activities and participation in the program for the following types of recurring misconduct by you or your child:

- Injuring another person
- Use of foul language or rudeness
- Verbal or physical threats
- Bringing in or using illegal substances
- Engaging in physical fighting
- Failure to consistently follow program rules and staff directions
- Leaving the facility without permission or going into posted unauthorized areas
- Running from the group space or running from group during outings
- Not following check-in and out procedures
- Defacing camp or school property or field trip facilities
- Stealing or vandalizing another person's property

## **DISCIPLINE POLICY**

Camp Cowabunga expects that every individual will be responsible for their behavior and will be respectful towards others. From time to time, all individuals need help and direction in learning, developing, and maintaining appropriate behavior. If an individual exhibits frequent disruptive and/or aggressive behavior, a family conference will be scheduled. Continued disruptive and/or aggressive behavior after this conference may result in temporary suspension or permanent dismissal from the program. We recognize that children go through different developmental stages throughout their time

with us. Therefore, each case will be addressed on an individual basis. Together, we will try to work out a system of accommodation to manage the behavior. Parent/guardian refusal to discuss or collaborate on a behavior management plan or accommodation will result in termination from Camp Cowabunga.

### **ACCOMMODATIONS**

If your child receives accommodations during the school year (Eg: 1:1 assistance from a para educator, a 504 or IEP plan, speech/language or OT services, etc.) it is pertinent to make Camp Cowabunga staff aware of this to ensure camper success. If your child(ren) are more successful with specialized intervention in educational settings, it would be valuable to explore accommodations for them at camp as well as we are both focused on learning and socialization. Our goal is to ensure everyone's success in the Least Restrictive Environment. If the LRE at Camp Cowabunga for your child requires assistance, that will be honored and explored. Camp Cowabunga staff are not responsible for providing 1:1 care for campers as we are a group care setting. If it is deemed necessary by the Camp Cowabunga Director that your child(ren) requires intervention to be safe, kind, and respectful at camp, it is to be provided at your expense and not by an ORCSD staff member.

### **DISMISSAL FROM CAMP**

Dismissal from camp will occur if after a conference with the parents/guardians, camper, and camp director, the disciplinary instance cannot be resolved. If a camper is dismissed for disciplinary measures due to severe behavior violation, no refund will be issued for the unused days. A camper may be suspended or terminated immediately for severe behavior such as physical violence, harm to other campers or staff, or attempts to leave adult supervision.

**I have thoroughly read the behavior management and discipline policy and understand what constitutes dismissal from Camp Cowabunga. I have reviewed camp expectations with my child and they understand appropriate behavior while at Camp Cowabunga.**

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**Signature of parent or guardian**

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**Date**