



# CAMP COWABUNGA REGISTRATION 2026

## CAMPERS INFORMATION:

Campers Last Name: \_\_\_\_\_ Campers First Name: \_\_\_\_\_ Gender: M / F  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age as of 6/22/2026: \_\_\_\_\_ Grade Fall 2026: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

## CAMPER SCHEDULE

Please select which weeks you would like to register your camper. Registration is for the week. Daily registration is not available.

\*Some weeks are partial weeks due to holidays and location availability.

Week	Dates	Theme	Cost	✓
Week 1*	June 25 <sup>th</sup> - 26 <sup>th</sup>	Mindful Moments	\$116	
Week 2*	June 29 <sup>th</sup> - July 2 <sup>nd</sup>	Stars & Stripes	\$232	
Week 3	July 6 <sup>th</sup> - 10 <sup>th</sup>	Kindness is Cool	\$290	
Week 4	July 13 <sup>th</sup> - 17 <sup>th</sup>	Whimsical Woodlands	\$290	
Week 5	July 20 <sup>th</sup> - 24 <sup>th</sup>	NH Nature	\$290	
Week 6	July 27 <sup>th</sup> - 31 <sup>st</sup>	Going Green	\$290	
Week 7	Aug 3 <sup>th</sup> - 7 <sup>th</sup>	Medieval Magic	\$290	
Week 8	Aug 10 <sup>th</sup> - 14 <sup>th</sup>	Benevolent Bugs	\$290	
Week 9*	Aug 17 <sup>th</sup> - 19 <sup>th</sup>	Classic Camp	\$174	

A non-refundable registration fee of \$75 per child and a deposit of \$20 per week registered is required at the time of registration. Families are responsible for all registered weeks. Any schedule changes need to be made by May 8<sup>th</sup>, 2026. Any changes made after May 8<sup>th</sup>, 2026, will not relieve the family of financial obligation.

Amount due: \$75 registration fee + \_\_\_\_\_ (\$20 x number of weeks Registered) = \$ \_\_\_\_\_

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

### FOR OFFICE USE ONLY:

Registration fee: \$75.00	Check # _____
Weekly Deposit: _____	Check date _____
TOTAL DUE: _____	Check total \$ _____

## PARENTAL PERMISSIONS

Please circle Yes or No. No selection will be regarded as No.

**Y or N 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.

**Y or N WALK PERMISSION:** 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.

**Y or N 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 sunscreen to be left at camp, clearly labeled with child's name.**

**Y or N 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.**

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

## LOCKED DOOR POLICY

I understand that Camp Cowabunga is a Growing Places Program hosted at Moharimet Elementary School that is a locked door facility to maintain safety for school aged students. I also understand that I have full, uninterrupted access to my camper at any time and am granted entry to Moharimet upon calling the camp site phone (603) 969-8677 and will be granted entry by a Camp Cowabunga staff member.

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

## PARENT/GUARDIAN AGREEMENT

Name of Child(ren) \_\_\_\_\_

Please check “yes” or “no” to the following statements and sign with your agreement:

Yes  No I have received a copy of the Camp Family Handbook.

Yes  No I acknowledge that I agree to abide by all Policies and Procedures of Camp Cowabunga outlined in the Camp Family Handbook.

Yes  No I understand that before attending Camp Cowabunga, a registration form, non-refundable registration fee of \$75.00 per child, as well as a deposit of \$20 per week registered is required. A child's enrollment is official **after** the registration fee and deposit are paid in full.

Yes  No I understand that any schedule changes need to be made by May 8<sup>th</sup>, 2026. Any changes made after May 8<sup>th</sup>, 2026, will not relieve the family of financial obligation. I will be financially responsible to all weeks registered.

Yes  No I understand that an up to date immunization record and completed health form is required prior to their first day for the child to be able to attend.

Yes  No I understand that if my child requires any medication (this includes an EpiPen), I will provide the medication in the original packaging with the prescription label and completed medication form.

Yes  No If you are unable to arrive on time, you **MUST** call your child's site so that both your child(ren) and the Director can be prepared for the delay. **If you are late to pick up your child(ren) you will be charged an additional \$20 per occurrence plus \$5 per minute after the first ten minutes. If late pick-ups continue to occur your Program Director may have a conversation with you about the fit of our program for your family.**

Yes  No I understand that I am responsible for my child's weekly tuition regardless of attendance. Additionally, I am responsible for our daily tuition fee if Growing Places/Camp Cowabunga closes due to weather, emergency or unforeseen circumstances on a day that my child is registered to attend.

Yes  No I acknowledge that I agree to the Behavior Management Policy of Camp Cowabunga outlined in the Camp Family Handbook.

Yes  No I acknowledge that it is my responsibility to bring any special concerns about my child to the Camp Director's attention before the beginning of camp. (ex: medical concerns, behavioral issues, custody agreements, etc)

Yes  No I acknowledge that I will not allow my camper to bring any toys from home other than clearly labeled books. I understand that Camp Cowabunga is not responsible for misplaced or stolen items.

Yes  No I acknowledge that I agree to Growing Places/Camp Cowabunga Illness Policy of Camp Cowabunga outlined in the Camp Family Handbook.

Yes  No I understand that Growing Places and Camp Cowabunga sees the relationship between parent/guardian and program staff as a partnership in each child's pathway to growth and learning. Growing Places/Camp Cowabunga reserves the right to terminate care of a child if communication between program staff and the family has deteriorated to such an extent that a relationship based on mutual trust and respect no longer exists.

Yes  No I understand that Growing Places/Camp Cowabunga has a comprehensive Emergency Operations Procedure in place in case of emergency. Programs will make every effort to keep strong lines of communication open during an Emergency, and that my child's safety and well-being is the program's first priority. If an emergency should occur in or around our program, Growing Places/Camp Cowabunga will notify me by calling my emergency contact number or through the family's primary email.

Yes  No I agree that it is the responsibility of both the staff and the parent/guardian to keep an open line of communication throughout the summer year.

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

# Evacuation and Relocation Permission Form

## Off-Site Relocation for Parent/Guardians at Moharimet Elementary Location

Name of Program: Our Time Before and After School Program

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:** Kerry Cronin, 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.*

<b>Child's Last Name:</b>		<b>Child's First Name:</b>	
<b>Date of Birth:</b>	<b>Address:</b>		
<b>Parent's Name:</b>	<b>Date of Birth:</b>	<b>Day Phone (    )</b>	
		<b>Cell Phone (    )</b>	
		<b>Home Phone (    )</b>	
<b>Parent's Name:</b>	<b>Date of Birth:</b>	<b>Day Phone (    )</b>	
		<b>Cell Phone (    )</b>	
		<b>Home Phone (    )</b>	
<b>Legal Guardian's Name (if different from above):</b>	<b>Date of Birth:</b>	<b>Day Phone (    )</b>	
		<b>Cell Phone (    )</b>	
		<b>Home Phone (    )</b>	
<b>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.</b>			
<b>Name:</b>	<b>Date of Birth:</b>	<b>Phone (    )</b>	
<b>Name:</b>	<b>Date of Birth:</b>	<b>Phone (    )</b>	
<b>Name of person out of state in case of localized emergency:</b>	<b>State:</b>	<b>Phone (    )</b>	

**Family/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Updated Annually \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated Annually \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated Annually \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated Annually \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FOR GROWING PLACES STAFF USE ONLY**

<b>Name of person child released to:</b>		<b>Released by:</b>	
<b>Proof of ID Provided:</b>	<b>Date:</b>	<b>Time:</b>	<b>AM    PM</b>
<b>Destination:</b>			

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

**NAME OF CHILD CARE PROGRAM** \_\_\_\_\_

**LICENSE NUMBER** \_\_\_\_\_

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

**DATE OF CHILD'S ENROLLMENT** \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

**IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:**

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable.	
Business Name:	Business Name:
Address:	Address
Phone number:                      Hours:	Phone number:                      Hours:
Email:	Email:
<b>Special Instructions for reaching parent/guardian:</b>	

**EMERGENCY CONTACT PERSON:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child was sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

**NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:** I, \_\_\_\_\_  
 (Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

## CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: [https://new-hampshire.my.site.com/nhccis/NH\\_ChildCareSearch](https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch) or by contacting the unit at [cclunit@dhhs.nh.gov](mailto:cclunit@dhhs.nh.gov) or 603-271-9025.

**WHAT WE DO:** The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

**CONVERSATIONS WITH CHILDREN – MONITORING VISITS:** During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

**CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS:** During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

- I give permission for child care licensing staff to speak with my child while with their class or group.
- 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 my permission for child care licensing staff to speak with my child while with their class or group.

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

**MEDICAL INFORMATION**

**Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:**


**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of \_\_\_\_\_ to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

**Parent/Guardian Signature**

**Date**

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