

# 2010 CAMP WHITE MEADOW APPLICATION

Registration ends June 5th

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sept. \_\_\_\_\_

Parent or Guardian's Full Name \_\_\_\_\_ Lake Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_ Email: \_\_\_\_\_

Fathers Business Phone # \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_

Mothers Business Phone# \_\_\_\_\_ Beeper/Cell # \_\_\_\_\_

**Emergency Contact: Required**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Camp White Meadow Medication Form needed:  Yes  No

SATELLITE BUSING: AM \_\_\_\_\_ PM \_\_\_\_\_ AM&PM \_\_\_\_\_

**CIRCLE WEEKS ATTENDING: 6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16**

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Rate Per Week                      Number of weeks                      Camp Fee Due

	<b>EARLY EARLY Per Week</b>	<b>EARLY BIRD Per Week</b>	<b>REGULAR RATE Per Week</b>	<b>LATE REG. Per Week</b>
Full Day 1-4 wks	\$209.00	\$220	\$230	\$250
Full Day 5-8 wks	\$156.75	\$165	\$175	\$185
Half Day 1-4 wks	\$147.25	\$155	\$165	\$185
Half Day 5-8 wks	\$104.50	\$110	\$120	\$130

Early Early Bird	February 6th – March 13 <sup>th</sup>	Pay in Full
Early Bird	March 16th – April 3 <sup>rd</sup>	50% deposit
Regular Rate	April 6th – May 22 <sup>nd</sup>	50% deposit
Late Registration	May 25th - June 5th	50% deposit

**CIRCLE TRANSPORTATION WEEKS: 6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16**

- 35.00 AM & PM
- 18.00 AM or PM

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Rate per week                      Number of weeks                      Transportation Fee Due

**CIRCLE BEFORE/AFTER CARE WEEKS:  
6/28, 7/5, 7/12, 7/19, 7/26, 8/2, 8/9, 8/16**

<b>AM</b> Per Week AFTER 7AM	<b>PM</b> Per Week UP TO 6PM	<b>AM &amp; PM</b> Per Week
37.50	37.50	65.00

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Rate Per Week                      Number of weeks                      B & A Care Due

Camp Fee	
Transportation	
B/A Care	
Other	
Total	
Deposit	
Amount Due	

**Camper receives one free shirt: CIRLE T-SHIRT SIZE** - Extras \_\_\_\_\_ \$10.00 each

Youth: SMALL    MEDIUM    LARGE                      Adult: SMALL    MEDIUM    LARGE    XL

**FOR OFFICE USE ONLY**

Rec. \_\_\_\_\_ Roster \_\_\_\_\_ Posting \_\_\_\_\_ Medical \_\_\_\_\_  
Date    Initials                      Date    Initials                      Date    Initials                      Date    Initials

**PLEASE REFER TO BACK SIDE OF APPLICATION--MUST BE SIGNED BY PARENT/GUARDIAN**

**CAMP WHITE MEADOW 2010**  
**IMPORTANT NOTES**

*Please read carefully-*

- Only basic **Camp Fees** are **discounted 5% if paid in full by March 13th**. A retroactive discount will not apply if changes are made after **March 13th**.
- All **Camp Fees** must Be Paid In Full By **June 5th**. A late fee of \$25.00 will be assessed if payments are made after **June 5th**.
- Changes made after the original application will be assessed \$25.00. This does not include upgrades.
- All campers must submit a Camp White Meadow (CWM) Medical Form no later than June 12th**. If received after **June 12th**, a late fee of \$10.00 per form will be assessed. Please call your doctor now to schedule physical exams so these deadlines can be met.
- A Camp medication form, signed by a physician, must be on file in order for our staff to administer medication. Our staff will not be permitted to administer medication without this form on file. Please contact the POA Office for a copy of this form.
- Request for **transportation** must be made by **June 5th**.
- Parents wishing to attend off-site trips must sign-up with the Camp Director/Assistant Director in advance. The parent must pay transportation, entrance fees and any additional expenses.
- Campers should **NOT** be dropped off at camp prior to 9:15am and **MUST** be picked up prior to 4:40pm. A \$10.00 fee will be assessed after 5:00pm
- After Care: A Late charge of \$10.00 per hour will apply after 6pm.
- Camp White Meadow is NOT responsible for personal items lost by campers.

A. **Moving:**

1. Moving before first day of camp- Camp fee will be refunded, less \$50.00
2. If registered for 8 weeks and moves after 4 weeks, refund will be the difference between 4-week price and 8 week price ONLY. A \$50.00 charge will be assessed.

B. **Camp Fee:**

1. Up to June 5th-full refund-less \$50.00
2. After June 5th, up to beginning of camp-50% refund less \$50.00

**AFTER CAMP BEGINS, THERE WILL BE NO REFUNDS.**

Exception: Signed up for 8 weeks-went less than 4 weeks-reduced to the 4-week price.

**AFTER 4th WEEK-NO REFUNDS-NO EXCEPTIONS**

**PLEASE INITIAL**

\_\_\_\_\_ I allow the use of photos of my child in the pertinent website, brochures or promotional materials.

\_\_\_\_\_ I do **NOT** allow the use of photos of my child in the pertinent website, brochures or promotional materials.

**Parent/Guardian Acknowledgement of Camp White Meadow Behavior Policy**

I, \_\_\_\_\_  
Parent's/Guardian's name

\_\_\_\_\_  
Camper's name

acknowledge reading Camp White Meadow (CWM) Behavior Policy and agree to follow the directions of the CWM Staff. We also understand the penalty for any infractions of the CWM Behavior Policy and agree to abide by them as printed.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date

**2010 CAMP WHITE MEADOW WAIVERS**

Camper \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Grade \_\_\_\_\_

I, the undersigned, as a condition of participation in CAMP ACTIVITIES, sponsored by Camp White Meadow/White Meadow Lake Property Owners Association and/or White Meadow Lake and Country Club, Inc. do hereby waive any claim against these organizations for liability for bodily injuries.

**PERMISSION FOR TRIPS**

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in any out-of-camp activity for the 2009 Camp Season. The dates for these activities will fall between **June 28, 2010** and **August 20, 2010**. I understand the camp will pay the fees for these activities. Lunch for the date will be brought in by my child in biodegradable containers (no cans or bottles).

**WEBSITE - ALLOW/DIS-ALLOW PHOTO USE**

White Meadow Lake Property Owners Association, Inc. and/or Camp White Meadow will have a web site, including photos for pertinent personnel and campers, and it is specifically understood that such contemplated photos will have no addresses or identifications of any sort on such photos.

I allow the use of photos in the pertinent web site, brochures or promotional materials.

I do NOT allow the use of photos in the pertinent website, brochures or promotional materials.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RESPONSIBLE PARTY'S NAME

## **CAMP WHITE MEADOW BEHAVIOR POLICY**

Camp White Meadow (CMW) is designed to allow campers an opportunity to have an enjoyable and safe summer. On the first day of camp, we will discuss the behavior policy, review the behavior contract, learn about the leadership-training program and provide an opportunity for the campers to meet the staff members who will be working with them.

Camper is defined as a person who is at camp based on a tuition paid basis, including, but not limited to counselor-in-training. Staff member is defined as, but not limited to, an adult who is employed by CWM and/or the White Meadow Lake Country Club and/or POA for the purpose of camp or any other employment, and/or an invited guest to the camp.

- All campers must be completely toilet trained prior to the first day of camp. Parents should discuss with their children the importance of using the restroom prior to going into the pool. This will help eliminate the pool being closed due to fecal and other bacteria.
- If your child is sick, please keep your child home until they have been fever free for 24 hours, haven't vomited or had diarrhea for 24 hours.
- No camper or staff member shall engage or encourage another camper or staff member to act in a behavior which could endanger the health, safety or well-being of any camper and/or staff member, including him or herself.
- No camper or staff member shall engage in or encourage others to engage in the use of profanity.
- No camper or staff member shall engage in or encourage other campers or staff members to engage in verbal or physical threats of abuse aimed at any camper or staff member or any other attendee.
- No camper or staff member shall initiate or encourage other campers or staff members to initiate a fight or scuffle with any other camper or staff member.
- All campers and staff members shall treat and encourage every camper and staff member to treat each other with respect and courtesy regardless of race, creed, color, national origin, sex, or ability.
- All campers and staff members will be respectful of CWM property and will not cause deliberate damage. Parents of children under the age of 18, or the person him/herself if over the age of 18, will pay for damage to any property.
- Campers, staff members and/or parents will immediately notify the Camp Director or the White Meadow Lake General Manager of any problems, issues or unsafe situations.
- CWM is not responsible for lost or stolen property.
- If a camper has been expelled from CWM or has voluntarily withdrawn from camp, the camper is not allowed to return to CWM until the following summer. If a camper is expelled from CWM two summers in a row, the camper will not be allowed to return to CWM in any future years.
- It is understood that if a camper is expelled from CWM or has voluntarily withdrawn, no refunds will be given.
- The above list is for general guidance. Each situation will be handled in a manner that is best for CWM, the campers and staff members.
- CWM reserves the right to dismiss any camper whose continued presence at camp, in its sole discretion, is not in the camp's best interest.

## **Trip Days: Grades Pre-K – 6th**

- All trips will have a designated spot where a counselor will be at all times.
- All campers must remain in their groups at all times. If the camper does not abide by this, the camper will sit out the remainder of the trip with a counselor.
- If a camper is considered a behavior problem, either in camp or on a trip, a future trip or trips may be taken away as a penalty by either the Supervisors or the Camp Director. We will not permit any camper to go on trips if they have demonstrated that they cannot follow directions, are a safety hazard to themselves or others, or haven't followed camp policies.
- Camp T-shirt must be worn on all trips. This allows for campers to be easily identified and is necessary for safety. There will be no exceptions. If the camper does not have their shirt, they will not go on the trip.

## **Teen Travel Trip Days:**

- All trips will have a designated spot where a counselor will be at all times. The camper will be required to check-in at the designated spot. All campers are required to wear a watch and keep track of time. At check-in the camper reports to their assigned counselor with their group. Any camper that is late to check-in will be required to remain with the counselor that sits at the check-in spot and will not be permitted to participate in the rest of the trip.
  - All campers must remain in groups of at least 4 people at all times. If the camper does not abide by this, the camper will sit out with a counselor for the remainder of the trip.
  - If a camper is considered a behavior problem, either in camp or on a trip, a future trip or trips may be taken away as a penalty by either the Travel Supervisors or the Camp Director. We will not permit any camper to go on trips if they have demonstrated that they cannot follow directions, are a safety hazard to themselves or others, or haven't followed camp policies.
  - Camp T-shirt must be worn on all trips. This allows for campers to be easily identified and is necessary for safety. There will be no exceptions. If you do not have your shirt, you will not go on the trip.
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- I have reviewed the above Behavior Policy with my camper and the importance of abiding by same. My child and I agree that he or she is familiar with the Behavior Policy and will obey it.
  - By signing the registration application, I represent to CWM that my child is in sound physical and mental health and fully able to participate in all camp activities without need of specialized attention and that the health and behavior of the camper will not impact negatively on other campers, staff members, or the program.

**THIS MEDICAL RECORD** must be returned no later than **June 12th, 2010**. **A Late Fee of \$10.00 will be assessed if received after June 12th, 2010.**

No camper/ counselor will be allowed to attend camp without a MEDICAL RECORD on file.

Grade in September \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Beeper/cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Beeper/cell # \_\_\_\_\_

Emergency Contact Names \_\_\_\_\_ Phone # \_\_\_\_\_

(other than parents) \_\_\_\_\_ Phone # \_\_\_\_\_

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**THIS PORTION TO BE COMPLETED BY PHYSICIAN**  
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Check if camper/ counselor has had the following:

- |                     |                       |
|---------------------|-----------------------|
| Chickenpox _____    | Scarlet Fever _____   |
| Diphtheria _____    | Nosebleeds _____      |
| Asthma _____        | Whooping Cough _____  |
| Measles _____       | Rubella _____         |
| Mumps _____         | Ivy Poisoning _____   |
| Epilepsy _____      | Oak Poisoning _____   |
| Poliomyelitis _____ | Rheumatic Fever _____ |

**IMMUNIZATIONS REQUIRED**

Record Date of Last Injection Required, if known:

Tetatus Toxoid \_\_\_\_\_ Measles \_\_\_\_\_

Polio \_\_\_\_\_ Rubella \_\_\_\_\_

Diphtheria \_\_\_\_\_ Hepatitis \_\_\_\_\_

Other \_\_\_\_\_

Surgery (please specify) \_\_\_\_\_

Medication being taken (Daily or PRN) -- Additional "Medication Form" must be completed and attached

Medication \_\_\_\_\_ Reason \_\_\_\_\_

• Special Allergies \_\_\_\_\_

• Reaction to insect bites & bee stings \_\_\_\_\_

• Any special educational or emotional concerns we should be aware of: \_\_\_\_\_

• Activities in which individual may not participate: \_\_\_\_\_

Date \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

Physician's Name \_\_\_\_\_

**(PRINT)** Address \_\_\_\_\_ Phone # \_\_\_\_\_

In case of sickness or injury and you are unable to be contacted, we will consult with our local camp physician who will be on call and available all summer for emergency treatment and recommendations. If so recommended, Camp White Meadow will take your child to St. Clare's for emergency treatment.

**\* \* Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

( If over 18, individual may sign)