

Camper's Application Form

APPLICATIONS ONLY ACCEPTED WITH

www.franklincountrydaycamp.com

ATTACHED HEALTH FORM SIGNED AND COPY OF IMMUNIZATION RECORD



Tel. 508-533-8882 • Fax. 508-533-0567

This form may be duplicated for sibling

Please print and complete all information

Name of Camper _____ Grade (currently attending) in School _____

Home Address _____ Street _____ Town/State _____ Zip Code _____

Telephone _____ Birth Date _____ Age _____

School _____ (M) Male / (F)Female _____

Parent Name _____ Cell Phone _____ Email Address _____

Parent Name _____ Cell Phone _____ Email Address _____

Name of neighbor or relative in case of emergency when parent's cannot be reached _____

Address _____ Telephone _____ Relationship _____

From what source did you hear of Franklin Country Day Camp? _____

If your child would like to be with a friend attending the same session and is in the same grade, please put name here _____
Returning campers are placed in groups with children from prior summer, on a first come first serve basis, we cannot guarantee a group's availability for friend requests.

A \$100.00 per session, per child, enrollment fee, deductible from tuition (unless a session is cancelled) must accompany this application. If you sign up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100.00, for that session is not refundable and may not be deducted from the final payment. Checks should be made out to **Franklin Country Day Camp**. Balance of camper's **tuition must be paid on or before *June 1st for all sessions.**

THERE WILL BE NO REFUND FOR CANCELLATION AFTER APRIL 1st.

Tuition for **2021** is **\$900.00** per two-week session.

Please check session (s) desired

July 5 thru July 16 (First Session) \$ _____

July 19 thru July 30 (Second Session) \$ _____

Aug 2 thru Aug 13 (Third Session) \$ _____

***Total tuition due on or before June 1st (for ALL sessions)** \$ _____

*We reserve the right to cancel any camper's contract that is not paid by June 1st. If we cancel your child's contract, we will return any monies paid to Franklin Country Day Camp (less a \$100.00 per child bookkeeping charge), as we maintain a long waiting list of children wishing to enroll by June 1st.

This application MUST include attached health form and immunization record for acceptance

Date of Application _____

Signature _____

The following information will greatly aid us to understand your child better. Kindly complete the questionnaire below and return with the application form.

Name of Camper _____ Nickname (if any) _____ Age _____

Grade in School _____ Child will attend session 1st _____ 2nd _____ 3rd _____

Has child had previous camp experience? _____ Name of camp attended _____

If at FCDC, how many years? _____ Last Tribe Name: _____ Overall Experience? _____

Is child reserved by nature or does he/she make friends easily? _____

Is child average in maturity for his/her age? _____

Brothers: _____ Ages: _____ Sisters: _____ Ages: _____

Does child play a musical instrument? _____ If so, please state what: _____

In what sports has your child participated? _____

List favorite sport or activities: _____

What are your child's swimming capabilities? _____

Any previous swimming lessons? _____

Comments: _____

What are your child's special interests? _____

What skills, traits or attitudes would you like emphasized for your child in a camping situation: _____

Please provide additional information which may help us to know your child better, in order to give him/her the best possible experience:

Are parents employed or skilled in any specialized areas that would be of interest to campers? _____

If so, would you be willing to share your specialty for an hour or two at our camp? _____

If your child attended Franklin Country Day Camp last year, please list any suggestions or comments you might have to help us improve any area of our camp: _____





FCDC CAMP HEALTH FORM



THIS FORM MUST ACCOMPANY CAMPER'S APPLICATION

IMMUNIZATION RECORD FORM Must Be Attached for Acceptance

CAMPER: _____

Birth Date: _____ / _____ / _____ Last Grade in School: _____ Age: _____ First Middle Initial

Parent or Guardian : _____ Phone: (_____) _____

Address: _____
Street and Number City State Zip Code

Parent's Occupation: _____ Business Phone: _____ Cell Phone:(_____) _____

Parent's Occupation: _____ Business Phone: _____ Cell Phone:(_____) _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL OR NOTIFY:

Name: _____ Phone: _____ Cell Phone:(_____) _____

Name: _____ Phone: _____ Cell Phone: _____

Health Care Provider: _____ Phone Number:(_____) _____

Name of Practice:: _____ Address _____

Insurance Carrier: _____ Policy Number: _____

Subscriber: _____ Relationship to Camper: _____

.....
HEALTH HISTORY

Ear Infections _____ Tubes _____ Heart: _____

Concussion _____ Behavioral _____ Diabetes _____ Asthma _____

Explain: _____

Any Self-Administered Medications by camper at during camp? _____ If yes, please list _____

Has camper had a bee sting? _____

ALLERGIES: Please describe:

FOOD _____
ENVIRONMENT _____
DRUG _____

Risk of Anaphylaxis? _____ If yes, Medical Authorization Form (downloadable on our website) and emergency allergy plan must be received prior to camper's start date along with any medication-- i.e. EpiPen (MAY BE DROPPED OFF AT CAMP OFFICE WEEKEND PRIOR)

Operations or serious injuries _____

Chronic or recurring illnesses _____

Other diseases or details of above _____

Any specific activities to be encouraged, limited or restricted? _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

IMMUNIZATION FORM FROM PHYSICIAN (can be dated within 18 MONTHS of your child's session)

CAMP FAX # 508-533-0567

www.franklincountrydaycamp.com

This form must be signed and dated on back page for acceptance



FCDC CAMP HEALTH FORM



Program: I give permission for my child to participate in all camp program activities similar to those described in the camp brochure/website.

Expectations/Dismissal: I have informed the Camp Director and other appropriate Franklin Country Day Camp staff of any limitations to my child's Participation and agree to abide by Franklin Country Day Camp's sole judgement as to whether my child can be accommodated in the camp program. I understand failing to disclose any physical, emotional, or behavioral needs may result in the child's dismissal from the camp without refund. I understand that my child must follow all behavioral expectations and safety rules and that Franklin Country Day Camp reserves the right in its sole judgement to dismiss without refund any child whose behavior that interferes with the rights and safety of others or consistently disrupts group dynamics or activities may result in the child's dismissal from the camp without refund.

Sun and Bugs: I understand that outdoor exploration is an integral part of Franklin Country Day Camp Program and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibly to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Franklin Country Day Camp staff to reapply my child sunscreen (50 spf) and/or bug spray (25% deet) as needed. I understand that ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any tick that may become attached.

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff nurse to provide routine health care; to administer prescribed or over the counter medication as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the Health Care Advisor selected by the camp to order x-rays, test, and treatment in an emergency. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedure, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release of any records necessary for treatment, referral, billing, or insurance purpose. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Massachusetts law and FRANKLIN COUNTRY DAY CAMP Health care policy, I authorize Franklin Country Day Camp designated healthcare staff to administer as listed on Campers Medical Authorization form medication at camp as directed to my child for whom it was prescribed. I understand that all medication at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's Nurse, and each dose monitored by camp nurse. I understand that all medication must be in their original container, unexpired and labeled with specific instructions, including the child's name and dosage, and that any prescription medication must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid that the policy information given is correct.

Visual Image Release: Franklin Country Day Camp uses photos of children and staff participating in its activities in its yearly brochure and on our website. Franklin Country Day Camp will not identify any child. In consideration, I hereby give my permission and consent to Franklin Country Day Camp to use images of my child in Franklin Country Day Camp website and brochure, and I hereby release on behalf of my child and myself any rights to compensation for, or ownership of, such images of my child and the above uses of them by Franklin Country Day Camp.

Payment, Cancellation and Refund: A \$100 per session per child, enrollment fee, deductible from tuition must accompany this application. If you sign your child up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100 for the cancelled session(s) is NOT refundable and may not be deducted from the final payment. Checks should be made out to Franklin Country Day Camp. Balance of tuition **MUST** be paid no later than June 1st for all sessions. We reserve the right to cancel any camper's contract that is not paid by June 1st. If we cancel your child's contract, we will return any monies paid minus a \$100/CHILD/SESSION bookkeeping charge as we maintain a waitlist of children wishing to enroll by June 1st. **THERE WILL BE NO REFUND FOR CANCELLATIONS AFTER April 1st.**

Franklin Country Day Camp is **NOT** a peanut free camp. Head counselor are informed of all allergies, and, along with our camp Nurse, we make every effort to protect all allergic conditions of our campers.

This Form must accompany Camper Application with PARENT AUTHORIZATION SIGNED below. *We cannot accept any child without immunization form (per Franklin Board of Health) and this form signed and dated with the current year.*

I have read the above and agree to all its terms and conditions.

SIGNATURE: _____ **Print Name:** _____

DATE: _____ **Relationship to Camper:** _____

Any Information that you may want your child's counselors to be aware of:



Assumption of the Risk and Waiver of Liability

Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have prohibited the congregation of groups of people. Franklin Country Day Camp with guidance from the state and Franklin Board of Health has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, Franklin Country Day Camp cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

.....
By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the Franklin Country Day Camp program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Franklin Country Day Camp program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Franklin Country Day employees, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Franklin Country Day Camp program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Franklin Country Day Camp, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Franklin Country Day, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in Franklin Country Day Camp program.

Name of FCDC Camp Participant(s)

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name
