



## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender:      F     M                       Age (as of 7/1/2018): \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_                      Grade in September 2018: \_\_\_\_\_

School Attending: \_\_\_\_\_

Will camper need ESY credits: Y  N

Summer Residence: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Family Information

Guardian #1 Name: \_\_\_\_\_ Guardian #2 Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone:(\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

### Sessions – Check Session Desired

All sessions begin on Monday and end on Thursday. Camp fee includes: Camp nursing care, breakfast, lunch, programs, & supplies.

Weekly Sessions:

July 9 – July 19

Basketball

Soccer

Full Day (\$450)

Half Day (\$300)

July 23 – August 2

Basketball

Soccer

Full Day (\$450)

Half Day (\$300)

August 2 – August 16

Basketball

Soccer

Full Day (\$450)

Half Day (\$300)



## GENERAL CAMP INFORMATION

### What Not to Bring

Foundations of Friendship is an electronic free summer camp and use of electronic items during camp hours is prohibited. Should campers bring cash or electronic devices to camp he/she may use a small locker at the main entrance of the building. Campers can purchase a lock from Foundations of Friendship if needed. These lockers may also be used to store swimwear, school items, and/or a change of clothing. Please do not bring any items that are not necessary for your participation in camp. Foundations of Friendship is not responsible for any lost, stolen, or damaged items resulting from the use of these lockers.

Water guns, tobacco products, and items not necessary for the proper participation in camp activities are strictly prohibited. If a camper brings any of these items they will be confiscated and sent home with their parent/guardian.

Campers found with weapons, alcohol, drugs, or drug paraphernalia will be immediately dismissed from camp without a refund.

### Medications

All medications must be checked in with the nurse. No medications can be kept by campers (unless doctor's release note on file). This includes over-the-counter medications and vitamins. Please have your Medication Authorization Form prepared. You must have a completed form **for each medication**. The form must be signed by both parent/guardian and the authorized prescriber. All medications must be in their **ORIGINAL CONTAINER, WITH A LABEL**. **All campers must have a current physical (within one year), to be submitted to the nurse prior to or day of first session.**

### Conditions

- 1) If it becomes necessary, in the judgment of the Directors and the Camp Health Supervisor, to use outside hospitalization, medical, surgical or dental aid for the health and wellbeing of the camper, I hereby authorize the Camp Directors to use such outside aid, which shall be billed to me or my insurance first and Mount Saint John's insurance as secondary coverage. Mount Saint John is authorized to use its own judgment for the immediate handling of any situation and act as summer guardian for my child. Every effort will be made to contact the parent prior to any emergency treatment. Wildwood Pediatrics of Essex is our Medical group.



- 2) Photos & videos taken during camp season of my child may be used for promotion. A media release form, granting or denying the use of each camper's image, likeness, or voice recording, is required for each camper.
- 3) Foundations of Friendship has the right to dismiss any child if his/her actions or attitude are detrimental to the best interest of the camp or campers. Under these circumstances, no refund will be given.
- 4) I understand that part of the camp experience involves activities and interactions that may be new to my child. New experiences come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by camp rules. My child and I both agree that he/she is familiar with these rules and will obey them.
- 5) If a camper should leave before the end of their enrolled session for any reason, except illness or injury, the camp will pro-rate the amount toward next year's fee. There will be no refund if a child needs to be removed from camp due to inappropriate behavior.
- 6) Late pick-ups: 3:00-4:00 PM – an additional \$25 fee, 4:00-5:00 PM is a \$50.00 fee daily.

### Processing of Application

I hereby apply to enroll the following child to Foundations of Friendship at Mount Saint John, 135 Kirtland Street, Deep River, CT 06417. The appropriate deposit/amount is required on the terms above to process the application and to reserve the desired session(s). Full day sessions are \$450 and half-day sessions are \$300.

METHOD OF PAYMENT \_\_\_\_\_ Check made payable to Mount Saint John Inc. \_\_\_\_\_ Cash  
\$\_\_\_\_\_ .00

Billing Address if different than campers: \_\_\_\_\_

I understand and agree to all the conditions and have reviewed these conditions with the student attending camp.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
date



## 2018 Foundations of Friendship Pick Up Authorization Form

Camper Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

I authorize the following responsible adults to pick up my child from Foundations of Friendship at Mount Saint John.

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

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

Foundations of Friendship at Mount Saint John

135 Kirtland Street

Deep River, CT 06417

(860) 343-1300