



SCAMPER CAMP REGISTRATION 2017

CAMPER'S NAME: _____ **NICKNAME** _____

Birth date: _____ Grade in School next Fall: _____

PARENT INFORMATION:

Parent/Guardian #1 Name: _____

Winter Mailing Address: _____

Summer Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

Parent/Guardian #2 Name: _____

Winter Mailing Address: _____

Summer Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

PERSONS PERMITTED TO REMOVE CHILD FROM CAMP:

Name: _____ Phone: _____

Name: _____ Phone: _____

Camp MUST be notified when regular pick-up will vary.

EMERGENCY CONTACTS: (Someone within ½ hour drive of Harbor House who is willing to pick up your child if he or she becomes ill during camp and we are unable to reach you.)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

PARENT EMPLOYMENT INFORMATION:

Parent/Guardian #1 Employer: _____ Phone: _____

Address: _____

Parent/Guardian #2 Employer: _____ Phone: _____

Address: _____

SPECIAL CUSTODY ARRANGEMENTS of which we should be aware:

CHILD'S PHYSICIAN: _____ Phone: _____

CHILD'S DENTIST: _____ Phone: _____

LIST ANY ALLERGIES: _____

LIST ANY MEDICATIONS: _____

PLEASE CIRCLE: This child can / cannot swim

Scamper Campers: PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD TO THIS FORM.

ADDITIONAL INFORMATION ABOUT YOUR CHILD:

Please explain any factors concerning your child's health or behavior that the staff should know in order to provide the best possible care for your child. Include illnesses, allergies, fears, developmental concerns, etc.

CAMPER NAME: _____

MEDICAL RELEASE: In the event of a medical emergency when I cannot be contacted, I hereby give my consent for Harbor House staff to obtain whatever medical treatment may be necessary for my child

I give authorization for the above-named child to receive treatment in any hospital emergency department, and I hereby hold Harbor House, its staff and assigns harmless from any incident that may arise from my child's participation in any Harbor House Program.

PHOTO RELEASE: I do ___ do not ___ give my permission for photographs of my child participating in camp activities to be used by Harbor House for public relations and advertising purposes. Failure to check one of the above will constitute consent.

WAIVER/RELEASE: I hereby grant permission for my child listed on this registration form to participate in all camp activities with the understanding that appropriate supervision and safety practices are provided by Harbor House. I understand that Scamper Camp includes a variety of activities including, but not limited to, hiking, active games and sports, arts & crafts, nature activities, boating, wagon rides and swimming and wading in pools, lakes and the ocean. Harbor House Children's Center is a non-profit Childcare Program licensed by the State of Maine, Department of Health and Human Services and governed by the Rules for the Licensing of Childcare Facilities. Children participating in Scamper Camp will be transported by school bus.

I understand that my child's participation in these activities can expose him or her to danger both from known and unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Harbor House Inc. and its trustees, officers, agents, employees and volunteers from any and all claims for liability for personal injury or property damage my child may suffer while participating in summer camp activities. I specifically agree to release and hereby release Harbor House Inc. and its trustees, officers, agents, employees and volunteers from any negligence.

I understand that the substantive laws of the State of Maine govern this Document and other aspects of my relationship with Harbor House Community Service Center and that any mediation, suit or other proceeding must be filed or entered into only in Maine.

In signing this waiver I hereby declare my child to be physically sound and able to participate in all aspects of Harbor House Summer Camps.

Parent Signature: _____ Date: _____

Please circle the weeks your child will be attending Scamper Camp

WK 1 WK2 WK3 WK4 WK5 WK6 WK7 WK8 WK9

T-SHIRTS Circle size: 4T, Youth XS, S, M Quantity_____
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SCAMPER CAMP 2017

CAMPER: _____

PARENT: _____

ADDRESS: _____

PREFERRED PHONE: _____ EMAIL: _____

DEPOSITS/FEES: A non-refundable registration fee of \$25.00 for Scamper Camp must be included for each week for which you wish to register your child. Cancellation of a week of camp must be received in writing at least 2 weeks prior to the cancelled week in order to avoid being charged the final balance amount. A \$25 fee will be charged for any checks returned due to insufficient funds.

PAYMENT: Balance of payment for a week of camp must be received by Harbor House two (2) weeks prior to the start of that week of camp. Failure to adhere to this policy may result in loss of deposit and/or loss of the camper's reservation for the week. Requests for exception to this policy must be submitted in writing to the camp director and will be considered in consultation with the Business Manager.

STATE ASSISTANCE BEING RECEIVED FOR CHILDCARE:

Name of agency _____

Name of caseworker or contact person _____

RATES: Year-Round Resident \$185.00 (\$170.00 camp rate plus \$15.00 activity fee), Non-Resident \$225.00

AMOUNT DUE

WK 1 June 19-23 _____

WK 2 June 26-30 _____

WK 3 July 3-7 _____

WK 4 July 10-14 _____

WK 5 July 17-21 _____

WK 6 July 24-28 _____

WK 7 July 31-August 4 _____

WK 8 August 7-11 _____

WK 9 August 14-18 _____

TOTAL FOR T-SHIRTS _____

TOTAL DUE FOR CAMP & SHIRTS _____

MINUS DEPOSIT (# weeks X \$25.00) _____

REMAINING BALANCE DUE _____

T-SHIRTS:
Each Camper must have at least one camp T-shirt.
T-shirts must be worn for all field trips.
\$8.00 EACH
Sizes 4T, Youth XS, S, M
SIZE _____ QUANTITY _____

REGISTRATION: Your child's space will be held once your registration form and deposit have been received. Registration forms with deposits can be dropped off at the Harbor House Office at 38 Herrick Road or 329 Main Street, faxed with credit card information to (207)244-9569 or mailed to: Harbor House Community Service Center, P.O. Box 836, Southwest Harbor, Maine, 04679. Please write your child's name on the memo line of your check. We accept Master Card, VISA, American Express and Discover.