



CAMPER REGISTRATION FORM

Summer 2010

Please complete a separate form for each camper:

Camper's Name:			
Please circle all weeks attending Camp Jewel: ¹ 6/28-7/2 ♦ ² 7/5-7/9 ♦ ³ 7/12-7/16 ♦ ⁴ 7/19-7/23 ♦ ⁵ 7/26-7/30 ♦ ⁶ 8/2-8/5			
Birthday:		Age:	Grade Entering:
Home Address:			
Home Phone:			
Parent/Legal Guardian:	1.	Cell #:	Work #:
	2.	Cell #:	Work #:
Father's Email:		Mother's Email:	
Emergency contacts:	1.	Phone #:	Cell #:
	2.	Phone #:	Cell #:
Physician's Name:		Phone #:	
Dentist's Name:		Phone #:	
Allergies or Other Health Concerns:			
Are parents <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced? Does one parent have custody? If yes, which one? _____ Is any relative NOT permitted to pick up child from camp? _____			
Other Information which may be helpful regarding your child and/or family situation:			
<input type="checkbox"/> I hereby authorize the supervising person present to grant approval to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary. <input type="checkbox"/> I hereby release Camp JEWEL and all the people associated with this program from any liability whether joint or several for injury and/or damages arising out of/ or as a result of any child's participation in this program.			
Parent/Legal Guardian Signature: _____			



Payment Information

Please complete one form per family

Family Name: _____

Camper 1: _____ # of weeks attending: _____

Camper 2: _____ # of weeks attending: _____

Camper 3: _____ # of weeks attending: _____

Camper 4: _____ # of weeks attending: _____

Camper 5: _____ # of weeks attending: _____

Total # of weeks: _____ @ \$140/week: \$ _____

*Sibling Discount – deduct 10% if more than one than one child enrolled: \$ _____

Total Due: \$ _____

____ Enclosed is check cash for full amount.

____ Enclosed is check cash for \$ _____. The balance will be paid by _____.

____ Enclosed is payment for the first week. A payment will be made at the beginning of each week of camp.

Parent/Legal Guardian Signature: _____

Please make checks payable to Camp JEWEL and mail with registration form to:

**Camp JEWEL
POB 798
Olney, MD 20832**

????Questions????

**Call the Camp JEWEL office at
301-260-1378
or email campjewel@betterfamily.org**

Camp JEWEL

CAMPER HEALTH HISTORY

Child's Name (separate form required for each child) _____

The following information is required for a camper to be admitted to day camp.

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month/year) of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school, public or private?

? YES, provide name of Maryland school:

? NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

? YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

? NO

CONTACT INFORMATION

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

HEALTH INFORMATION

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive (use reverse side if additional space is required).

Parent's or Legal Guardian's Signature: _____ Date: _____