



# CAMPER REGISTRATION FORM

Summer 2011

Please complete a separate form for each camper:

Camper's Name:						
Please circle all weeks attending Camp Jewel:    1                    2                    3                    4                    5                    6						
6/27-7/1 ♦ 7/4-7/8 ♦ 7/11-7/15 ♦ 7/18-7/22 ♦ 7/25-7/29 ♦ 8/1-8/4						
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: \_\_\_\_\_ @ \$165/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](mailto: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](http://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](http://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).

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Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_