

Harbor Light Summer Adventures



**2017
Registration
&
Parent/Camper
Welcome Packet**

Hello Parents and Campers!!!

Everyone here at Harbor Light Summer Adventures is working hard preparing for what should prove to be another exciting summer!!! We have put this packet together to inform you on our policies and give you information about what our campers will need on a daily basis.

We have also included required forms that need to be completed before your child's first day of camp.

Harbor Light has water activities planned every day. It is our suggestion campers wear their swimwear to camp and bring a change of clothes to wear after their water activities.

Please let us know if you have any questions or concerns.

Thank you and we'll see you all soon!!!

Looking forward to the adventure,

Harbor Light Staff

Harbor Light Will Need the Following Items Before Camp Begins:

Registration Form	Allergy Form
Signed "Terms and Conditions"	Alternate Pick-Up (if applicable)
Field Trip Permission (if applicable)	A Letter To My Counselor
Photo Release	Release and Waiver
Non-Prescription Form (sunscreen)	Physical- Within 3 years
Medication Form (if applicable)	Payment

Please Return Application and Payments to:

Harbor Light Foundation, Inc.
2505 Black Rock Turnpike
2nd Floor
Fairfield, CT 06825

2017 Harbor Light Summer Adventures

Camper 1

(Please Print) () Boy () Girl

Camper's Last Name _____ Camper's First Name: _____

Camper's Birth Date ____/____/____ Camper Age While at Camp: _____

Entering Grade as of September 2017 _____ School: _____

Does the child have an Individualized Education Plan (IEP) or 504? () Yes () No

Camper's Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Tel: () _____ - _____ Camper T-Shirt Size _____

Camper 2*

(Please Print) () Boy () Girl

Camper's Last Name _____ Camper's First Name: _____

Camper's Birth Date ____/____/____ Camper Age While at Camp: _____

Entering Grade as of September 2017 _____ School: _____

Does the child have an Individualized Education Plan (IEP) or 504? () Yes () No

Camper T-Shirt Size _____

Camper's Mailing Address (if different from above):

Street: _____

City: _____ State: _____ Zip Code: _____

Tel: () _____ - _____

Are there are campers that you would like to have your children paired up with?

*There is a 25% discount for each additional sibling with one full-paid tuition.

Parent Information

ALL CAMP MAILINGS WILL BE E-MAILED TO YOUR LISTED E-MAIL ADDRESS UNLESS ALTERNATIVE ARRANGEMENTS ARE REQUESTED

Parent's Last: _____ Parent's First: _____

Tel: () _____

Mailing Address (If different from Camper)

Street _____

City/State: _____ Zip Code: _____

Email Address:

Parent/Guardian: _____@_____

Parent's Last: _____ Parent's First: _____

Tel: () _____

Mailing Address (If different from Camper)

Street _____

City/State: _____ Zip Code: _____

Email Address:

Parent/Guardian: _____@_____

Where did you hear about us (please check all that apply):

Internet search		Newspaper article	
Referral...By whom?		Other (please include)	

Tuition Rates

Tuition includes all materials and a Camp Harbor Light T- Shirt.
There is a \$50 deposit required for each session.

Session		Dates	9am - 2pm	9am - 4pm
1	<i>Culinary Creations</i>	July 3 rd - July 7 th	\$235	\$295
2	<i>Wipe Out!</i>	July 10 th - July 14 th	\$290	\$365
3	<i>Mad Science</i>	July 17 th - July 21 st	\$290	\$365
4	<i>Carnival</i>	July 24 th - July 28 th	\$290	\$365
5	<i>Spirit Week</i>	July 31 st - August 4 th	\$290	\$365
6	<i>Survivor</i>	August 7 th - August 11 th	\$290	\$365
7	<i>All Ball</i>	August 14 th - August 18 th	\$290	\$365
Full Summer			\$1,850	\$2,400

Payment Information

Camper Name 1: _____ Camper Name 2: _____

Please Circle Each Session

Please Circle Each Session

Session(s)	1	2	3	4	5	6	7		Session(s)	1	2	3	4	5	6	7
Tuition Rate									Tuition Rate							
Field Trip (\$10 per week)									Field Trip (\$10 per week)							
Total									Total							

Please enclose a check payable to Harbor Light Foundation, Inc. for either the full tuition or a \$50 deposit for each session. For example, if you enroll for 3 weeks of camp, a \$150 deposit will be required.

A current physical (within 3 years) is required for each camper. Please enclose a copy with your registration.

Terms and Conditions

(please keep a copy for you records)

Acceptance Policy

- By submitting an application on behalf of a child, each parent and/ or guardian signing the application accepts and agrees to comply with all Camp rules and regulations.
- Applications will be accepted as a first come first serve basis, as determined by the date a completed application is received at the Camp Harbor Light office. Applications that do not include the required deposit (\$50 per session) are not considered complete.
- Registration of a camper is not complete until full tuition is paid. This must be done no later than June 9th, 2017. If full payment is not received by June 9th, 2017, the camper's space can be forfeited.
- All deposits and tuition are non-refundable after June 9th, 2017.
- When an application and deposit for enrollment is accepted by Harbor Light Foundation, a place is reserved for the child. If for any reason enrollment is cancelled by a parent/guardian there will be a \$50 Administration fee charged per refund request.

Insurance

- The full terms of insurance coverage (including exclusions from coverage) may be obtained from the Harbor Light Summer Adventures business office at 2505 Black Rock Turnpike, 2nd Floor, Fairfield, CT, 06825 or during the summer at the camp location.

Personal Belongings

- While every effort is made to safeguard a camper's personal belonging, including but not limited to, clothing and equipment, Harbor Light Summer Adventures is not responsible for the loss, damages or theft of a camper's personal belongings while a camper attends camp. It is highly recommended that each camper have their name on their belongings.

Tuition

- Tuition includes all activities and materials while at Harbor Light as well as a t- shirt (excluding field trips).
- All tuition and fee payments must be completed by June 9th, 2017.
- During camp, no refunds will be given for late arrivals, dismissal or withdrawal of a camper.

I agree to all Terms & Conditions and wish to enroll my child(ren) in Harbor Light Summer Adventures for the 2017 summer camp season.

X _____
Parent Signature

Trip Permission Slip

Depending on your child's session, campers who are entering first grade and older will have the opportunity to enjoy a few special day trips. A local school bus company will transport campers. When campers travel outside of camp, their primary counselors as well as other staff members will supervise.

If you choose not to give permission, your child will be placed with another group during the time period of the trip.

I give permission for my child(ren) _____ to participate in field trips away from Harbor Light Summer Adventures during the following weeks:

1 2 3 4 5 6 7 (please circle all weeks that your child(ren) will be participating in field trips)

Field trips cost an additional \$10 per child. Please include payment with your tuition.

X _____

Parent's Signature and Date

Photo Permission Slip

I give my permission for photos of my child(ren) _____ taken during the 2017 camp season to be used by Harbor Light Summer Adventures for our website galleries and or publications.

Please note that any photo used on our website or brochures will not have your child's name on it.

X _____

Parent Signature and Date

The camp is located at the First Presbyterian Church 2475 Easton Turnpike Fairfield, CT 06825

Directions from points north:

1. CT-15 S/Merritt Parkway toward NY
1. Take Exit 46 toward CT-59/Fairfield/Easton
2. Turn Right onto Congress Street
3. Turn Right onto CT-59/Easton Turnpike
4. End at 2475 Easton Turnpike on RIGHT

Direction from points south:

1. Merge onto CT-15 N/Merritt Parkway
1. Take exit 46 toward CT-59/Fairfield/Easton
2. Turn Right onto Jefferson Street
3. Turn Left onto Easton Turnpike/CT-59
4. End at 2574 Easton Turnpike on RIGHT

Drop-off/Pick-up Information

Drop Off (9:00 am)

Follow the entrance driveway around the church to the rear;

Pass the playground and continue to door 7;

There will be a staff member at door 7 to guide campers into the building.

Our staff will not be able to supervise children before 9:00 due to morning prep work. Thanks for understanding.

Pick-Up (2:00 pm or 4:00 pm)

2:00 pick-up is on the lawn next to "The Mighty Oak" which is located around the corner from door 7.

4:00 pick-up- Pull up to the curb in front of door 7

A staff member will bring campers to the car.

If your child is going to be late or absent, please call (203) 365-0556 to inform us.

Daily Checklist

- Brown bag lunch
- Swimsuit
- Sunscreen (non-prescription form **MUST** be completed)
- Snack (one snack for 9-2, two snacks for 9-4) Please pack snacks separately.
- Appropriate shoes (flip flops and "Crocs" are not recommended but can be sent in bags for water play)
- Towel
- Change of clothes

Many children wear their bathing suits to camp in the morning and change into dry clothes after water play.

Please do not send in toys from home or electronics as they re not permitted at camp.

**PARENT/GUARDIAN (Physician signature not required) AUTHORIZATION FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS (i.e. sunscreen, bug spray, etc.) BY CHILD CARE
PERSONNEL**

To Childcare Medical Director:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the summer camp. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration. This authorization is limited to the following topical medications: **One form is required for each medication.**

1. Non-prescription medication powders.
2. Non-prescription insect repellents.
3. Non-prescription sunscreen free of amino benzoic acid (PABA) or its derivatives.

Name of Child: _____ Date of Birth: _____

Address: _____

Medication: Name, Method of administration, area of application _____

Schedule of administration: _____

Medication shall be administered from _____ to _____
Date Date

Reason for which medication is being administered _____

I have administered at least one application of the above medication to my child without adverse side effects.

Printed Name of Parent/Guardian _____ Date _____

Parent/Guardian Signature _____ Relationship _____

Address _____

Telephone: Home _____ Work _____

Cell _____

Authorization for the Administration of Medication by Youth Camp Personnel

In Connecticut Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. **Please note:** Harbor Light Summer Adventures does not have professional medical staff on it's premises. As required by state regulation, we do have a camp physician that oversees our medical program. Therefore, non-medical staff who are trained in first aid, CPR, and the administration of medications will be responsible for the treatment of minor injuries and the administration of medications while the children are at camp. Designated non-medical school personnel are trained in accordance to Connecticut Department of Health requirements. Medications given by non-medical personnel must be accompanied by a current physician's order which will remain on file during the entire time that the camper is present. Prescription medications are only administered as directed by this form and all instances are recorded.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____
Address of Child/Student _____ Town _____
Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO
Condition for which drug is being administered: _____
Specific Instructions for Medication Administration _____
Dosage _____ Method/Route _____
Time of Administration _____ If PRN, frequency _____
Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____
Relevant Side Effects of Medication _____ None Expected
Explain any allergies, reaction to/negative interaction with food or drugs _____
Plan of Management for Side Effects _____
Prescriber's Name/Title _____ Phone Number (____) _____
Prescriber's Address _____ Town _____
Prescriber's Signature _____ Date ____/____/____
School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication.
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____
Parent /Guardian's Address _____ Town _____ State _____
Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES or NO _____

Signature _____ Date _____

Parent/Guardian authorization for self-administration: YES or NO _____

Signature _____ Date _____

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____
Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

ALLERGIES/MEDICAL CONDITIONS

CAMPER NAME: _____

DATE: _____

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS/ALLERGIES:

STEPS TAKEN TO TREAT THESE ALLERGIES/CONDITIONS:

PLEASE NOTE ANY ADDITIONAL IMPORTANT INFORMATION:

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR ALTERNATE PICK UP/DROP OFF

NAME OF CAMPER: _____

DATE(S) OF ALTERNATE PICK UP*: _____

*If your alternative pick-up will be allowed to pick up your camper throughout all of Harbor Light Summer Adventures 2013, simply list "ALL" as the dates of pick up.

ALTERNATE PERSON(S): _____

As the parent or legal guardian of the above camper, I authorize the alternate person listed above to pick up the camper listed above in my place. I understand that Harbor Light Summer Adventures will request verification of the alternate person through a valid photo ID. I understand that this agreement is valid ONLY on the date(s) listed above. Any further alternate arrangements will need to be made individually.

X _____
Signature of Parent/Legal Guardian Date

A Letter To My Counselor

Dear Counselor,

My name is _____

My friends call me _____

I would describe myself as

(circle those that are most like you and add any others that you wish)

Quiet Noisy Shy Out-going Athletic Artistic

I am going to camp because_____

I hope to be able to do the following things at camp:_____

During my free time, I like to: _____

My best friends are people who are: _____

I am afraid of_____

Returning Campers Only:

This is my _____ year at Harbor Light Summer Adventures.

New Campers Only:

This is my first year at camp and I am concerned about the following:_____

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the **Harbor Light Foundation, Inc. Summer Adventures** program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below **Harbor Light Foundation, Inc. Summer Adventures** program, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in **Harbor Light Foundation, Inc. Summer Adventures** which could result in bodily injury partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the **Harbor Light Foundation, Inc. Summer Adventures** facilities which is used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the **Harbor Light Foundation, Inc. Summer Adventures**, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the **Harbor Light Foundation, Inc. Summer Adventures** facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that

INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian Signature _____

Printed Name of Participant: _____

Received by (HLF Staff): _____

On File Date: _____

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number