

2023 CAMP CHRIST LUTHERAN

Camp Enrollment form: For children ages 5-9

Camper Name (Last, First)

Camper Date of Birth

Parent Name (Last, First)

Address (Street, City, State, Zip)

Email

Phone Number

Program Selection

*Please select the weeks you are interested in enrolling your child. Please note that a minimum of three days is required for enrollment in any week. You must choose the same three days each week.
Please circle the days of the week that you are interested in having your child enrolled.*

Week	Days
<input type="checkbox"/> All Weeks	ALL M, W, F or T, TH
<input type="checkbox"/> Week 1: 6/19-6/23 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 2: 6/26-6/30 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 3: 7/3-7/7 (closed July 4 th) TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 4: 7/10-7/14 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 5: 7/17-7/21 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 6: 7/24-7/28 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 7: 7/30-8/4 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 8: 8/7-8/11 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 9: 8/14-8/18 TBD	ALL M, W, F or T, TH
<input type="checkbox"/> Week 10: 8/21-8/25 TBD	ALL M, W, F or T, TH

***Field trips will be contingent on Covid Safety Protocols**

*Each fulltime child is given 2 camp t-shirts; part time 2-3 days will receive 1 t-shirt. Additional camp shirts can be purchased for \$8. Please select size and quantity below;

Youth: (M) (L) (XL) Adult: (S) (M) (L) # of Shirts: _____

2023 Camp Tuition Rates



\$300.00 Tuition, full time, 4 – 5 days / week.

\$195 per week for Mon, Wed, Fri.

\$140 per week for Tues. & Thurs

Camp Tuition includes:

1 Camp t shirt (for 2 or 3 day enrollment) 2 Camp t shirts (for 4-5 day enrollment)

Security deposit is required at time of enrollment to secure your child's position. Tuition is due for the week of attendance on Wednesday of that week. Any payment after Wednesday will be charged a \$25 late fee. The security deposit will be applied to your child's last week tuition. Tuition payments can be made via check, cash or through Brightwheels, to set up online payments please go to your account on Brightwheels.

**All camp cancellations must be submitted in writing.
Cancellations received with less than a 2-week notice are non-refundable.**

**Download your free Brightwheels app,
available on Apple and Android devices.**

<https://mybrightwheel.com>

Camper Name: _____

Family Contact Information		Parent 1:	
First Name	Last Name		
Home Phone	Work Phone	Cell Phone	
Home Street Address	Home City, State, Zip		
Workplace	Work Street Address		
E-Mail	Work City, State, Zip		

Family Contact Information		Parent 2:	
First Name	Last Name		
Home Phone	Work Phone	Cell Phone	
Home Street Address	Home City, State, Zip		
Workplace	Work Street Address		
E-Mail	Work City, State, Zip		

<u>Additional Emergency Contacts</u>	
In the event that the charge parent(s) of record listed above cannot be reached in the case of an emergency, the contacts listed below will be contacted in the order listed.	
Name of Contact # 1:	Relationship to Child:
Home Phone:	Home Address:
Work Phone:	Employer:
Cell Phone:	Work Address:
Name of Contact # 2:	Relationship to Child:
Home Phone:	Home Address:
Work Phone:	Employer:
Cell Phone:	Work Address:

The below listed persons are authorized to pick-up and transport my child.		
Name	Relationship	Phone
1.		
2.		
3.		
4.		
5.		
6.		

Camper Name: _____

Medical Information	
Known Allergies:	Suspected Allergies:
Chronic Illness:	Known Drug Intolerances:
Medications Child is Taking:	Medical Conditions of Child:
Insurance Carrier:	
Group Number:	Policy Number:
Child's Primary Physician:	
Office Address:	Phone Number:
Child's Dentist:	
Office Address:	Phone Number:
In case of a medical emergency, I give permission for my child to be transported by ambulance to a local hospital. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital Preference: _____	

Special Instructions:

PHOTOGRAPHY

Please read the following and sign below:

I understand that all photos and video taken at Camp Christ Lutheran may be used for promotional material, which includes: press releases, Camp Christ Lutheran Newsletter, posting to CLC/CLECC Facebook page.

Parent Signature: _____ Date: _____

Camper Name: _____

SUN BLOCK PERMISSION

Please check the following box, fill out the necessary information, and sign the appropriate area.

YES I understand and agree with the following: I am responsible for applying sunscreen to my camper before sending them to camp. I will supply my camper with sunblock in the original container labeled with their first and last name. My child will apply sunscreen throughout the day or as directed. If needed a staff member will be available to help my camper apply sunscreen. If my camper does not bring sunscreen, they may be required to remain in a shaded area for the day.

Parent Signature: _____ Date: _____

Camper Name: _____

If needed, please ask for:

Non-Prescription Topical Medication Form

Prescription Medication Form (*All forms need to be handed in 1 week prior to start date)

Epi Pen Form (*All forms need to be handed in 1 week prior to start date*)



Connecticut Early Childhood Health Assessment Record



To parent or Guardian:

In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse, a physician assistant or the school medical advisor prior to entering childhood programs in Connecticut.

Please Print

Name of Child (Last, First, Middle)	Social Security No.	Birth Date	Sex
Street Address	Home Telephone Number		
Town and Zip Code	Early Childhood Program	Program Number	
Parent/Guardian (Last, First, Middle)	Home Telephone Number	Work Telephone Number	
Medicaid Number*	Health Insurance Company/Number*		

*If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

Part I – To be completed by parent

**Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.**

Please check answers to the following questions in columns on the left.
(Explain all "yes" answers in the space provided below)

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's development or behavior? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies (food, insects, medication, etc.)? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any hospitalization, operation, or major illness (specify problem)? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any significant injury or accident (specify problem)? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is your child receiving any special services? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any other specific illness or problem? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the childcare provider or health consultant? |

(Please explain any "yes" answers here. For illness/injuries/etc., include the year and/or your child's age at the time.)

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

Signature of Parent/Guardian
To be maintained in Child's Health Record

Date

Part II – Health Evaluation

To the Health Care Provider: Please complete all sections and sign. Explain any screenings required by age but not conducted.

Has had a complete history and physical exam on _____

Child's Name _____

Birth Date _____

Month/Day/Year _____

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CARE, SPECIAL DIET, AND EMERGENCIES:					NONE <input type="checkbox"/>	
ALLERGIES TO FOOD, MEDICINE, OR INSECTS:					NONE <input type="checkbox"/>	
LENGTH/HEIGHT		WEIGHT		HEAD CIRCUMFERENCE		BLOODPRESSURE
IN/CM	%ILE	LB/KG	%ILE	IN/CM	%ILE	/
PHYSICAL EXAMINATION		NORMAL		ABNORMAL COMMENTS		
HEAD / EARS / EYES / NOSE / THROAT						
TEETH						
CARDIORESPIRATORY						
ABDOMEN / GI						
GENITALIA / BREASTS						
EXTREMITIES / JOINTS / BACK / CHEST						
SKIN / LYMPH NODES						
NEUROLOGIC / TONE						
DEVELOPMENT						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTP/DtaP						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						
Disease Hx of above or contagious disease				Exemption		
(specify)		(date)		(confirmed by)		Religious:
						Medical:
						Permanent:
						Temporary:
						Date:
VISION (Type of Screening _____) ²	RESULTS	DATE	ABNORMALITIES			
HEARING (Type of Screening _____) ³						
LEAD ⁴						
ANEMIA (HGB/HCT) ⁴						
URINALYSIS (UA) ⁵						
TB (Risk? Yes/No) ⁵						
DEVELOPMENTAL ASSESSMENT ⁶						
DATE OF LAST DENTIST'S EXAMINATION ⁷						

Minimum requirements: ¹Up to 2 years; ²annual at 3 years; ³annual at 4 years; ⁴9-12 months; ⁵as needed; ⁶each visit through 5 yrs.; ⁷annual 2-3 years

Prior to public school entry: Same as above and Hgb/hct

This child has the following conditions which may affect the educational experience:

- Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior

Re: Licensing: Does this child have a medical or emotional illness/disorder that now poses a risk to other children or affects the child's ability to participate safely in the program? Yes No

This child has a health condition which may require emergency action at school, e.g., seizures, allergies, asthma. *Specify below.*

The child is on long-term or emergency medication. *Specify below.*

Comments and recommendations (attach additional sheet if necessary): _____

This child may participate fully in the early childhood program.

This child may participate in the early childhood program with the following restriction/adaptation: *(Specify reason and restriction)*

Yes No Based on this comprehensive health history and physical examination, this child has maintained his/her level of wellness.

I would like to discuss information in this report with the early childhood provider and/or health consultant/coordinator.

Signature of Health Care Provider MD/DO		Name (please type or print)		Phone number	
		NP PA			
Address:				Next Appointment: (Mo/Yr): Next Appointment for Immunization: (Mo/Yr):	

Child's Name: _____

CAMP CHRIST LUTHERAN DISCIPLINE AGREEMENT

CCL is committed to creating an environment where campers can thrive while feeling safe, loved and nurtured. This commitment is reflected in the guidelines below. Positive guidance encompasses all the actions taken by staff to develop self-fulfilling, productive and socially acceptable behaviors in children. Adults should view discipline as an important aspect of teaching and learning but accept children as they are. Development is viewed as a growth process, with each age and stage having its own characteristics, its own challenges and needs. The following standards have been developed to create a caring environment that teaches children to behave in responsible ways and to feel good about themselves.

- Set developmentally appropriate expectations for camper's behavior.
- Create a trusting environment that encourages positive behaviors.
- Model appropriate behavior and language.
- Encourage camper's efforts to build confidence.
- Give campers choices to turn unsatisfactory situations into constructive ones.
- Use natural and logical consequences to motivate and empower children to make responsible choices about their behavior.
- Encourage behaviors such as sharing, cooperating, helping, negotiating and problem solving.

BEHAVIOR GUIDELINES AND DISCIPLINE PROCEDURES FOR UNACCEPTABLE BEHAVIORS

Campers are expected to display appropriate and respectful behaviors at all times. To assure the maximum enjoyment of Camp Christ Lutheran by all participants, all campers are expected to: Be polite, courteous and respectful to all campers, staff and nature at all times. Refrain from causing harm to self, fellow campers and staff. Use equipment, supplies and facilities properly. Stay with the group. And follow directions the first time they are given.

When a camper does not follow the behavior guidelines, the following steps will be taken:

1. Verbal Warning
2. Redirection of the camper
3. Loss of privileges such as Field Trips, Special Visitors, Swimming and camp activities (if field trip or swimming is lost, parents are responsible for finding alternate care.)
4. Parental involvement with the possibility of being sent home early
5. If a problem persists and the camper continues to disrupt the camp program, expulsion may be the ultimate and final decision. Refunds will not be issued in the event of expulsion.

Depending on the intensity of the offense, the parents will be informed of poor behavior by a verbal report of actions that took place and/or a note will be sent home.

Examples of unacceptable behavior:

- Use of inappropriate language
- Refusing to follow behavior guideline or camp rules
- Refusal to participate in activities or cooperate with staff
- Endangering the health and safety of self, other campers and/or staff
- Teasing, making fun or bullying other campers
- Fighting of any kind
- Disrupting the program

Parent Name

Parent Signature

Date



CAMP CHRIST LUTHERAN CONTRACT

I have read, understand, and agree with the policies stated in the Camp Christ Lutheran Handbook and have discussed these expectations with my child(ren).

Parent/Guardian Signature: _____

Child Signature: _____

Date: _____

We are a summer camp!! Be prepared for your child to have fun, this entails getting dirty, wet, and hopefully exhausted. If your child attends camp they will be expected to participate in ALL activities so, please plan accordingly. This means extra clothes, boots (old or waterproof shoes) if it is expected to rain and dress appropriately for outdoor play.