



Summer Camp 2018

The Neighborhood House
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theneighborhoodhouse.com
f i t v

CAMPER INFORMATION

Camper's Name:

Nickname:

Age as of 6/25/18:

Grade Entering in Fall '18:

Sex: M F

Permanent Mailing Address:

City:

State:

Zip:

Phone:

Camper Lives with:

Both Parents

Joint Custody

Mother

Father

Other

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

Relationship to Camper:

Permanent Mailing Address:

City:

State:

Zip:

Phone:

Employer:

Work Phone:

Mobile Phone:

Email:

Parent/Guardian #2:

Relationship to Camper:

Permanent Mailing Address:

City:

State:

Zip:

Phone:

Employer:

Work Phone:

Mobile Phone:

Email:

SEASONAL CAMPER INFORMATION (if different from above)

Summer Mailing Address:

City:

State:

Zip:

Phone:

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Emergency Contact #1:

Relationship to Camper:

Home Phone:

Work Phone:

Mobile Phone:

Emergency Contact #2:

Relationship to Camper:

Home Phone:

Work Phone:

Mobile Phone:

BASIC HEALTH INFORMATION & MEDICAL WAIVER

Are there any health issues, including but not limited to allergies, developmental issues, behavioral issues, or other concerns we should be aware of?

Yes No

If you checked "Yes," please explain (feel free to attach another sheet or contact us):

If your camper requires medication during the day, you must contact us prior to the start of camp. Please submit a signed note listing the medication, dispensation procedure, and any special handling requirements, etc. By doing so, you are granting permission for staff members to administer the medication.

Note: We assume all children enrolled in Maine public schools have received required immunizations. If your child is not enrolled in such a school you must provide an immunization record from their physician prior to their first day of participation. If you chose not to have your child vaccinated, a signed letter stating the reason(s) why is required.

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for the staff of The Neighborhood house to obtain whatever medical or emergency treatment they consider necessary. This authorization includes my consent for the child named to receive treatment by a physician or other medical or emergency personnel, and to oversee the transport of the child to a medical or emergency facility. I hereby give my authorization for emergency and/or medical treatments as outlined above.

Signature:

Date:

ADDITIONAL WAIVERS & RELEASES

General Waiver: I hereby grant permission for my child to participate in all day camp activities run, organized, or supported by The Neighborhood House. I understand camp activities involve active games, off site field trips, outdoor activities such as swimming, hiking, sailing, along with transportation on a bus. I understand participation in these activities, as well as those camp activities not listed, may expose my child to known and unknown danger, as well as unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless The Neighborhood House, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may incur as a result of participation.

Signature:

Date:

Photo Release: I grant Neighborhood House permission to use photographic images and/or video of my child during their participation in camp related activities and The Neighborhood House events to be included with promotional and publicity efforts. I understand that Neighborhood House will not associate any identifying information (last name) with said photographs and/or videos (If you do not grant permission do not check box and/or sign below).

Yes

Signature:

Date:

TRANSPORTATION INFORMATION

Note: It is assumed that the individuals listed on this form under Parent/Guardian and Emergency Contacts have permission to pick your child up from camp. If other individuals will be picking your child up, please provide us with their name and relationship to your camper.

Camper will be picked up / dropped off

Camper will Ride Bus

Camper will Walk

PAYMENT INFORMATION

Name of Person Responsible for Payment:

Mailing Address:

City:

State:

Zip:

Phone:

Note: All payments, whether at full or reduced rate (see below) must be made in a timely and consistent manner. Failure to do so or to respond to communication attempts from The Neighborhood House regarding payment may jeopardize future program enrollment or assistance.

Signature:

Date:

"CAMPERSHIP" ASSISTANCE PROGRAM

Our goal is to have every child who wants to participate in our summer camp program be able to do so, regardless of one's financial situation. Our volunteer Board of Directors works very hard throughout the year to raise funds for this cause, and assistance will be granted based on the following:

- Any registration form requesting a campership must be received by June 1, 2018
- Non-Residents (of the Town of Mt. Desert) are asked not to request a fee reduction of more than 25%
- Requests will be reviewed and kept confidential by the Neighborhood House Program Committee.

The full amount does not fit our family's budget at this time...

I agree to pay \$ _____ per Day _____ Week _____ Signature: _____

SEND A CHILD TO CAMP

The Board of Directors and staff of The Neighborhood House want to make sure that every child in our community who would like to attend camp is able to do so, regardless of financial need. Our weekly fee, while at or below the level charged by similar programs, only covers a portion of the actual cost of a child attending camp. For many families, this amount still does not fit into their budget. If you are able, we strongly encourage you to show a vote of confidence in this important program, and help make sure it is available to every child in our community.

Yes, I would like to sponsor a camper for:

One Day (\$50)

One Week (\$190)

Two Weeks (\$380)

Full Summer (\$1,520)

FIRST PAYMENT

Payment for your child's first week of camp (see page 4), plus a \$25 registration fee must be submitted with these forms. Please fill out the following, and submit the appropriate payment (if you requested a Campership, base it on that amount).

\$25 Registration Fee + \$ for First Week of Camp = \$

Checks can be made payable to "The Neighborhood House." Payments may also be made over the phone with a credit/debit card.

ATTENDANCE

My camper will be participating in...

Scamper Camp
Ages 3 - Entering K
*must be toilet trained

Jr. Explorer Camp
Entering
Grades 1 & 2

Sr. Explorer Camp
Entering
Grades 3 & 4

Quest Club
Entering
Grades 5-8

Clearly mark ALL DAYS you would like your camper to attend.

Note: After the start of the camp, season you are financially responsible for ALL days for which you registered.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK #1	June 25	June 26	June 27	June 28	June 29
WEEK #2	July 2	July 3	 July 4- CLOSED	July 5	July 6
WEEK #3	July 9	July 10	July 11	July 12	July 13
WEEK #4	July 16	July 17	July 18	July 19	July 20
WEEK #5	July 23	July 24	July 25	July 26	July 27
WEEK #6	July 30	July 31	August 1	August 2	August 3
WEEK #7	August 6	August 7	August 8	August 9	August 10
WEEK #8	August 13	August 14	August 15	August 16	August 17

You will be mailed and/or emailed a confirmation packet prior to the start of camp. This will confirm all dates we have your child listed on our rosters. If you have any questions, please feel free to contact us.

2018 DAILY + WEEKLY RATES

Note: A "Resident" is defined as an individual who either pays property taxes in the town of Mt. Desert or rents and resides in a property in Mt. Desert year 'round. All others are considered to be "Non Residents."

	DAILY RATE		WEEKLY RATE	
	RESIDENT	NON RESIDENT	RESIDENT	NON RESIDENT
1ST CHILD	\$50	\$55	\$190	\$225
2ND CHILD	\$45	\$50	\$170	\$205
3RD CHILD	\$40	\$45	\$150	\$185
4TH CHILD	\$35	\$40	\$130	\$165

PLEASE SUBMIT THIS FULLY COMPLETED FORM ALONG WITH PAYMENT TO:

THE NEIGHBORHOOD HOUSE, P.O. BOX 332, NE HARBOR, ME 04662

* YOU MAY ALSO SUBMIT VIA EMAIL: info@theneighborhoodhouse.com

* OR VIA FAX: (207) 276-5655

**if submitted via email or fax, please call with credit card info. or submit payment via mail*