



2010 Summer Day Camp Registration

The Neighborhood House . PO Box 332 . Northeast Harbor, ME . 04662
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theneighborhoddhouse.com

**Form must be completely filled out and returned with deposit prior to your child being placed on the camp roster*

Camper Information

Camper's Name: _____ Nickname: _____ Male Female

Camper's Age (as of 6/28/10): _____ Date of Birth: ____ / ____ / ____ Grade Entering in Fall: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

How would you best describe your camper's swimming ability?

**please feel free to attach a separate page or add a note if you would like to share more info. regarding this*

Cannot Swim Hasn't Fully Learned to Swim Can Swim, But Not Strong Is a Comfortable Swimmer

Parent / Guardian Information

Parent/Guardian #1 Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Summer Address: _____ City: _____ State: ____ Zip: _____
If different from above

Email: _____ Okay to send correspondence via Email?

Employer Name: _____ Employer Phone#: _____

Parent/Guardian #2 Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Summer Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Okay to send correspondence via Email?

Employer Name: _____ Employer Phone#: _____

Emergency Contact Information

Emergency Contact #1: _____ Relationship to Camper: _____

Other than Parent/Guardian

Daytime Phone #: _____ Cell Phone #: _____

Physical Address: _____

Emergency Contact #2: _____ Relationship to Camper: _____

Other than Parent/Guardian

Daytime Phone #: _____ Cell Phone #: _____

Physical Address: _____

Basic Medical Information

Name of Camper's Primary Physician: _____ Phone#: _____

Does your Camper have any known allergies or medical conditions we should be aware of? Please list:

Please attach another sheet if there are any other issues or conditions you feel The Neighborhood House needs to be aware of...

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for staff of The Neighborhood House to obtain whatever medical or emergency treatment they consider necessary for : _____.

This authorization includes my consent for the above named child to receive treatment by a physician or other medical or emergency personnel, and to oversee the transport of the child listed above off "camp grounds" to a medical or emergency facility.

I hereby give my authorization for emergency and/or necessary medical treatments (as deemed by The Neighborhood House) as outlined above.

Signature: _____ Date: ____ / ____ / ____

**If your child is not enrolled in public school within the State of Maine, please attaché a copy of their immunization records to this form*

Transportation

Please list below the names of any adults (in addition to guardians and emergency contacts listed) who are permitted to pick up your child from camp. If your camper's typical transportation routine changes at any point, please contact The Neighborhood House main office at 276-5039.

1. Name & Relation to Camper: _____ 2. Name & Relation to Camper: _____

- Camper will be picked -up / dropped-off Camper will walk and/or ride bike to/from camp Camper will ride bus to/from camp

Note: *The Neighborhood House provides free transportation for all school-aged campers. Exact pick-up and drop-off locations and times will be published and available online prior to the start of camp. The Neighborhood House bus will be making stops in Northeast Harbor, Seal Harbor, Otter Creek, Bar Harbor, and Somesville.*

Attendance Information

	M	T	W	T	F
Week 1	6/28	6/29	6/30	7/1	7/2
Week 2	7/5	7/6	7/7	7/8	7/9
Week 3	7/12	7/13	7/14	7/15	7/16
Week 4	7/19	7/20	7/21	7/22	7/23
Week 5	7/26	7/27	7/28	7/29	7/30
Week 6	8/2	8/3	8/4	8/5	8/6
Week 7	8/9	8/10	8/11	8/12	8/13
Week 8	8/16	8/17	8/18	8/19	8/20
Week 9	8/23	8/24	8/25	no camp	no camp

← PLEASE CIRCLE ALL DAYS YOU WOULD LIKE YOUR CHILD TO ATTEND CAMP.

Please Note: You have until ONE WEEK PRIOR TO THE FIRST DAY OF CAMP (Monday, June 21) to remove days from your camper's schedule without being financially responsible. After June 21, you will be responsible for all days for which you have registered throughout the camp season.

For Scamper Camp Only

(ages 3 through those who have not yet attended kindergarten)

My Scamper Camper will be attending:

Full Day (9-4) Half Day (9-1)

2010 Camp Fees

	<u>Full Week</u> (mon-fri)	<u>Full Day</u> (9am-4pm)	<u>1/2 Day</u> (9-1; Scamper only)
Resident	\$160.00	\$40.00	\$30.00
2nd child (-10%)	\$144.00	\$36.00	\$27.00
3rd child (-20%)	\$128.00	\$32.00	\$24.00
4th child (-30%)	\$112.00	\$28.00	\$21.00

	<u>Full Week</u> (mon-fri)	<u>Full Day</u> (9am-4pm)	<u>1/2 Day</u> (9-1; Scamper only)
Non-Resident	\$185.00	\$45.00	\$40.00
2nd child (-10%)	\$166.50	\$41.50	\$36.00
3rd child (-20%)	\$148.00	\$36.00	\$32.00
4th child (-30%)	\$129.50	\$31.50	\$28.00

Note: "Resident" refers to those who live in the town of Mount Desert on a year-round basis, or those who pay property taxes to the Town of Mount Desert. All others are considered Non-Residents.

As always, there is no additional charge for transportation if your child will be riding the NHH Camp Bus

"Campership" Information

In an effort to allow our summer camp program to fit into as many families budgets as possible, The Neighborhood House offers a "Campership" scholarship program. Subject to available funds and the discretion of the Board of Directors, camperships will be given subject to the following:

- Any registration form requesting a "campership" must be received by June 1, 2010.
- Non-Residents may request a campership no greater than 25% of the total fee.
- Requests for "camperships" may be reviewed by the Program Committee and Executive Director of The Neighborhood House.
- All requests are kept COMPLETELY confidential.

Standard camp rates do not fit into our family budget at this time.

I would like to pay the following: \$ _____ per Day Week

Payment Information

Name of Person Responsible for Payment: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Registration forms **MUST** be submitted with a \$25 Registration Fee (per family),
As well as payment for your child's FINAL week of camp.

\$25 Registration Fee + \$ _____ = \$ _____
fee for child's last wk. of camp total amount due w/ registration

The Neighborhood House accepts:



Checks should be made out to "The Neighborhood House"

Help 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 wants to attend camp is able to do so, regardless of financial need. Although our weekly fee (while at or below the level charged by similar programs) only covers a portion of the actual cost of sending a child to camp, for many families this amount still doesn't fit into their budget. Please show your support and help us make sure this positive program continues to be available to every child in our community!

I would like to sponsor another camper at The Neighborhood House for...

1 Day \$35 1 Week \$150 2 Weeks \$300 Full Summer \$1,200 Other \$ _____

You may include your gift with your camp payment.

The Neighborhood House is a private non-profit 501(c)(3) organization. All gifts are completely tax deductible.

Waivers & Releases

Photo/Video Release

I grant The Neighborhood House permission to use photographic images and/or video recorded during my child's participation in camp related activities and Neighborhood House events for promotion, publicity, and/or commercial purposes (newspaper advertisements, email newsletters, print newsletters, etc.). I understand that The Neighborhood House will not associate any identifying information (name) with the aforementioned photographs or video content without contacting me first.

- YES, The Neighborhood House has permission to use my child's image (without name associated with photo or video)
- NO, please do not utilize photos or video of my child participating in NHH programs for promotional purposes

General Waiver & Release

I hereby grant permission for my child to participate in all day camp activities run, organized, or supported by The Neighborhood House. I understand that camp activities involve active games, off site field trips, outdoor activities such as hiking, swimming, sailing, etc. I also understand that my child's participation may include transportation via a bus. I understand that my child's participation in these activities, as well as those camp-related activities not listed, may expose him/her to danger from both known 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 suffer while participating in camp activities.

Signature: _____ Date: ____ / ____ / ____