



# Camp Tuscaloosa

400 S. Chew Rd. Hammonton, NJ 08037  
(609) 567- 3321 or (609) 561- 1688

Dear Parents: Following are the necessary information and registration forms to register your child for Camp Tuscaloosa. The Three week sessions will be:

**First Session:** June 20<sup>th</sup> through July 8<sup>th</sup>  
**Second Session:** July 11<sup>th</sup> through July 29<sup>th</sup>  
**Third Session:** August 1<sup>st</sup> through August 19<sup>th</sup>

(Due to the late closure of some schools, you may start mid week or session and will only be charged from your child's start date)

If you are interested in enrolling your child or children, please complete the application and health form. Return them to us with your application fee. Children will be placed into groups as the applications are received, on a first come first serve basis. If we do not contact you by phone, your child has been enrolled on the days and weeks requested. If we are unable to meet your requests, we will call immediately. An acceptance and information letter is mailed out 1 week prior to your child's start.

Our activities include swimming in 2 heated pools, golf, archery, paddle tennis, dance- ball and batting cage with pitching machine, BB gun, arts and crafts, and low organizational team games, as well as special theme days once a week (Hawaiian Day, Olympic Day, World Cup etc) Children are always supervised with Pre- k and Kindergarten groups having an additional counselor throughout the day.

May we remind working parents, if eligible, for child care tax credit, Camp is tax deductible.

The fee and payment schedule will be as follows: \$600 per child for each three week session (\$200 per week), payable on the first day of the session. The minimum is three consecutive weeks. After three weeks, you may select one or more additional weeks, whether consecutive or not. You also have the option of choosing a 2, 3, or 4 day program at the cost of \$42 per day for a minimum of 3 weeks. **There will be a 10% discount for siblings when coming everyday for 6 weeks or more. There is a 10% discount for full time campers on their third session. (One discount per family).**

Camp hours are 9:00 am to 3:00pm. We will open at 7:30 am and close at 5:30 pm at the cost of \$2:00 per hour. All bag lunches are refrigerated. We also provide a snack at the end of the day.

Checks can be made payable to Camp Tuscaloosa and turned in with the application to Camp Tuscaloosa, 400 S. Chew Rd. Hammonton NJ 08037. In order to be processed all must include the health history and application fee. (Tax I.D. number available upon request.)

\*\* You will only be billed for weeks registered, so please indicate and vacation weeks on application. Changes to your application can only be made up until June 1<sup>st</sup>. After which you are responsible for all days and weeks reserved. We are looking forward to a fun filled summer!



## CAMP TUSCALOOSA APPLICATION

(\$50 APPLICATION FEE IS NON REFUNDABLE. The application fee is waived for the 2<sup>nd</sup> child)

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_

Grade to be completed by June of this year \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Working Parent's Place of Employment: \_\_\_\_\_

Phone Number at Work: \_\_\_\_\_

CAMP Sessions (Check the ones for which you are applying) (If your child is starting midsession or mid week please indicate start date)

{    } **Session 1** - June 20<sup>th</sup> through July 8<sup>th</sup>

{    } **Session 2** - July 11<sup>th</sup> through July 29<sup>th</sup>

{    } **Session 3** - August 1<sup>st</sup> through August 19<sup>th</sup>

Please Circle Days Requested: 2 day minimum

**M   T   W   TH   F**

\*\*\*\*\* Camp Hours are 9:00 AM to 3:00 PM. Extended care offered 7:30 to 5:30 at a cost of \$2.00 per hour.

\*\*\*\*\* Check if extended time needed: {    } AM    {    } PM

Please indicate specific times (Example 8:00 am to 4:30 pm) \_\_\_\_\_

Individuals authorized to pick up my child (list yourself also)

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

# CAMP TUSCALOOSA HEALTH HISTORY (cont.)

Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Please check any of the following symptoms which have been noticed recently:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Fainting spells       |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> High blood pressure   |
| <input type="checkbox"/> Convulsions                | <input type="checkbox"/> Contact lenses        |
| <input type="checkbox"/> Heart trouble              | <input type="checkbox"/> Ear problems          |
| <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> Night sweats          |
| <input type="checkbox"/> Tiring easily              | <input type="checkbox"/> Shortness of breath   |
| <input type="checkbox"/> Frequent leg or joint pain | <input type="checkbox"/> Hernia (rupture)      |
| <input type="checkbox"/> Abdominal pain             | <input type="checkbox"/> Speech difficulty     |
| <input type="checkbox"/> Persistent cough           | <input type="checkbox"/> Squinting             |
| <input type="checkbox"/> Frequent headaches         | <input type="checkbox"/> Crossed eyes          |
| <input type="checkbox"/> Twitching movements        | <input type="checkbox"/> Frequent sweats       |
| <input type="checkbox"/> Running ear                | <input type="checkbox"/> Blurred vision        |
| <input type="checkbox"/> Frequent nose bleeds       | <input type="checkbox"/> Frequent sore throats |
| <input type="checkbox"/> Mouth breathing            |  |

Please detail any reactions to food, plants, insect toxins, immunizations, medications, or allergies: \_\_\_\_\_

Are there any other medical conditions that may require special/emergency care or medication? \_\_\_\_\_

The following section must be completed. Please list the date that the following were received. This information can be obtained from your school nurse or doctor:

- |                      |                   |
|----------------------|-------------------|
| _____ Tetanus        | _____ Measles     |
| _____ Diptheria      | _____ Mumps       |
| _____ Polio          | _____ Rubella     |
| _____ Whooping Cough | _____ Chicken pox |

Most recent physical examination date: \_\_\_\_\_

Do you have any current health problems? \_\_\_\_\_ Please explain: \_\_\_\_\_

# CAMP TUSCALOOSA HEALTH HISTORY (cont.)

Are you now or were you ever taking any medications?      Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Has there been any surgery, illness, allergy, or change in health since the last completed physical examination?

\_\_\_\_\_

Circle all that apply and provide the appropriate information:

	Year	Details
Serious illness	_____	_____
Serious injury	_____	_____
Surgery	_____	_____
Ears	_____	_____
Eyes	_____	_____
Chest	_____	_____
Appendicitis	_____	_____
Heart murmur	_____	_____
Rheumatic fever	_____	_____
Kidney/bladder infections	_____	_____
Hernia/rupture	_____	_____
Back/limbs/joints	_____	_____

To the best of my knowledge, this health history is correct and complete. I know of no reason to restrict the applicant's activity, and give my permission for participation in all activities, except as specifically noted herein. I realize that children can become injured at camp. I hereby assume all risks of injuries to my child and hereby release and discharge Camp Tuscaloosa from any and all liability which may result in injury to my child. I further agree that insurance protection is my responsibility. In the event that I cannot be reached in an emergency, I hereby give my permission to the camp director to secure proper treatment for my child as named above.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_

### FOR CAMP USE ONLY

Date \_\_\_\_\_ Review by Camp Nurse \_\_\_\_\_