



# CAMP TUSCALOOSA

400 S. Chew Rd., Hammonton, NJ 08037  
(609) 567-3321 or (609) 561-1688  
Tax ID 22-322-1518

Dear Parents:

Enclosed you will find the necessary information and registration forms to register your child for Camp Tuscaloosa. Our three week sessions will be:

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

If you are interested in enrolling your child, or children, please complete the enclosed Application and Health History Form. Return them to us with your \$50 non-refundable application fee. (The application fee, after the first child, is waived for additional children.) **Children will be put into groups as their applications are received, on a first come, first served basis.** Camp is tax deductible, if you are eligible for child care tax credit.

Our activities include swimming in 2 heated pools, miniature golf, archery, soccer, paddle tennis, dance, T-ball and bathing cage with a pitching machine, BB guns, arts and crafts, low organizational and team games. All instructors are certified teachers. Once a week we also hold a special theme day, such as Hawaiian Day, and Circus Day, etc.

The minimum registration required is three consecutive weeks. After those three weeks, you may choose to select one or more additional weeks, whether or not consecutive. You also have the option of choosing a 2, 3, 4, or 5 day per week program. Our groups are limited in size and days will close out as they reach capacity.

**REGISTER BEFORE APRIL 30<sup>th</sup> 2016 TO ENSURE PREFERRED SCHEDULING.**

	<b>Pricing</b>
<b>Daily Rate (2, 3 or 4 days)</b>	\$46.00 p/d
<b>Full Week Discounted Rate</b>	\$220.00 p/w
<b>Pre-signed Extended Care</b>	\$2.00 p/h

There will be a 10% discount for siblings (one discount per family) when coming everyday for 6 weeks or more. Please indicate any vacation weeks on your application. You will **only** be billed for weeks registered. Changes to your application may be made up until June 1<sup>st</sup>. After June 1<sup>st</sup> you will be responsible to pay for days and weeks reserved.

Camp hours are 9:00 a.m. to 3:00 p.m. Extended care is available from 7:00 a.m. to 5:30 p.m.

You are required to provide your child with a lunch. All bag lunches are refrigerated. We will provide children with a snack at the end of the day. In order to be processed, all applications must include the application fee. (**Note: Supplemental health records such as immunizations can be forwarded after submitting the initial required paperwork for application.**) Session payments are due on your child's first scheduled day of each session. Checks can be made payable to Camp Tuscaloosa. If you should have any questions, or require any further information, please call us at 609-567-3321 or 609-561-1688.

**We are looking forward to a fun filled summer!!**



# CAMP TUSCALOOSA

## APPLICATION FOR ENROLLMENT

(There is a \$50, non-refundable application fee. The application fee is waived for the 2<sup>nd</sup> child.)

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed this June: \_\_\_\_\_

Allergies/Medical Condition(s): \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

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

Parents' E-Mail: \_\_\_\_\_

**Check the Session Weeks Requested – 3 day programs are recommended but 2 days are available upon request**

<b>First Session</b>	<input type="checkbox"/>	June 20 <sup>th</sup> – 24 <sup>th</sup>				
	<input type="checkbox"/>	June 27 <sup>th</sup> – July 1 <sup>st</sup>				
	<input type="checkbox"/>	July 5 <sup>th</sup> – 8 <sup>th</sup> (make up day available for July 4 <sup>th</sup> )				
Circle Days Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	Th	F	

**Camp hours are from 9:00 am to 3:00 pm.** However, we are open from 7:00am to 5:30pm, for those of you requiring extra hours. There is a \$2.00 per hour charge for overtime.

<b>Second Session</b>	<input type="checkbox"/>	July 11 <sup>th</sup> – 15 <sup>th</sup>				
	<input type="checkbox"/>	July 18 <sup>th</sup> – 22 <sup>nd</sup>				
	<input type="checkbox"/>	July 25 <sup>th</sup> – 29 <sup>th</sup>				
Circle Days Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	Th	F	

**Check if extended time is needed:**

A.M.  P.M.

Please indicate arrival and departure time:

\_\_\_\_\_

<b>Third Session</b>	<input type="checkbox"/>	August 1 <sup>st</sup> – 5 <sup>th</sup>				
	<input type="checkbox"/>	August 8 <sup>th</sup> – 12 <sup>th</sup>				
	<input type="checkbox"/>	Aug. 15 <sup>th</sup> – 19 <sup>th</sup>				
Circle Days Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	M	T	W	Th	F	

Individuals authorized to pick up my child (include yourself):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If there is a custody issue, please indicate and attach court order. Otherwise we will assume both parents have a legal right to pick up their child.

# CAMP TUSCALOOSA HEALTH HISTORY

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     |
| _____ Diphtheria     | _____ 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, medical condition 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	_____	_____

Permission to Administer :    Advil \_\_\_\_\_      Tylenol \_\_\_\_\_      Benadryl \_\_\_\_\_

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 \_\_\_\_\_

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**FOR CAMP USE ONLY**

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



# CAMP TUSCALOOSA

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Tax ID 22-322-1518

Childs Name: \_\_\_\_\_

We have a Camp Tuscaloosa web site ([www.camptuscaloosa.com](http://www.camptuscaloosa.com)) with camp information, as well as pictures of our daily camp days including special theme days, tournaments and more. We also have a presence on Facebook, Instagram, and Twitter that also utilizes these images. Please advise us if you approve of your child's picture being placed on our website and social media by checking the appropriate area below.

\_\_\_\_\_ I give my permission for pictures of my child to appear on CampTuscaloosa.com and associated Camp Tuscaloosa social media.

\_\_\_\_\_ I do not give permission for pictures of my child to appear on CampTuscaloosa.com or associated Camp Tuscaloosa social media.

Parents Signature: \_\_\_\_\_

Parents E-Mail Address: \_\_\_\_\_