

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 2024 three-week sessions will be:

First Session – June 17 – July 5 Second Session – July 8 – July 26 Third Session – July 29 – August 16

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.

To enroll your child, or children, please complete the enclosed forms. Submit these five forms when submitting your application: Application for Enrollment, Tuition and Fees Policy (signed), Health History, Permission for Photos and Video (signed), and completed Credit and Debit Card form (if applicable). Please return them to us with your \$100 non-refundable application fee. (The application fee is waived for additional siblings.) Children will be put into groups as their applications are received, on a first come, first served basis. In order to be processed, applications must include the application fee. Camp is tax deductible if you are eligible for a child care tax credit.

Our activities include swimming in 2 heated pools, swimming lessons, miniature golf, archery, soccer, paddle tennis, dance, T-ball and batting cage with a pitching machine, BB guns, cooking, 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 Ninja Day. Camp Tuscaloosa will follow the American Red Cross Learn to Swim Curriculum on Mondays, Wednesdays, and Fridays, and have American Red Cross swim instructors and lifeguards on site.

The minimum registration required is three consecutive weeks. After those three weeks, you may 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 30th 2024 TO ENSURE PREFERRED SCHEDULING

Daily rate	Price
For 2, 3 or 4 days per week, from 9am-3pm	\$75/day
For 5 days per week from 9am-3pm, when camper attends at least 6 weeks	\$73/day
Sibling discount	
For 5 days per week, from 9am-3pm, when the sibling also attends at least 6 weeks	\$72/day
Pre-signed extended care	\$5/hour

Please indicate any vacation weeks on your application. You will be billed only for weeks registered. You may make changes to your application until June 1st. After June 1st there will be a \$50 change fee for **EACH** dropped day. **Note**: **Supplemental health records such as immunizations can be forwarded after submitting the initial paperwork required for application.**

Children must bring a bag lunch. All lunches are refrigerated. We will give children a snack at the end of the day. We suggest water shoes for the youngest campers to protect sensitive feet in the pool.

The first session payment is due the week before camp starts, and as soon as you receive your child's group assignments. All remaining session payments will be due the Monday of the week before the second and third camp sessions start. Please make checks payable to Camp Tuscaloosa. Feel free to call us at 609-567-3321 or 609-561-1688 if you have questions or need more information. You can also contact Lisa at LisaSeitles@outlook.com.



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SWIMMING LESSONS

Camp Tuscaloosa is excited to inform you about the **swimming lessons** offered by trained American Red Cross instructors at our two pools!

Swimming lessons will be provided for children ages 3 to 14! New swimmers can grow confident in the water and learn how to swim, while more advanced swimmers can learn the mechanics of various strokes in preparation for becoming a lifeguard or joining a swim team!

Every swim class will include safety skills, swim instruction, and stroke mechanics. Children will be screened and tested to assess their swimming skills. Instruction will be geared to their skill level.

Our beginning swimmers will start by learning basic swim techniques, such as water safety, blowing bubbles, treading water, floating, and bobbing. Once these and other skills are mastered, they will progress to learning swimming strokes.

More advanced swimmers will be taught water safety, as well as various swimming strokes and stroke mechanics.

Instruction will include the following swimming strokes: the American crawl, elementary backstroke, backstroke, breaststroke, sidestroke, and the butterfly stroke. Diving will also be taught.

Children in group numbers 7 and below, who are not yet old enough to experience free time at camp, will automatically experience our swimming lessons if they are present on Mondays, Wednesdays and Fridays. Please keep in mind that Special and free choice days are sometimes held on a Monday, Wednesday, or Friday and therefore may occasionally interfere with swimming lessons for the older children, in groups 8 and above. While we are thrilled to offer swimming lessons to older children, they must decide of their own free will if they will join in the lessons! To encourage their participation, we do everything we can to make our swimming lessons fun and exciting to help them learn and grow as swimmers. Please remember, swimming lessons are offered at zero extra cost. They are a bonus of attending Camp Tuscaloosa!

AMERICAN RED CROSS certified <u>SWIM INSTRUCTORS</u> and <u>LIFEGUARDS</u> are on site! Camp Tuscaloosa will be following the American Red Cross Learn To Swim Curriculum.

The 2024 camp season is from June 17 to August 16.

Learn to swim at Camp Tuscaloosa while enjoying all the other activities we offer, all for the same price!



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APPLICATION FOR ENROLLMENT

(There is a \$100, non-refund	dable application fe	ee. The c	pplication	on fee is waiv	ed for additional sibling
Child's Name:	Sex: _	Ag	e:	Grade comp	oleted this June:
Allergies/Medical Condition(s):					
Parents' Names:		Plc	ice of En	nployment: _	
Street Address:			_City, Stc	ite and Zip: _	
Home Phone:	Emergency Ph	one:		Wo	ork Phone:
Parents' E-Mail:					
Check the Session Weeks Requ	ested – 3, 4, and 5	day pro	grams ar	e recommen	ded.
	ne 17 – 21 ne 24 – 28 y 1 – July 5*	H	łowever,	we are ope	9:00 am to 3:00 pm. n from 7:00am to
Circle Days Requested		F h	5:30pm for those of you requiring extro hours. There is a \$5.00 per hour charge overtime.		
Second Jul Session Jul	y 15– 19	(Check if	extended tim	e is needed:
Jul		_		A.M.	P.M.
Session Au	ly 29 – Aug 2	F F	lease inc	dicate arrival	and departure time:
Circle Days Requested		I	Camp is vill be ass		ıly 4 th . A make-up day
Individuals authorized to pick up	o 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 400 South Chew Road Hammonton NJ 08037 609-567-3321 or 609-561-1688

2024 TUITION AND FEES POLICY

Daily rate	Price
For 2, 3 or 4 days per week, from 9am-3pm	\$75/day
For 5 days per week from 9am-3pm, when camper attends at least 6 weeks	\$73/day
Sibling discount	
For 5 days per week, from 9am-3pm, when the sibling also attends at least 6 weeks	\$72/day
Pre-signed extended care	\$5/hour

- 1. There are 9 billable weeks, split into 3 Sessions, in the 2024 Camp year. The first session payment is due the week before camp starts as soon as group assignments are received. All remaining session payments will be due July 1 for the second session and due July 22 for the third session.
- 2. Session payments are calculated by taking the total Camp cost for your child and dividing that amount by the number of sessions they are attending. Example: If your child is attending 3 days a week for 8 weeks (is taking 1 vacation week), we would multiple the number of days (24) by \$75 per day. That total (\$1,800) is then divided by the 3 sessions attending = \$600 per session. Attending 1 session means making 1 payment, and attending 2 sessions means 2 equal payments.
- 3. A fee of \$5.00 will be charged for every 30 minutes to the nearest half hour if a child arrives before or departs after his or her scheduled time without being prearranged. Example: If a child should be picked up at 3:30 but is not picked up until 4:00 or after, \$5.00 will be charged up to 4:00; an additional \$5.00 until 4:30. Payment must be made at time of drop off or pickup.
- 4. Camp closes at 5:30 p.m. All children <u>must</u> be picked up by this time. A late fee of \$10.00 for each 15 minutes after 5:30 will be charged and must be paid at time of pick up.
- 5. As noted in the tuition policy, if any payment is not received by the payment deadline, the child will not be re-admitted to camp until the tuition is paid.
- 6. If a check is returned due to insufficient funds or with the designation "return to maker," you will be responsible for paying the service charge administered by our bank, \$25, as well as a \$25 administrative fee. These fees will also apply to a declined credit/debit card.
- 7. Overtime that has not been pre-arranged as part of the tuition payments, but is requested as needed, will be charged \$10.00 per hour. Overtime will be on an as-available-only basis and the fee will be added to camp tuition.
- 8. No make-up days or refunds are given for missed days.
- 9. There will be a \$25 late fee and your child's spot will no longer be reserved if payment is not received by the time you get your child's group assignment for the first session, by July 1 for the second session, and by July 22 for the third session.
- 10. There will be a \$50 change fee for **EACH** day dropped after June 1, 2024.

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2024 TUITION AND FEES POLICY

I have read, and understand, the tuition and fees policy.	
Parent/Guardian Signature	Date
Child's Name	
Forms you need to return for a completed camp application.	
Application for Enrollment	
Tuition Policy (signed)	
Health History	
Permission for Taking Photos, Video, and Audio (signed)	
Credit and Debit form, if applicable	

Please also keep a copy of pages 1, 2, and 4 of this application packet for your records (Camp description, Swimming Lessons, and 2024 Tuition and Fees Policy). They describe the Camp's schedule, activities, fees, and other useful information.

CAMP TUSCALOOSA HEALTH HISTORY

Street Address City, State, ZIP Emergency Phone Number Which of the following conditions has your child experienced recently? Please check all that apply	Camper	Date of Birth
Emergency Phone Number Which of the following conditions has your child experienced recently? Please check all that apply Asthma	Street Address	
Which of the following conditions has your child experienced recently? Please check all that apply	City, State, ZIP	
Asthma	Emergency Phone Number	
Diabetes	Which of the following conditions has your child exper	ienced recently? Please check all that apply.
Convulsions Contact lenses Heart trouble Ear problems Dizziness Night sweats Tires easily Shortness of breath Hernia (rupture) Frequent leg or joint pain Abdominal pain Speech difficulty Persistent cough Squinting Frequent headaches Crossed eyes Twitching movements Frequent sweats Running ear Blurred vision Frequent nose bleeds Frequent sore throats Mouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged to the following immunizations or submit their immunization records to us before camp starts. This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts. Tetanus Measles Diphtheria Mumps Polio Rubella	Asthma	Fainting spells
Heart trouble	Diabetes	High blood pressure
	Convulsions	Contact lenses
	Heart trouble	Ear problems
Hernia (rupture) Frequent leg or joint pain Abdominal pain Speech difficulty Persistent cough Squinting Frequent headaches Crossed eyes Twitching movements Frequent sweats Blurred vision Frequent nose bleeds Frequent sore throats Mouth breathing Prequent sore throats Mouth breathing Frequent sore throats Mouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged please detail and have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts Measles Diphtheria Mumps Polio Rubella	Dizziness	Night sweats
Abdominal painSpeech difficultyPersistent coughSquintingFrequent headachesCrossed eyesTwitching movementsFrequent sweatsBlurred visionFrequent nose bleedsFrequent sore throatsMouth breathing	Tires easily	Shortness of breath
Persistent cough Frequent headaches Twitching movements Running ear Frequent nose bleeds Mouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged to the following immunizations or submit their immunization records to us before camp starts. Please detail any reactions to food, plants, insect toxins, immunizations or submit their immunization records to us before camp starts. Tetanus Diphtheria Polio Rubella	Hernia (rupture)	Frequent leg or joint pain
Frequent headachesCrossed eyesTwitching movementsFrequent sweatsBlurred visionFrequent nose bleedsFrequent sore throatsMouth breathing	Abdominal pain	Speech difficulty
Twitching movementsFrequent sweatsBlurred visionFrequent nose bleedsFrequent sore throatsMouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged poes your child have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts. MeaslesMeasles	Persistent cough	Squinting
Running earBlurred visionFrequent sore throatsMouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged possible your child have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts.	Frequent headaches	Crossed eyes
Frequent nose bleedsFrequent sore throatsMouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged Does your child have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts.	Twitching movements	Frequent sweats
Mouth breathing Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged by the plants of the plants	Running ear	Blurred vision
Please detail any reactions to food, plants, insect toxins, immunizations, medications, or other allerged Does your child have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts.	Frequent nose bleeds	Frequent sore throats
Does your child have any other medical conditions that may require special/emergency care or medication? This section must be completed. Please list the dates when your child received the following immunizations or submit their immunization records to us before camp starts.	Mouth breathing	
immunizations or submit their immunization records to us before camp starts .	Does your child have any other medical conditions the	
PolioRubella	immunizations or submit their immunization records to	us before camp starts.
	Diphtheria	Mumps
Whooping CoughChicken pox	Polio	Rubella
	Whooping Cough	Chicken pox
When was your child's most recent physical examination? Date:	When was your child's most recent physical examinati	ion? Date:
Does your child currently have any health problems?If yes,_please explain:		
Does your child corrently have any health problems?ir yes,_piease explain	Does your child corrently have any health problems?_	

CAMP TUSCALOOSA HEALTH HISTORY (cont.)

Is your child now taking, c	or ever been t	aking, any medication	ns? Yes No	
If yes, please describe:				
Has your child had any su since their last physical ex	• ,	allergy, medical condi	tion, or other cho	ınge in health
Circle all that apply and p	provide the ap	opropriate information	:	
	Year	Details		
Serious illness				
Serious injury				
Surgery				
Ears				
Eyes				
Chest				
Appendicitis				
Heart murmur				
Rheumatic fever				
Kidney/bladder infections	S			
Hernia/rupture				
Back/limbs/joints				
Permission to Administer:	Sunscreen	Advil	Tylenol	Benadryl
To the best of my knowledge, child's/applicant's activity, at herein. I realize that children and hereby release and dischedild/applicant. I further agree an emergency, I hereby give as named above.	nd give my pern can become inju harge Camp Tus ee that insurance	nission for participation in ured at camp. I hereby as scaloosa from any and all e protection is my respons	all activities, except ssume all risks of injur liability which may r ibility. In the event th	as specifically noted ries to my child/applicant result in injury to my nat I cannot be reached in
Date		f Parent/Guardian		
FOR CAMP USE ONLY				
Date	Review by C	Camp Staff		



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PERMISSION FOR TAKING PHOTOS, VIDEO, AND AUDIO

Child's Name:
We have a Camp Tuscaloosa web site (www.camptuscaloosa.com). It contains camp information, as well as pictures, videos, and audio of our daily camp days, including special theme days, tournaments and more. We also have a presence on Facebook, Instagram, Youtube, Twitter, Podbean, Spotify, iTunes, and other broadcasting media.
Please check below whether or not you would approve of us placing your child's pictures, video, and audio on our website and social media.
Yes, I give my permission for pictures, video, and audio of my child to appear on CampTuscaloosa.com and associated Camp Tuscaloosa social media.
No, I do NOT give permission for pictures, video, and audio of my child to appear on CampTuscaloosa.com or associated Camp Tuscaloosa social media.
Parent/Guardian Signature:
Parent/Guardian E-Mail Address:
Date:



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CREDIT AND DEBIT CARD OPTIONS FOR PAYING FEES AND TUITION

We accept VISA, Mastercard, Discover, and American Express (There is a 3% surcharge for paying by credit card.)

Child's name:
Card information:
Type of card: Credit Debit
Card number:
Expiration date:
Full name on credit card:
Billing address & zipcode:
Email (for your receipt):
I give permission for Camp Tuscaloosa to charge my credit or debit card for the following Check all that apply.
Application fee of \$100
Prepay of full tuition of \$
Tuition for first session of \$(charged when due)
Tuition for second session of \$(charged when due)
Tuition for third session of \$(charged when due)
One time payment of \$ for
(Signature)
(Print name)
(Date)