



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 19th – July 7th
Second Session – July 10th – 28th
Third Session – July 31st – August 18th

If you are interested in enrolling your child, or children, please complete the enclosed Application, signed Tuition Policy, and Health History Form. Return them to us with your \$75 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 batting 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 30th 2017 TO ENSURE PREFERRED SCHEDULING.

	Pricing
Daily Rate (2, 3 or 4 days)	\$48.00 p/d
Full Week Discounted Rate (<6 weeks)	\$230.00 p/w
Pre-signed Extended Care	\$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 1st. After June 1st a change fee will be charged for any dropped days.

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. We suggest water shoes for the youngest campers to protect sensitive feet in the pool. **(Note: Supplemental health records such as immunizations can be forwarded after submitting the initial required paperwork for application.)** 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 the Monday of the week before second and third camp sessions start. 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 \$75, non-refundable application fee. The application fee is waived for the 2nd 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

First Session	<input type="checkbox"/>	June 19 th – 23 rd
	<input type="checkbox"/>	June 26 th – 30 th
	<input type="checkbox"/>	July 3 rd – 7 th
		(make up day available for July 4 th)
Circle Days Requested		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.

Second Session	<input type="checkbox"/>	July 10 th – 14 th
	<input type="checkbox"/>	July 17 th – 21 st
	<input type="checkbox"/>	July 24 th – 28 th
Circle Days Requested		M T W Th F

Check if extended time is needed:

A.M. P.M.

Please indicate arrival and departure time:

Third Session	<input type="checkbox"/>	July 31 st – August 4 th
	<input type="checkbox"/>	August 7 th – 11 th
	<input type="checkbox"/>	August 14 th – 18 th
Circle Days Requested		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.

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2017 TUITION POLICY

Financial Information:

There are 9 billable weeks, split into 3 Sessions, in the 2017 Camp year.

Cost per day: \$48, 9:00 a.m. – 3:00 p.m.

\$2 per hour extended time

\$230 per week, one camper attending 6 full weeks or more

**Siblings attending 6 full weeks or more will receive a 10% discount on the 2nd child
(One discount per family – *higher discount will be given*) (A full week is 5 days per week)**

Late Fees:

1. 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 the Monday of the week before second and third camp sessions start.
2. Session payments are figured out by taking the Total Camp Cost and dividing that amount by the number of sessions you are attending. Example: If you are attending 3 days a week for 8 weeks (1 vacation week) we would take the total days (24) and multiple by \$48 per day. That total (\$1,152) is then divided by the 3 sessions attending = \$384 per session. If you are attending 1 session than 1 payment, 2 sessions 2 equal payments.
3. A charge of \$5.00 will be administered for every 30 minutes to the nearest half hour for any child arriving prior too or departing after his or her scheduled time without being pre-arranged. Example: If a child should be picked up at 3:30 and is picked up at 4:00, \$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 pick up.
4. Camp closes at 5:30 p.m. All children must be picked up by this time. A \$5.00 per 15 minute late fee will be charged afterward 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 payment is met.
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.
7. Overtime that has not been pre-arranged will be charged \$5.00 per hour and will be on an as available only policy as an additional fee in the camp payments.
8. No make-up days or refunds will be administered for missed days.
9. If payment is not received before the first week of each session, there will be a \$20 late fee added and your child's spot will no longer be reserved until payment is received.
10. Starting June 1, 2017, there will be a \$25 change fee for any dropped days.

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TUITION POLICY

I have read, and understand, the tuition policy.

Parents Signature

Date

Childs Name

Please keep page 1 for your records. Sign and return page 2 with your completed camp application.

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 : Sunscreen _____ 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 _____

FOR CAMP USE ONLY

Date _____ Review by Camp Nurse _____



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Childs Name: _____

We have a Camp Tuscaloosa web site (www.camptuscaloosa.com) with camp information, as well as pictures and videos of our daily camp days including special theme days, tournaments and more. We also have a presence on Facebook, Instagram, Youtube, and Twitter that also utilizes this media. 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 or video of my child to appear on
CampTuscaloosa.com and associated Camp Tuscaloosa social media.

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

Parents Signature: _____

Parents E-Mail Address: _____