

Borough of Bloomindale 2024 Summer Day Camp
Medical Information

Camper's Name: _____

Parent's Name: _____

Parent's Name 2: _____

Address: _____

Phone Number: _____

Phone Number 2: _____

E-mail: _____

E-mail 2: _____

Emergency Contact & Number: _____

Any known physical conditions of camper: _____

Any known mental condition of camper: _____

Any known allergies of camper: _____

Any known medications taken by camper: _____

*We do **not** have a nurse on staff. Must meet with camp director to go over any instructions and/or handling and dosing of medications required.

Physician's name and number: _____

*Must provide Immunization Records. Either attach the record with this form or have your pediatrician send a copy to ealvarez@bloomindalenj.net

*Must provide a copy of the front AND back of camper's (or family's) health insurance card.

2024 Bloomingdale Day Camp
Permission Information

Camper's Name: _____

As the parent/guardian of the above named camper, I hereby consent to my child attending summer camp as registered. I also grant permission for my child to participate in off camp trips when included as part of their described program using such means of transportation as deemed necessary by BDC. I understand that this program includes active games, sports, outdoor pursuits and swimming. I will not hold the Bloomingdale Day Camp or any other person involved in the program to be liable for anything not covered by Bloomingdale Insurance. Also, the Bloomingdale Board of Education, School Personnel, or property will not be liable for such misfortunes, accidents or otherwise. I further agree that my child or ward must comply with the rules of the activity and that any violation may result in his or her expulsion from the program. I ALSO REALIZE AND AGREE THAT I AM LIABLE FOR ANY DAMAGE CAUSED BY MY CHILD. **Initial** _____

I hereby consent to the taking of photographs, movie or video clips of my child by Bloomingdale Day Camp. I authorize any photographs, movies or video clips to be placed on the Bloomingdale Borough's Website, Bloomingdale Recreation's Website or published to Facebook promote Bloomingdale Day Camp. **Initial** _____

I give permission for BDC to administer any prescription medication to my child while in the care of camp as provided to camp. I understand that camp will make every reasonable effort to notify the parent/legal guardian or the emergency contact identified in the event of a campers illness or injury or other medical condition, however, I authorize camp personnel to seek appropriate care or treatment, and for any care or treatment to be administered in the event that I or the emergency contact cannot be contacted. **Initial** _____

I consent for my child to use sunscreen that he/she has brought or that camp has supplied, which is approved by the FDA for over the counter use to avoid overexposure to the sun. My child may be assisted by unlicensed camp staff if he/she requests assistance. **Initial** _____

I have read and understand the Borough of Bloomingdale Day Camp Zero Tolerance Policy and agree to it's provisions requirements and penalties. **Initial** _____

I have read and understand the Bloomingdale Day Camp Refund Policy and agree to its provisions and requirements. **Initial** _____

2024 Bloomingdale Day Camp
Zero Tolerance Policy

For the safety and wellbeing of all campers and staff, we have enacted a zero tolerance policy. If any of the following problems occur during early drop off hours or day camp hours, your child will be subject to dismissal from camp with **NO** refund.

INAPPROPRIATE BEHAVIOR INCLUDES (but not limited to):

- Failure to listen to directives of counselors
- Failure to stay with the group or assigned buddy
- Repeated or habitual use of foul language
- Hiding from counselor
- Fighting or any aggressive physical contact with other campers
- Disobeying camp or lake rules
- Any behavior that is continually disruptive to the camp program
- Possession of drugs/alcohol/cigarettes/lighters/firecrackers/vaping
(In this case, Bloomingdale Police will be called to investigate)

Consequences and course of action taken if any of the above occurs:

1. The camper will be removed from the group and need to sit with Camp Director for a period of time deemed necessary and a disciplinary note will be sent home.
2. If the behavior is repeated the camper will be sent home for the day.
3. If the inappropriate behavior continues, the camper will be dismissed for the remainder of summer camp with NO refund.

Refund Policy

| If cancellation to campers registration occurs _____ days prior to camps 1st scheduled day (06/24/24) | A refund of _____ will be granted and will be processed in October 2024 |
|---|---|
| 28 days prior | 100% (tuition and fees) |
| 21 days prior | 75% (tuition only) |
| 14 days prior | 50% (tuition only) |
| 7 days prior | 25% (tuition only) |
| Less than 7 days | 0 % |

Signature of Parent/Guardian _____