

CAMP CEDARWOOD 2018 REGISTRATION

Use a separate form for each camper

Camper's Name _____ M(____) F(____)
 Street _____ City _____ State _____ Zip _____
 Age _____ Date of Birth _____ Grade entering in Fall _____ School _____
 Parent or Guardian's Name _____ E-mail: _____
 Phone Numbers/ Home _____ Work _____ Cell _____ Cell _____
 How did you hear about us? _____

PLEASE CIRCLE EVERY WEEK YOU ARE REGISTERING FOR:

<i>June 25-June 29</i>	<i>July 2-6</i>	<i>July 9-13</i>	<i>July 16-20</i>	<i>July 23-27</i>	<i>July 30-Aug. 3</i>	<i>Aug. 6-10</i>	<i>Aug. 13-17</i>
1	2	3	4	5	6	7	8
<i>WATER WEEK</i>	<i>HOLIDAY WEEK</i>	<i>CARNIVAL WEEK</i>	<i>WATER WEEK</i>	<i>SPORTS WEEK</i>	<i>ANIMAL WEEK</i>	<i>OLYMPIC WEEK</i>	<i>WATER WEEK</i>
M, T, W, Th, F	M, T, Th, F						
<i>(circle days attending)</i>							

Fees: \$199.00 per week (Weeks 1 and 2: \$40 per day) Amount enclosed \$ _____
 Extended Day: YES / NO AM and/or PM (please circle) **\$30/week per family**

PLEASE make a payment in FULL for the first week chosen. For each additional week, please include a \$25 deposit.
 Make checks payable to **Camp Cedarwood** and mail to: **Camp Cedarwood, 25 Old County Rd., Barrington, RI 02806**

CAMPER PICK-UP: Please indicate below those who are authorized to pick up your camper. Any **changes must come in writing** and will be verified. **Photo identification will be required at every pick-up, no exceptions.**

My Child will be picked up by _____

The individuals listed above are the **only** individuals authorized to pick up your child. We will not release your child to *anyone* without **written** permission.

X _____
Parent or Guardian Signature

My child has permission to walk or to ride their bike from Camp Cedarwood, and I assume all responsibility when the child signs out.
 X _____

Parent or Guardian Signature

Enrollment Agreement (must be signed by parent/guardian)

- *I understand that Camp Cedarwood has financial obligations based upon expected enrollment and that payment for voluntary withdrawal, absence, or dismissal **cannot be refunded after June 15, 2018**, including deposits.
- *I understand that it is my responsibility to bring any special concerns about my child to the attention of the Directors at the time of registration or as they occur.
- *I understand the Directors reserve the right to dismiss a camper when, in his/her judgment, the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct.
- *I understand the Extended Day policy and any fees which I may incur due to being late for the pickup time.
- *I understand that Camp Cedarwood may alter the content and nature of its program, as deemed appropriate, in a continual effort to improve its offerings and operations.

X _____
 Parent or Guardian Signature

MEDICAL RELEASE FORM

Youth's Name _____ Age _____ Birth Date _____

Parent's Daytime Phone _____

CONTACTS: Please list two people we can contact in case of emergency if we are unable to reach you.

Name, Relationship, and Phone # _____

Name, Relationship, and Phone # _____

PHYSICIAN'S NAME AND PHONE: _____

I understand that in the event of illness or if medical treatment is required, every effort will be made to contact me. If I cannot be reached, I give my permission to the Camp Cedarwood staff and its associates to call the physician listed above and follow his or her instructions. In case of an emergency, I give my permission for the necessary medical assistance and treatment to be secured.

Signed _____ Date _____

Parent or Guardian

Please list any allergies, medications being taken, medical issues or other pertinent information.

Allergies: _____

Medications: _____

Please list any learning, social/emotional challenges or recent losses or trauma that we should be aware of:

Please list any recent illnesses, medical conditions, physical challenges, or significant medical history: _____

Other: _____

Waiver of Liability Camp Cedarwood /Barrington Baptist Church recommends that all campers have an examination by a licensed physician prior to participating in any activity. The purpose is to discover any condition which would make it dangerous for the participant during strenuous camp-sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled) "Exemption from Liability to participants in Sponsored Athletics or Sports Events," I hereby declare that Camp Cedarwood/Barrington Baptist Church, its officers, directors, trustees, agents, volunteers, or employees shall not be liable for any bodily injury incurred by my child while participating in the Camp Cedarwood sponsored program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in Camp Cedarwood/Barrington Baptist sponsored activities. If I cannot be reached in an emergency, I hereby give my permission for my minor to be taken to a hospital for emergency treatment if the parent or family doctor cannot be reached or if the situation warrants such action.

I have read and understood the above statement and will abide by the standards listed within.

Parent/Guardian Signature _____

****I give permission for Camp Cedarwood to use, publish and reproduce photos and/or videos of my child for its records or publications.***

Please circle one: (YES / NO) Parent's Initials _____

Camp Cedarwood Pickup Policy

Please retain for your records

Camp Cedarwood has a strictly enforced and carefully followed child pickup policy. Please do not ask that we make exceptions to these policies, as they are for the safety and security of the children.

- ✓ For the child pickup process, cars are to be parked in the parking lot. All sign-outs will take place in the gymnasium. Individuals picking up a child must be adults (18 years or older) and **photo ID is required**. The camper's attendance sheet must be signed by the individual before the child is released.
- ✓ Only individuals designated on the registration form may have a child released to them. Be sure to list backups in case of emergency. Any changes must be put in writing and handed in personally by the parent. CHANGE OF ROUTINE slips are located at the camp office and on the camp website. **PHONE REQUESTS WILL NOT BE ACCEPTED FOR CHANGES IN AUTHORIZATION.**

It is the parent's responsibility to keep the camp informed regarding anyone who does not have permission to take the child from camp. If there is a custody or visitation issue, parents must provide copies of the court documents. Parent(s) shall keep camp records updated regarding changes in identifying information such as household members, address, telephone numbers, etc.

- ✓ **Proof of identification is required in the form of a driver's license EVERY DAY.** If a driver's license is not available, the individual must provide another appropriate form of ID, which includes a photo for identification. A dismissal record for each day shall be kept on file for no less than one year. Staff must refer individuals to the Directors if there are questions concerning the release of a child.
- ✓ We realize the need for some children to walk or ride their bikes at the end of the day. **Permission to walk or ride a bike is granted with a parent signature on the registration form.** Parents will assume full responsibility for the child once they sign themselves out of camp.

Please pick up your child promptly at the end of the camp session at 4 p.m.

If the 4 p.m. pick up is difficult, be prepared to make arrangements for an individual designated from your registration form to pick up your child. If a child is not picked up by 4:10 p.m., you may be billed the Extended Day fee. Please plan ahead and register for Extended Day if you need it. If an emergency arises and late pick up is inevitable, please call the Cedarwood office at 401-246-1782.

Extended Day Policy

Morning Extended Day is from 7:30-8:10 a.m. The afternoon session is held from 4:10 p.m. to 5:00 p.m. The extended day ends promptly at 5 p.m.

Campers must be picked up by 5:00 p.m. from Extended Day.

With the **occurrence of a late pickup past 5:00 p.m.**, the family may be charged a **\$20 late fee** in addition to the extended day cost.

Camp Cedarwood
25 Old County Rd.
Barrington, RI 02806
www.campcedarwood.org
401-246-1782 (May 1-September 1)
401-246-0188 (September -April)
cedarwood@bbcri.org
Registration and Financial Guidelines
Please retain for your records

- Due to the various school dismissal dates and the July 4th holiday, we are offering a pay-by-the-day option for Weeks 1 and 2 at \$40/day. Weeks 3 through 8 include all 5 days and are at the full weekly rate of \$199.
- Registration – Please include payment in full for the first week you register for, plus a deposit of \$25 for each additional week. Please circle all weeks desired on the registration form.
- Deposits are non-refundable after **June 15**. Deposits will be returned if any week you choose is full.
- The balance for your child’s week of camp is due the Friday **before** the camper arrives. For instance, if your child is attending week 5, payment **in full** is due on the Friday of Week 4.
- The form to add/drop/change weeks is available on the website and at the camp office. Space is limited and all additions will be filled pending availability. You will be contacted as soon as possible when an opening is available. A deposit must accompany any requests to add a week.

<u>Week</u>	<u>Theme/Dates</u>	<u>Full payment due by:</u>
1	Water Week June 25-29	Friday, June 22
2	Holiday Week July 2-3, 5-6**	Friday, June 29
3	Carnival Week July 9-13	Friday, July 6
4	Water Week July 16-20	Friday, July 13
5	Sports Week July 23-27	Friday, July 20
6	Animal Week July 30-Aug. 3	Friday, July 27
7	Olympic Week Aug. 6-10	Friday, Aug. 3
8	Water Week Aug. 13-17	Friday, Aug. 10

****Holiday Week—Cedarwood is closed Wednesday, July 4.**