

Spirit of the Mountains Summer Day Camp 2014

Dear Parents,

Welcome to Spirit of the Mountains Summer Day Camp. We are looking forward to two non-stop weeks jam packed full of fun. Camp dates are July 28-Aug.1 and Aug. 4-8, 2014. The cost is \$350 per child per week for Jackson Hole Jewish Community members and \$400 per week for non-members. We are currently accepting children ages 5 - 13. Older children may inquire about special admittance.

The camp meets from 9:00am to 4:00 pm daily at the Old Wilson Schoolhouse/Wilson Community Center (5600 Main St. Wilson, WY). Each child needs to bring a lunch every day. Please provide necessary utensils for your child's lunch. Camp will provide healthy mid-morning snacks.

On the first day of camp, please bring in for each child:

- A complete change of clothes/shoes
- A bottle of sunscreen (please apply each morning before camp)
- Several plastic bags/grocery bags for wet clothes and shoes
- Backpack
- Disposable indoor/outdoor camera (if desired)
- Art smock/old t-shirt for painting

On a daily basis, please bring in:

- Any medications child may be taking
- A bathing suit and towel
- Watershoes
- Appropriate clothing for our changing weather (raingear)
- Sunglasses and hat
- Lunch
- Water bottle

Please put the child's name on all items with waterproof marker.

Please read the following registration packet thoroughly. Fill out and return with payment to:

Spirit of the Mountains Summer Day Camp
Jackson Hole Jewish Community
PO Box 10667
Jackson, WY 83002

We look forward to seeing you and your child/ren soon!

** Make checks payable to: Jackson Hole Jewish Community. Please indicate Summer Camp on your check.*

Spirit of the Mountain Summer Day Camp
Registration/Release of Information Form

Will your child be attending camp for week one, week two or both weeks? _____

Child's Name _____

Birth Date _____ Age _____ Grade Entering Fall '14 _____

Father's Name _____ Mother's Name _____

E-mail Address _____

Home Address _____ Town _____ State _____ Zip _____

Mailing Address _____ Town _____ State _____ Zip _____

Telephone: Home _____ Business _____ Cell _____

Second Home address, if different:

Home Address _____ Town _____ State _____ Zip _____

Telephone: Home _____ Business _____ Cell _____

Emergency contact (other than parents) _____ relationship _____

Telephone: Home _____ Business _____ Cell _____

Child's Physician _____ Telephone: _____

Child's Dentist _____ Telephone: _____

Name of Insurance _____ Primary Insured _____

Emergency Treatment Authorization Phone _____

Group # _____ ID# _____

Address _____ Town _____ State _____ Zip _____

Please list any food allergies or restrictions _____

Please list any allergies to drugs _____

Please list any allergies to other substances such as hay fever _____

Is your child taking any drugs? Please put dosage and for what condition: _____

Will it be necessary for your child to take medicine during camp hours? If so, please list the drug, when to administer and what amount. _____

I give permission for Camp Staff to administer my child _____'s medicine.
Signature of Parent _____ Date _____

Does your child have any physical or emotional conditions that will limit his or her participation in activities? If you need extra space, continue on the back of this form: _____

In the event of an emergency and if I or my emergency contacts cannot be reached, I give Spirit Of The Mountains Summer Day Camp permission to authorize ambulance transportation, emergency room and any medical treatment deemed necessary by the attending physician for my child
_____.
Signature of Parent _____ Date _____

Spirit of the Mountains Summer Day Camp
Waiver Form

By my signature below, I do hereby and agree to hold harmless and indemnify the Jackson Hole Jewish Community's Spirit of the Mountains Summer Day Camp directors, teachers, employees, volunteers, administration staff and employees of such insurance carrier from any and all claims, actions or damages without limitations whatsoever, whether consisting of personal injury, property damage, or death that does or may result in any way from my child's participation from in this The Jackson Hole Jewish Community's Spirit of the Mountains Summer Day Camp, whether such injuries of any kind or nature or such death is caused by their negligence or not, assuming my child in any all responsibility and liability for the same.

I further agree to indemnify and hold harmless all of those named above from any damages or costs or expenses whatsoever which they or any of them may sustain as a result of my child's participation in the Jackson Hole Jewish Community's Spirit of the Mountains Summer Day Camp, my child as participant, completely understand that my signature below constitutes a covenant and a promise on my part to fully discharge all of the above named parties from any and all liability of any kind from any injuries, loss damage or death which may result from my child's participation in the Jackson Hole Jewish Community's Spirit of the Mountains Summer Day Camp.

This release is binding, and so I understand not only upon myself, but upon my heirs, administrators, cherished pets, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effects, and the totalness of the waiver of any rights that I otherwise would have had, had this agreement not been executed.

Child's Name _____

Parent's/Guardian's Signature: _____

Date: _____

Spirit of the Mountains Summer Day Camp

Arrival and Departure

Arrival time for camp is between 9:00am and pick-up time is 4:00pm.

Please discuss and arrange any specific needs with the director.

For safety of all children we ask that an adult bring your children into the camp at arrival time and that an adult come into camp at pick-up time. The staff will only release your child to a designated adult.

The following people (including parents) have permission to bring my child to and from camp:

Name	Relationship	Phone	Cell Phone

Please inform the director of any changes

Parent's/Guardian's Signature

Date

Spirit of the Mountain Summer Day Camp

Emergency and Personal Data

Child's Name _____

Parent/Guardian's Names: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Parent/Guardian's Names: _____

Home Telephone: _____

Work Telephone: _____

Cell phone: _____

Names and Numbers of at least three people who can be reached and pick up child in case of emergency or illness during camp hours in the vent the parents/guardians cannot be reached:

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Parent's/Guardian Signature

Date

Spirit of the Mountains Summer Day Camp

Health History

To be completed by child's physician

1. I examined _____ (child's name) on _____ (most current date of exam) and found him/her to be free of any contagious and/or communicable diseases. The above named child is current in receiving immunizations (please complete the attached immunization record).

2. Is this child subject to any conditions which may result in a camp emergency (epilepsy, asthma, allergies, diabetes)?

Yes ____ NO ____

If yes, please describe:

Physician's Signature: _____

Physician's Name: _____

Address: _____

Telephone: _____

**Spirit of the Mountains Summer Day Camp
Immunization Record**

If your child is registered in the Teton County School District Schools, this form is NOT required.

Child's Name: _____ Date of Birth: _____

Vaccine	Date Given	Reaction/Comment
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Oral Polio/	_____	
Polio Virus	_____	

DPT	_____	
Diphtheria	_____	
Pertussis	_____	
Tetanus	_____	

MMR	_____	
Measles	_____	
Mumps	_____	
Rubella	_____	

HIB	_____	

Hepatitis	_____	

TB Test (type)	_____	

Chicken Pox	_____	

Spirit of the Mountains Summer Day Camp

Field Trip Permission

Spirit of the Mountains Summer Day Camp has my permission to take _____ (child's name) on field trips scheduled during the camp sessions, unless otherwise notified. Additional information and specific risk information and forms will be provided prior to any field trip.

Parent's Signature

Date

We encourage parents to volunteer and participate in our activities. Are you interested in assisting? If so, please check applicable activities.

- _____ Jewish cultural activities or projects
 - _____ Arts and Crafts Projects (either assisting or leading)
 - _____ Cooking
 - _____ Music
 - _____ Games (either assisting or leading)
 - _____ Hiking (either assisting or leading)
 - _____ Driving to field trips
 - _____ Donating Sports Equipment
 - _____ Other (please specify)
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Spirit of the Mountains Summer Day Camp

Personal Information

To have a better understanding of your child to make his/her experience the best!
(Please complete if your child is not known to the JH Jewish Community.)

1. Has your child had any previous camp experience?

2. What strengths does your child have?

3. Challenges?

4. Hobbies/Interests?

5. Personality (outgoing, reserved, makes friends easily)

6. Fears? (related to camp: water, animals, bees) How does your child show he/she is afraid?

7. How does your child resolve conflicts?

8. Are there any additional concerns of which staff should be aware of?

Parent's/Guardian's Signature

Date

Scholarship Request Form

The Jackson Hole Jewish Community is committed to providing scholarship opportunities for those families who need extra assistance. To be eligible for reduced fee enrollment, please fill out the following information sheet. All scholarship information will remain confidential. Applications are approved or denied through the board of directors.

Applicant Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____

Child's Name _____ Age _____ Grade _____

Child's Name _____ Age _____ Grade _____

Amount of scholarship requested: \$ _____

Total family income per year: _____

Please state your reason for requesting scholarship:

Please list financial assistance you are receiving from any other organizations:

Are you willing to provide in-kind volunteering? If so, what kind of help or camp activities can you provide?

I certify that all the information submitted on this form is true. I understand that in the event the information is found to be false, it will result in cancellation of the application and possible legal action.

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian _____

Scholarship request: Approved Denied Amount: \$ _____

Administrative Signature: _____ Date: _____