

# 2024 CAMP ARROWHEAD MAIL-IN CAMPER REGISTRATION

Online Registration is available at [camparrowhead.net](http://camparrowhead.net)  
Or you may complete the mail-in packet and send to...

Registrar: **Rebecca Brooks**  
**35268 Homestead Way, Lewes, DE 19958**

Checks payable to Camp Arrowhead  
*(Please print or type)*



A \$ 200.00 nonrefundable deposit  
per camper per session is required at  
the time of registration. One form per  
camper.

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade Next Fall \_\_\_\_ Gender \_\_\_\_  
**Parent or Legal Guardian (print neatly)**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_  
Cell Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Denomination \_\_\_\_\_  
Parish/Church & City \_\_\_\_\_  
\_\_\_\_\_ **Episcopal Diocese of PA** \_\_\_\_\_ **Episcopal Diocese of DE**  
**FINANCIAL AID INFORMATION REQUESTED** \_\_\_\_\_

*REQUESTS MUST BE RECEIVED WITH REGISTRATION FROM AND DEPOSIT – Please be aware we are not always able  
to honor requests for Financial Aid*

CAMPER Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Include a check payable to Camp Arrowhead in the amount of \$200.00 per camper registration\*\***

## **EMERGENCY CONTACTS (print neatly)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

# 2024 DATES & RATES

## TASTE OF CAMP (Entering grades 2<sup>nd</sup> and 3<sup>rd</sup>) 560.00

**TOC A** July 14th to July 18th

**TOC B** July 22nd to July 26th

## HOMESTEAD (Entering grades 3<sup>rd</sup> through 6<sup>th</sup>)

**Session 1** June 16th to June 22nd 800.00

**Session 2** June 23<sup>rd</sup> to June 28<sup>th</sup> (5 Nights) 675.00

**Session 3** Session 3 A wk 1 – June 30th to July 6th 800.00

Session 3 B wk 2 – July 6<sup>th</sup> to July 12<sup>th</sup> 800.00

2 Weeks – June 30<sup>th</sup> to July 12<sup>th</sup> 1440.00

**Session 4** July 14<sup>th</sup> to July 26th (Color Competition Central) 2 weeks  
1440.00

**Session 5** July 28th to August 3rd 800.00

**Session 6** Aug 4th to Aug. 10<sup>th</sup> 800.00

## PIONEER (Entering grades 6<sup>th</sup> - 9<sup>th</sup> session 1,2, 5, and 6)

(Session 3 and 4 exclusively for 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> graders)

**Session 1** June 16th to June 22nd 800.00

**Session 2** June 23<sup>rd</sup> to June 28<sup>th</sup> (5 Nights) 675.00

**Session 3** Session 3 Week A – June 30th to July 6<sup>th</sup> 800.00

Session 3 Week B – July 6<sup>th</sup> to July 12<sup>th</sup> 800.00

Full 2 Weeks – June 30<sup>th</sup> to July 12<sup>th</sup> 1440.00

**Session 4** July 14<sup>th</sup> to July 26th (Color Competition Central) 2 weeks 1440.00

**Session 5** July 28th to August 3rd 800.00

**Session 6** Aug 4th to Aug. 10<sup>th</sup> 800.00

## PATHFINDERS (Entering grades 10<sup>th</sup> through 11<sup>th</sup>)

**Session 1** June 16<sup>th</sup> to June 22<sup>nd</sup> **Sunfish Pathfinder** 850.00

**Session 3** June 30<sup>th</sup> to July 12<sup>th</sup> (2weeks) **Sailing Pathfinder & Adventure Pathfinder** 1530.00

**Session 4** July 14<sup>th</sup> to July 26<sup>th</sup> (2 weeks) **Sailing Pathfinder & Adventure Pathfinder** 1530.00

**Session 5** July 28<sup>th</sup> to Aug 3<sup>rd</sup> **Sunfish Pathfinder & Adventure Pathfinder** 850.00

**Session 6** Aug 4<sup>th</sup> to Aug 10<sup>th</sup> **Adventure Pathfinder** 850.00

## DAY CAMP (Entering grades 2<sup>nd</sup> and 3<sup>rd</sup>)

**Day Camp A** June 17<sup>th</sup> to June 21<sup>st</sup> (5 days) 500.00

**Day Camp B** June 24<sup>th</sup> to June 27<sup>th</sup> (4 days) 400.00

**Day Camp C** July 8th to July 11th (4 days) 400.00

**Day Camp D** July 15th to July 19th (5 days) 500.00

**Day Camp E** July 22nd to July 25th (4 days) 400.00

**Day Camp F** July 29th to Aug 2nd (5 days) 500.00



## SESSION OPTIONS

Please choose the Session Option you wish to register your camper for:

### **Taste of Camp** (Entering 2<sup>nd</sup> and 3<sup>rd</sup> grade for the following school year)

TOC A \_\_\_\_\_ **560.00**

TOC B \_\_\_\_\_ **560.00**

### **Homestead** (Entering 3<sup>rd</sup> through 6<sup>th</sup> grade for the following school year)

Session 1 \_\_\_\_\_ **800.00**    Session 2 \_\_\_\_\_ **675.00**

Session 3A, wk1 \_\_\_\_\_ **800.00**    Session 3B, wk2 \_\_\_\_\_ **800.00**    Session 3, 2wks \_\_\_\_\_ **1,440.00**

Session 4, 2wks \_\_\_\_\_ **1440.00**    Session 5 \_\_\_\_\_ **800.00**    Session 6 \_\_\_\_\_ **800.00**

### **Pioneer** (Entering 6<sup>th</sup> through 9<sup>th</sup> grade for the following school year)

\* Sessions 1,2,5, and 6 : Entering grades 6<sup>th</sup>-9<sup>th</sup>

\*\*Sessions 3 and 4: Exclusively for those entering 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> grade

Session 1 \_\_\_\_\_ **800.00**    Session 2 (5 nights) \_\_\_\_\_ **675.00**

Session 3A, wk 1 \_\_\_\_\_ **800.00**    Session 3B, wk2 \_\_\_\_\_ **800.00**    Session 3, 2wks \_\_\_\_\_ **1440.00**

Session 4, 2wks \_\_\_\_\_ **1440.00**    Session 5 \_\_\_\_\_ **800.00**    Session 6 \_\_\_\_\_ **800.00**

### **Pathfinders** (Entering 10<sup>th</sup> through 11<sup>th</sup> grade for the following school year)

Session 1 – Sunfish Pathfinder \_\_\_\_\_ **850.00**

Session 3 – Sailing Pathfinder \_\_\_\_\_ **1530.00**    Adventure Pathfinder \_\_\_\_\_ **1530.00**

Session 4 – Sailing Pathfinder \_\_\_\_\_ **1530.00**    Adventure Pathfinder \_\_\_\_\_ **1530.00**

Session 5 – Sunfish Pathfinder \_\_\_\_\_ **850.00**    Adventure Pathfinder \_\_\_\_\_ **850.00**

Session 6 – Adventure Pathfinder \_\_\_\_\_ **850.00**

### **DAY CAMP** (Entering 3<sup>rd</sup> through 4<sup>th</sup> grade for the following school year)

Day Camp A (5 days) \_\_\_\_\_ **500.00**

Day Camp B (4 days) \_\_\_\_\_ **400.00**

Day Camp C (4 days) \_\_\_\_\_ **400.00**

Day Camp D (5 days) \_\_\_\_\_ **500.00**

Day Camp E (4 days) \_\_\_\_\_ **400.00**

Day Camp F (5 days) \_\_\_\_\_ **500.00**

# CAMPER FRIENDSHIP FORM

While Arrowhead's policy is for campers to meet new friends, we will make every effort to allow your camper to stay with a friend AS LONG AS THEY ARE WITHIN ONE GRADE OR ONE YEAR IN AGE OF EACH OTHER. Housing a 3rd grader with a 5th or 6th grade camper is not fair to the other campers in the group. Friendship rings, where large numbers of campers are linked together are oftentimes difficult or impossible to place in the same cabin given the limited number of beds per unit and unfortunate situations where a single camper is placed with a group of 9 existing friends. In order to process a friendship, names must be spelled the same as they are registered online. (Not Frank on one and Frankie on the other) Please submit your camper's friend below if they want to make a request. If you have any questions about friendships at camp please call our registrar at 302-645-5348.

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Camper Friendship Request (First and Last Name)

PLEASE PRINT NEATLY

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## CAMPER BRIEFING SHEET

Please fill out the information below for our counseling staff. This helps our staff to be better familiar with your child when they arrive at camp.

Circle all characteristics applicable to your camper:

Active

Aggressive

Anxious

Athletic

Confident

Cooperative

Easily Excitable

Follower

Impulsive

Independent

Leader

Makes Friends Easily

Peacemaker

Responsible

Self-Conscious

Selfish

Sensitive

Shy

Show-Off

Would you like to elaborate on any of the characteristics?

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Can you share any tips or strategies for helping with your camper's behavior? (i.e.: motivators, what they are most comfortable with, how to help them redirect, or talking points to better relate with them)

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Has your camper had any emotional upsets within the last year? (i.e.: divorce, separation, illness, surgeries, moving, adoption, and foster care, loss of a pet or loved one)

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Share some of your camper's hobbies/interests:

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Has your child been to Camp Arrowhead before?      YES \_\_\_    NO \_\_\_

What is the longest your camper has been away from home overnight? (Circle one)

This is the first time      A weekend      A week      Longer than a week

Does your camper want to attend camp?      YES \_\_\_    NO \_\_\_

If no, please explain:

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What is your camper looking forward to experiencing the most at camp?

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Please share any reservations your camper may have about coming to camp.

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Is there anything else that might be helpful for your camper's counselor to know about?

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**CAMP ARROWHEAD  
MAIL-IN CAMPER HEALTH  
HISTORY FORM**

Mail this form with CAMPER  
REGISTRATION to:  
**Camp Arrowhead**  
**Attention: Rebecca Brooks**  
**35268 Homestead Way**  
**Lewes, DE 19958**

Dates will attend camp: \_\_\_\_\_  
\_\_\_\_\_  
Camper Name: \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Birth Date: \_\_\_\_\_  
Grade entering in Sept. \_\_\_\_\_

**This document must accompany the  
CAMPER MAIL-IN registration form**

**General Information**

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information in order to be able to ensure the safety and well-being during your camper's stay at camp.

Parent/Guardian to be contacted in case of illness:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

Second Parent/Guardian or other emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

Camper's last exam date. \_\_\_\_\_

**ALLERGIES AND DIETARY RESTRICTIONS**

Does your child have any allergies? \_\_\_\_ YES \_\_\_\_ NO

If yes, please circle and provide detailed information:

**FOOD ALLERGENS:**

Peanuts Soy Eggs Sesame seeds Milk	Seafood (fish, crustaceans, shellfish) Tree nuts (almonds, cashews, hazelnuts, pistachios) Sulphites Wheat Mustard	PROVIDE DETAILS OF ALL CIRCLED & LIST ADDITIONAL FOODS, IF NEEDED
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**DRUG ALLERGENS:**

Antibiotics Penicillin Sulfa drugs Tetracycline Analgesics Codeine Non-steroid anti-inflammatory drugs (NSAIDs)	Antiseizure/Anticonvulsants Phenytoin Carbamazepine Chemotherapy Monoclonal antibody therapy Aspirin Ibuprofen	PROVIDE DETAILS OF ALL CIRCLED & LIST ADDITIONAL DRUGS, IF NEEDED
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**ENVIRONMENTAL ALLERGENS:**

Pollen Trees Grass Weeds Dust mites	Animal dander Mold Wood dust Ragweed Leaf litter	PROVIDE DETAILS OF ALL CIRCLED & LIST ADDITIONAL, IF NEEDED
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Does your child require an EpiPen? \_\_\_\_ YES \_\_\_\_ NO

If yes, provide details. \_\_\_\_\_

IF YOUR CHILD REQUIRES AN EPIPEN, PLEASE PROVIDE ONE NON-EXPIRED EPIPEN WITH YOUR CAMPER'S NAME ON THE EPIPEN.

Does your child have any dietary restrictions? \_\_\_\_ YES \_\_\_\_ NO

If yes, provide details. \_\_\_\_\_

PLEASE CONTACT OUR FOOD SERVICE DIRECTOR SEAN AT [smartelli@camparrowhead.net](mailto:smartelli@camparrowhead.net) or 302-945-0610 ext 106 TO DISCUSS CAMPERS WITH ANY REMARKABLE DIETARY RESTRICTIONS.

**MEDICATIONS AND TREATMENTS – PLEASE LIST ALL MEDICATION TO BE GIVEN WHILE AT CAMP**

MEDICATION NAME	DOSE	SCHEDULE (Time of Day)	DETAILS

**MEDICINE MUST BE BROUGHT IN ITS ORIGINAL PACKAGING**

Will your child require any treatments while at camp? \_\_\_\_ YES \_\_\_\_ NO

Please explain what treatments(s) must be given to your child, including the frequency.

Does your child regularly take any medications that will not be taken at camp? \_\_\_\_ YES \_\_\_\_ NO

EXPLAIN

**OVER THE COUNTER MEDICATIONS**

May the following over-the-counter medications be given to your child while at camp?

MEDICATION	YES	NO		YES	NO
Acetaminophen (Tylenol)			Insect Repellent		
Antacids			Melatonin		
Antibiotic Cream			Miralax (Fiber)		
Antihistamines (Benadryl, Diphenhydramine)			Pepto-Bismol		
Calamine Lotion			Sting Relief		
Cortaid			Sudafed		
Cough Medicine			Sunburn Spray or Ointment		
Ibuprofen			Sunscreen		

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

**HEALTH HISTORY**

Has your child experienced, or is currently experiencing, any of the following conditions? If yes, please explain fully.

Condition	NO	YES	DETAILS (If yes, please explain)
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ADD/ADHD			
Asthma/Inhaler			
Bedwetting			

CONDITION	NO	YES	DETAILS (If yes, please explain)
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Behavioral Issues			
Blackouts/Fainting			
Bleeding Disorder			
Bowel/Bladder Issues			
Cancer			
Cardiac Issues (Blood Pressure/Disease)			
Concussion (within past year)			
Developmental Delays			
Diabetes			
Ear Infections (recurrent)			
Eating Disorder (under treatment)			
Gluten Free			
Hearing Problems			
HIVAIDS/ARC			
Menstrual Concerns			



Mental Health Issues (under treatment)			
Respiratory Ailments			
Seizures			
Self Injury			
Skin Problems			
Sleep Issues			

CONDITION	NO	YES	DETAILS (If yes, please explain)
Ulcer (on medication)			
Uses eye glasses or contacts			
Vegan			
Vegetarian			
Other			

Has your child had any operations? \_\_\_\_ YES \_\_\_\_ NO  
 If yes, please explain.

Has your child ever been hospitalized or had a serious injury? \_\_\_\_ YES \_\_\_\_ NO  
 If yes, please explain.

Has your child had or currently has any of the following diseases?

DISEASE	NO	YES	DISEASE	NO	YES
Chicken Pox (Varciella)			Mono (past 1 year)		
Hepatitis A			Mumps		
Hepatitis B			Rheumatic Fever		
Hepatitis C			Scarlet Fever		
Measles (German)			Whooping Cough		
Measles (Red)					

Fully explain any of the conditions above which your child is currently experiencing.

Has your child been exposed to any communicable diseases within the last three months? \_\_\_\_ YES \_\_\_\_ No  
If yes, please explain.

Does your child have any restrictions on activity? \_\_\_\_ YES \_\_\_\_ NO  
If yes, please explain.

Is there anything you would like to discuss with the camp staff? \_\_\_\_ YES \_\_\_\_ NO

## HEALTH INSURANCE AND DOCTOR INFORMATION

ALL CAMPERS ARE REQUIRED TO SUBMIT A COPY OF THE FRONT AND BACK OF THE HEALTH INSURANCE CARD.  
THIS IS REQUIRED WHEN TAKING YOUR CAMPER FOR A DOCTOR'S VISIT

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INSURANCE

Full Name of Policy Holder \_\_\_\_\_

Policy Holder Phone Number \_\_\_\_\_

### HEALTH INSURANCE COMPANY INFORMATION

INSURANCE COMPANY/PLAN NAME \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER \_\_\_\_\_

HEALTH INSURANCE POLICY NUMBER \_\_\_\_\_

INSURANCE GROUP NAME OR NUMBER \_\_\_\_\_

### MEDICAL WAIVER

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/ or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, as well as the emergency contact, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand this information will be shared on a "need to know" basis with camp staff. I give permission to print this information. In addition the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

*If for any reason you cannot sign this waiver, contact the camp registrar at: 302-645-5348 or email [rbrooks@camparrowhead.net](mailto:rbrooks@camparrowhead.net).*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# GOT A DOC CLINIC FORM

DATE \_\_\_\_\_

I give my consent to have my child \_\_\_\_\_ treated at Got A Doc Walk In Clinic,

[Fill in name of child]

if deemed necessary by the Registered Nurse at Camp Arrowhead.

Offices are located in in Lewes at 1309 Savannah Road. (302) 644-1441

Got a Doc has agreed to call parents and take any co-pay over the phone to avoid you needing to be billed by Camp Arrowhead or ultimately The Episcopal Diocese. They will also bill your insurance for your child's care.

I acknowledge that the HIPPA Laws will be followed and that the Clinic will call me if deemed necessary to discuss the care of my child.

I can be reached during camp at this number \_\_\_\_\_.

\_\_\_\_\_

[Signed]

\_\_\_\_\_

[Relationship to camper]

If x-rays are necessary they will be taken for those as well or to the ER at Beebe if necessary

If your child has Medical Assistance, and is required to go to the ER and they will be taken there.

**\*\*Camp will notify the guardian(s) prior to taking your camper to the clinic\*\***



## CAMPER REGISTRATION CHECKLIST

Please make sure you have included the following when registering through the mail.

- Camp Registration Form Completed \_\_\_\_\_
- Camper Briefing Sheet completed \_\_\_\_\_
- Medical History Completed \_\_\_\_\_
- Got a Doc Form Signed \_\_\_\_\_
- A copy of the front and back of your camper's insurance card is included with the registration \_\_\_\_\_
- A check payable to Camp Arrowhead for \$200.00 per camper registration is included \_\_\_\_\_

Thank you for taking the time to make sure your mail-in packet is complete. I will notify you by email and mail when your camper's registration has been updated into our system. Please feel free to email me or call with any questions you might have.

Rebecca Brooks

[rbrooks@camparrowhead.net](mailto:rbrooks@camparrowhead.net)

302-645-5348

**By signing the registration material, parent or guardian agrees to the use of the camper's photos in Camp Arrowhead promotional materials including our website. I have read and reviewed the information in the packet. In addition I give my child permission to be transported and to attend camp events held offsite as required by the program.**

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**Guardian Signature**

**Send a check with your registration.**

Deposit Amount \_\_\_\_\_ Check # \_\_\_\_\_ Balance Due \_\_\_\_\_

Please understand that session areas do fill up. If your request is not available the registrar will contact you.