

<p>Camp Arrowhead Summer Camp Registration Online Registration is available at camparrowhead.net Or you may complete the mail-in packet and send to... Registrar: Nancy Lafontaine 35268 Homestead Way, Lewes, DE 19958 Checks payable to Camp Arrowhead <i>(Please print or type)</i></p>	<p>A \$ 100.00 nonrefundable deposit per camper per session is required at the time of registration. One form per camper.</p>
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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 100.00 per camper registration

EMERGENCY CONTACTS(print neatly)

Name	Relationship	Phone
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2019 CAMP SESSIONS

Taste of Camp (Entering Grades 2nd through 3rd)

TOC A – July 14th to July 18th **405.00**

TOC B – July 22nd to July 26th **405.00**

HOMESTEAD (Entering Grades 3rd through 6th)

Session 1 – June 23rd to June 29th **660.00**

Session 2 – One Week – June 30th to July 6th **660.00**

Mini Camp wk. 2 – July 7th to July 12th **595.00**

2 Weeks – June 30th to July 12th **1105.00**

Session 3 – July 14th to July 26th (Color Competition Central) **1105.00**

Session 4 – July 28th to Aug. 3rd **660.00**

Session 5 – Aug. 4th to Aug. 10th **660.00**

PIONEER (Entering Grades 6th through 9th)

Session 1 – June 23rd to June 29th **660.00**

Session 2 – One Week – June 30th to July 6th **660.00**

Mini Camp wk. 2 – July 7th to July 12th **595.00**

2 Weeks – June 30th to July 12th **1105.00**

Session 3 – July 14th to July 26th (Color Competition Central) **1105.00**

Session 4 – July 28th to Aug. 3rd **660.00**

Session 5 – Aug. 4th to Aug. 10th **660.00**

PATHFINDERS (Entering Grades 10th through 11th)

One Week Sessions - Adventure (Session 5) and Sunfish Pathfinders (Session 1 and 4)

Session 1 June 23rd to June 29th **670.00**

Session 4 July 28th to Aug. 3rd **690.00**

Session 5 Aug 4th to Aug 10th **690.00**

Two Week Sessions - Adventure Leadership and Sailing Pathfinders

Session 2 June 30th to July 12th **1,160.00**

Session 3 July 14th to July 26th (Color Competition Central) **1,160.00**

DAY CAMP

Day Camp A June 24th to June 28th **375.00** Day Camp B July 1st to July 5th **375.00**

Day Camp C July 8th to July 11th **305.00** Day Camp D July 15th to July 19th **375.00**

Day Camp E July 22nd to July 25th **305.00** Day Camp F July 29th to Aug. 2nd **375.00**

Day Camp G Aug 5th to Aug 9th **375.00**

SESSION OPTIONS

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

Taste of Camp (Entering 2nd and 3rd grade for the following school year)

TOC A _____ **405.00**

TOC B _____ **405.00**

Homestead (Entering 3rd through 6th grade for the following school year)

Session 1 _____ **660.00**

Session 2 One Week, wk 1 _____ **660.00** Mini Camp wk. 2 _____ **595.00** 2 Weeks _____ **1105.00**

Session 3 _____ **1105.00** Session 4 _____ **660.00** Session 5 _____ **660.00**

Pioneer (Entering 6th through 9th grade for the following school year)

Session 1 _____ **660.00**

Session 2 One Week, wk 1 _____ **660.00** Mini Camp wk. 2 _____ **595.00** 2 Weeks _____ **1105.00**

Session 3 _____ **1105.00** Session 4 _____ **660.00** Session 5 _____ **660.00**

Pathfinders (Entering 10th through 11th grade for the following school year)

Adventure

Session 5 _____ **690.00**

Sunfish Pathfinders

Session 1 _____ **690.00** Session 4 _____ **690.00**

Adventure Leadership

Session 2 _____ **1,160.00** Session 3 _____ **1,160.00**

Sailing Pathfinders

Session 2 _____ **1,160.00** Session 3 _____ **1,160.00**

DAY CAMP (Entering 2nd through 5th grade for the following school year)

Day Camp A _____ **375.00** Day Camp B _____ **375.00**

Day Camp C _____ **305.00** Day Camp D _____ **375.00**

Day Camp E _____ **305.00** Day Camp F _____ **375.00**

Day Camp G _____ **375.00**

**CAMP ARROWHEAD 2016
CAMPER HEALTH HISTORY
MAIL-IN FORM**

Mail this form with CAMPER
REGISTRATION to:
Camp Arrowhead
Attention: Nancy Lafontaine
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. All campers are required to have a physical within 12 months of attending camp. Camp physicals can sometimes be obtained at your local pharmacies or walk-in centers.

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

DRUG ALLERGENS:

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

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. _____

CAMPERS WITH DIETARY RESTRICTIONS MUST FILL OUT THE KITCHEN ALLERGY FORM LOCATED ON OUR MAIN CAMP WEBSITE PAGE. YOU ARE ALSO REQUIRED TO CONTACT OUR FOOD SERVICE MANAGER AT ifeaster@camparrowhead.net or 302-945-0610 ext 6

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

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)
ADD/ADHD			
Asthma/Inhaler			
Bedwetting			
Behavioral Issues			
Blackouts/Fainting			
Bleeding Disorder			
Bowel/Bladder Issues			
Cancer			

CONDITION**NO****YES****DETAILS (If yes, please explain)**

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			
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		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 _____

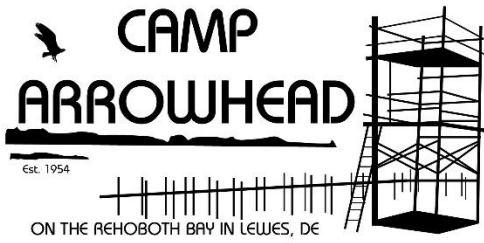
INSURANCE GROUP NAME OR NUMBER _____

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 nlafontaine@camparrowhead.net.

Parent/Guardian Signature _____ Date _____



GOT A DOC CLINIC FORM

DATE _____

I give my consent to have my child _____ treated at "Got A
[Fill in name of child]

Doc Walk in Clinic", if deemed necessary by the Registered Nurse at Camp Arrowhead.

Offices are located in in Long Neck

25935 Plaza Drive #1, Millsboro, DE 19966
(302) 947-4111

And Lewes

1309 Savannah Road, Lewes, DE 19958
(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.

Joan E. Adkins (Camp Nurse)

jadkins@camparrowhead.net

****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 100.00 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.

Nancy Lafontaine

nlafontaine@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.

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.

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.

Camper Friendship Request (First and Last Name)

PLEASE PRINT NEATLY



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 | Cooperative | Leader | Selfish |
| Aggressive | Easily Excitable | Makes Friends Easily | Sensitive |
| Anxious | Follower | Peacemaker | Shy |
| Athletic | Impulsive | Responsible | Show-Off |
| Confident | Independent | Self-Conscious | |

Would you like to elaborate on any of the characteristics?

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)

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)

Share some of your camper's hobbies/interests:

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:

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

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

Does your camper have a friendship request? The request must be within one grade level.

Camper Friendship (Submit One)

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