

**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
(Please print or type)

A \$ 100.00 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 100.00 per camper registration****

EMERGENCY CONTACTS(print neatly)

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

2021 CAMP SESSIONS

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

TOC A – July 11th to July 15th **420.00**

TOC B – July 19th to July 23rd **420.00**

HOMESTEAD (Entering Grades 3rd through 6th)

Session 1 – June 20th to June 26th **675.00**

Session 2 – Session 2 A, 1 wk – June 27th to July 3rd **675.00**

Session 2 B, 1 wk – July 3rd to July 9th **675.00**

2 Weeks – June 27th to July 9th **1145.00 (4th of July, Mystery Central)**

Session 3 – July 11th to July 23rd (Color Competition Central) **1145.00**

Session 4 – July 25th to July 31st **675.00**

Session 5 – Aug. 1st to Aug. 7th **675.00**

Session 6 – Aug. 8th to Aug. 13th (Mini Camp) **615.00**

PIONEER (Entering Grades 6th through 9th) Sessions 1, 4, 5, and 6 available for 6th, 7th, 8th and 9th graders. Sessions 2 and 3 are available only for 7th, 8th and 9th graders.

Session 1 – June 20th to June 26th **675.00**

Session 2 – Session 2 A, 1wk – June 27th to July 3rd **675.00**

Session 2 B, 1 wk – July 3rd to July 9th **675.00**

2 Weeks – June 27th to July 9th **1145.00 (4th of July, Mystery Central)**

Session 3 – July 11th to July 23rd (Color Competition Central) **1145.00**

Session 4 – July 25th to July 31st **675.00**

Session 5 – Aug. 1st to Aug. 7th **675.00**

Session 6 – Aug. 8th to Aug. 13th (Mini Camp) **615.00**

PATHFINDERS (Entering Grades 10th through 11th)

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

Session 1 June 20th to June 26th **710.00**

Session 4 July 25th to July 31st **710.00**

Session 5 Aug 1st to Aug 7th **710.00**

Two Week Sessions - Adventure Leadership, Rustic and Sailing Pathfinders

Session 2 June 27th to July 9th (4th of July, Mystery Central) **1,200.00**

Session 3 July 11th to July 23rd (Color Competition Central) **1,200.00**

DAY CAMP

Day Camp A June 21st to June 25th **385.00** Day Camp B June 28th to July 2nd **385.00**
Day Camp C July 5th to July 8th **310.00** Day Camp D July 12th to July 16th **385.00**
Day Camp E July 19th to July 22nd **310.00** Day Camp F July 26th to July 30th **385.00**
Day Camp G Aug 2nd to Aug 6th **385.00**

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 _____ **420.00** TOC B _____ **420.00**

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

Session 1 _____ **675.00**

Session 2 A, 1 wk _____ **675.00** Session 2 B, 1 wk _____ **675.00** Session 2, 2 Weeks _____ **1145.00**
Session 3 _____ **1145.00** Session 4 _____ **675.00** Session 5 _____ **675.00** Session 6 _____ **615.00**

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

Session 2 and 3 only available to 7th, 8th and 9th graders

Session 1 _____ **675.00**

Session 2 A, 1 wk _____ **675.00** Session 2 B, 1 wk _____ **675.00** Session 2, 2 Weeks _____ **1145.00**
Session 3 _____ **1145.00** Session 4 _____ **675.00** Session 5 _____ **675.00** Session 6 _____ **615.00**

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

Adventure

Session 5 _____ **710.00**

Sunfish Pathfinders

Session 1 _____ **710.00** Session 4 _____ **710.00**

Adventure Leadership

Session 2 _____ **1,200.00** Session 3 _____ **1,200.00**

Sailing Pathfinders

Session 2 _____ **1,200.00** Session 3 _____ **1,200.00**

Rustic Pathfinders

Session 2 _____ **1,200.00** Session 3 _____ **1,200.00**

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

Day Camp A _____ **385.00** Day Camp B _____ **385.00**
 Day Camp C _____ **310.00** Day Camp D _____ **385.00**
 Day Camp E _____ **310.00** Day Camp F _____ **385.00**
 Day Camp G _____ **385.00**

<p align="center">CAMP ARROWHEAD CAMPER HEALTH HISTORY MAIL-IN FORM</p> <p>Mail this form with CAMPER REGISTRATION to: Camp Arrowhead Attention: Nancy Lafontaine 35268 Homestead Way Lewes, DE 19958</p>	<p>Dates will attend camp: _____ _____</p> <p>Camper Name: _____ ___ Male ___ Female Birth Date: _____</p> <p>Grade entering in Sept. _____</p>
<p>This document must accompany the CAMPER MAIL-IN registration form</p>	

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 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. _____

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 jfeaster@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			

CONDITION	NO	YES	DETAILS (If yes, please explain)
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																																													
<p>Has your child had any operations? ____YES ____NO If yes, please explain.</p>																																													
<p>Has your child ever been hospitalized or had a serious injury? ____YES ____NO If yes, please explain.</p>																																													
<p>Has your child had or currently has any of the following diseases?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">DISEASE</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">YES</th> <th style="width: 40%;">DISEASE</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">YES</th> </tr> </thead> <tbody> <tr> <td>Chicken Pox (Varciella)</td> <td></td> <td></td> <td>Mono (past 1 year)</td> <td></td> <td></td> </tr> <tr> <td>Hepatitis A</td> <td></td> <td></td> <td>Mumps</td> <td></td> <td></td> </tr> <tr> <td>Hepatitis B</td> <td></td> <td></td> <td>Rheumatic Fever</td> <td></td> <td></td> </tr> <tr> <td>Hepatitis C</td> <td></td> <td></td> <td>Scarlet Fever</td> <td></td> <td></td> </tr> <tr> <td>Measles (German)</td> <td></td> <td></td> <td>Whooping Cough</td> <td></td> <td></td> </tr> <tr> <td>Measles (Red)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Fully explain any of the conditions above which your child is currently experiencing.</p>				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)					
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<p>Has your child been exposed to any communicable diseases within the last three months? ____YES ____No If yes, please explain.</p>																																													

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 _____

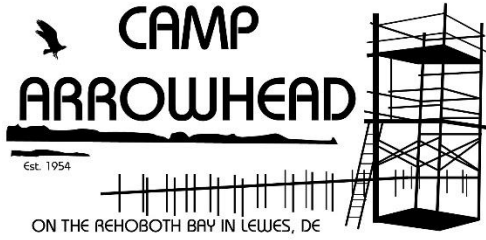
MEDICAL WAIVER

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?
