

| | |
|--|--|
| <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> |
|--|--|

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 10th to July 14th **440.00**

TOC B – July 18th to July 22rd **440.00**

HOMESTEAD (Entering Grades 3rd through 6th)

Session 1 – June 19th to June 25th **695.00**

Session 2 – Session 2 A, 1 wk – June 26th to July 2nd **695.00**

Session 2 B, 1 wk – July 2nd to July 8th **695.00**

2 Weeks – June 26th to July 8th **1175.00**

Session 3 – July 10th to July 22nd (Color Competition Central) **1175.00**

Session 4 – July 24th to July 30th **695.00**

Session 5 – July 31st to Aug. 6th **695.00**

Session 6 – Aug. 7th to Aug. 12th (5 nights) 625.00

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 19th to June 25th **695.00**

Session 2 – Session 2 A, 1 wk – June 26th to July 2nd **695.00**

Session 2 B, 1 wk – July 2nd to July 8th **695.00**

2 Weeks – June 26th to July 8th **1175.00**

Session 3 – July 10th to July 22nd (Color Competition Central) **1175.00**

Session 4 – July 24th to July 30th **695.00**

Session 5 – July 31st to Aug. 6th **695.00**

Session 6 – Aug. 7th to Aug. 12th (5 nights) 625.00

PATHFINDERS (Entering Grades 10th through 11th)

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

Session 1 June 19th to June 25th **730.00**

Session 4 July 24th to July 30th **730.00**

Session 5 July 31st to Aug 6th **730.00**

Two Week Sessions - Adventure Leadership, Rustic and Sailing Pathfinders

Session 2 June 26th to July 8th **1,230.00**

Session 3 July 10th to July 22nd (Color Competition Central) **1,230.00**

DAY CAMP

Day Camp A June 20th to June 24th **430.00** Day Camp B June 27th to July 1st **430.00**
Day Camp C July 4th to July 7th **345.00** Day Camp D July 11th to July 15th **430.00**
Day Camp E July 18th to July 21st **345.00** Day Camp F July 25th to July 29th **430.00**
Day Camp G Aug 1st to Aug 5th **430.00**

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 _____ **440.00** TOC B _____ **440.00**

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

Session 1 _____ **695.00**

Session 2 A, 1 wk _____ **695.00** Session 2 B, 1 wk _____ **695.00** Session 2, 2 Weeks _____ **1175.00**
Session 3 _____ **1175.00** Session 4 _____ **695.00** Session 5 _____ **695.00** Session 6 _____ **625.00**

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

Session 1, 2A, 2B, 4, 5, and 6 – entering 6th grade can register into Pioneer – one week sessions only
Session 2 and 3 only available to 7th, 8th and 9th graders – 2 week sessions

Session 1 _____ **695.00**

Session 2 A, 1 wk _____ **695.00** Session 2 B, 1 wk _____ **695.00** Session 2, 2 Weeks _____ **1175.00**
Session 3 _____ **1175.00** Session 4 _____ **695.00** Session 5 _____ **695.00** Session 6 _____ **625.00**

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

Adventure

Session 5 _____ **730.00**

Sunfish Pathfinders

Session 1 _____ **730.00** Session 4 _____ **730.00**

Adventure Leadership

Session 2 _____ **1,230.00** Session 3 _____ **1,230.00**

Sailing Pathfinders

Session 2 _____ **1,230.00** Session 3 _____ **1,230.00**

Rustic Pathfinders

Session 3 _____ **1,230.00**

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

Day Camp A _____ **430.00** Day Camp B _____ **430.00**
Day Camp C _____ **345.00** Day Camp D _____ **430.00**
Day Camp E _____ **345.00** Day Camp F _____ **430.00**
Day Camp G _____ **430.00**

**CAMP ARROWHEAD
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 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 |
|---|--|--|

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 |
|---|--|--|

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 | | | |
| 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 _____

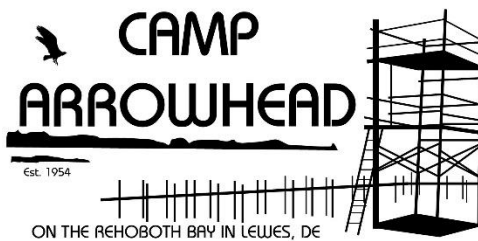
INSURANCE GROUP NAME OR NUMBER _____

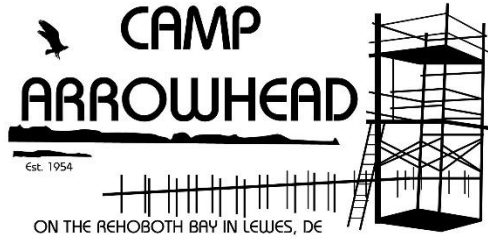
MEDICAL WAIVER

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?
