

CAMP FAIRYLAND APPLICATION

Child's Personal Information

Child's Last Name: _____

First Name: _____

Middle Initial: _____

Age: _____

Birth Date: (format - MM/DD/YYYY) _____

Gender: - M/F

School number or name: _____ Grade for 2016/2017 School year _____

Hobbies _____

Home Address:

Street and Number _____

City: _____

State: _____

ZIP Code: _____

Home Phone: _____

E-Mail: for communication with Camp _____

How did you hear about us? _____ Source Name _____

Parents or Guardian Information:

First Parent Information:

Last Name: _____ Marital Status: _____

First Name: _____

Relationship: _____

Cell Phone: _____

Employer: _____

E-Mail: _____

Second Parent Information:

Last Name: _____ Marital Status: _____

First Name: _____

Relationship: _____

Cell Phone: _____

Employer: _____

E-Mail: _____

Child's primary physician: _____

Physician's phone # _____

Child's insurance coverage: _____

Policy # _____

Any known allergies? Yes No. If yes explain: _____

Any food restrictions? Yes No, If yes explain _____

Any condition that prevents child from any physical activity? Yes / No

If YES explain: _____

Parents with special custody arrangements, or concerns regarding other visitor contact

MUST contact the Camp Director PRIOR to child attending camp.

Name of person: _____

Relationship to child: _____

Restrictions: (please be specific) _____

I have read Camp's Fairyland Rules, Policies and Waivers and I Agree with them, the signed by me copies of the above mentioned Documents are enclosed to this Application.

Parent/Guardian _____ Signature _____ Date _____

Dates of Sessions and Fees for the summer of 2016:

Session Dates (mark what applies)	Fees
<u>One Week sessions:</u>	
<input type="checkbox"/> 1-st Session: June 25 - July 2	\$ 545 – for 1 week
<input type="checkbox"/> 2-A Session: July 2 - July 9	\$ 645 – for 1 week
<input type="checkbox"/> 2-B Session: July 9 - 16 July	\$ 645 – for 1 week
<input type="checkbox"/> 3-A Session: July 16 - July 23	\$ 645 – for 1 week
<input type="checkbox"/> 3-B Session: July 23 - July 30	\$ 645– for 1 week
<input type="checkbox"/> 4-A Session: July 30 - August 6	\$ 645 – for 1 week
<input type="checkbox"/> 4-B Session: August 6 - August 13	\$ 645 – for 1 week
<input type="checkbox"/> 5-A Session: August 13 - August 20	\$ 595 – for 1 week
<input type="checkbox"/> 5-B Session: August 20 - August 27	\$ 595 – for 1 week
<input type="checkbox"/> 6-th Session: August 27 - September 3	\$ 545 – for 1 week
<u>Two Weeks sessions:</u>	
<input type="checkbox"/> 2-nd Session: July 2 - July 16	\$ 1245 - for 2 weeks
<input type="checkbox"/> 3-rd Session: July 16 - July 30	\$ 1245 - for 2 weeks
<input type="checkbox"/> 4-th Session: July 30 - August 13	\$ 1195 - for 2 weeks
<input type="checkbox"/> 5-th Session: August 13 - August 27	\$ 1145 - for 2 weeks

Additional Optional Services:

List of Additional Optional Services:	Payment Enclosed
<input type="checkbox"/> Horseback Riding Lessons - \$49 per 1 hour Lesson	\$ _____ for _____ hours
<input type="checkbox"/> Golf playing Lessons - \$49 per 1 hour Lesson	\$ _____ for _____ hours
<input type="checkbox"/> Kayaking or Canoeing - \$49 per 1 hour Lesson/Trip	\$ _____ for _____ hours
<input type="checkbox"/> Sightseeing Trips - \$55-\$75 per Trip (at least one trip per week) – suggested to enclose - \$75 per week	\$ _____ for _____ Trips
<input type="checkbox"/> Foreign Language Lessons – Russian - \$15 per hour (minimum 5 hours per week)	\$ _____ for _____ hours
<input type="checkbox"/> Foreign Language Lessons – Ukrainian - \$15 per hour (minimum 5 hours per week)	\$ _____ for _____ hours
<input type="checkbox"/> Foreign Language Lessons – English - \$15 per hour (minimum 5 hours per week)	\$ _____ for _____ hours
<input type="checkbox"/> Laundry Service: optional weekly laundry service - \$20 per week (only one load per week)	\$ _____ for _____ loads
<input type="checkbox"/> Bed Lining Rental - \$25 per 1 week (1 pillow, 1 pillowcase, 1 blanket, 2 bedsheets, 1 towel) + \$25 returnable deposit.	\$ _____ for _____ weeks
<input type="checkbox"/> Camp Store Account: add funds to camper's camp store account – suggested \$25 per week	\$ _____ for _____ weeks
<input type="checkbox"/> Transportation from Brooklyn, Queens, NY or Fort Lee, NJ to the camp - \$35 One Way, \$75 Round Trip per child.	\$ _____ for OW or RT
<input type="checkbox"/> Transportation from JFK or LaGuardia Airports - \$150 one way/\$300 Round Trip per child, \$35 per child each way – if group of 6 children.	\$ _____ for OW or RT
<input type="checkbox"/> Transportation from Newburgh (Steward), NY or Albany, NY Airports -\$75 one way/ \$150 Round Trip per child, \$35 each way – if group of 6 children.	\$ _____ for OW or RT
<input type="checkbox"/> Photo album min 25 pictures or DVD Show Reel, \$29	\$ _____

Total Payment (Session Fees and Cost of Additional Optional Services, please add and pay) \$ _____

CAMP FAIRYLAND - POLICIES

NOTE: Camp Fairyland administration reserves the right to refuse registration on the basis of previous experience of the child's stay in the camp - frequent breaches of discipline.

CONFIDENTIAL INFORMATION: Camp Fairyland does strive to provide positive camp experiences for children with various needs whenever possible. However, Camp Fairyland does not provide programs that are rehabilitative or therapeutic in nature, and does not specialize in serving children with special needs, including children with severe emotional, social, or behavioral difficulties. We appreciate the opportunity to work with you in order to determine if the Camp Fairyland experience is appropriate to meet the needs of your child. Please provide information regarding your child's special needs including any disabilities, disorders or medical problems prior to attending camp. Your honest disclosure of information about your child is important in determining if Camp Fairyland is a fit for your child. To communicate this information directly to the Camp Director confidentially. Failure to provide accurate information prior to your child attending camp may result in a camper being sent home, and there will be no refund in this case.

CUSTODY/NO CONTACT ORDER:

YOU MUST COMPLETE THIS SECTION IF YOU HAVE ISSUES RELATED TO CHILD CUSTODY OR IF THERE IS A LEGAL ORDER FOR SOMEONE WHO MAY NOT COME IN CONTACT WITH YOUR CAMPER.

Parents with special custody arrangements, or concerns regarding other visitor contact MUST contact the Camp Director PRIOR to child attending camp.

Name of person: _____

Relationship to child: _____

Restrictions: (please be specific) _____

FEES TO REGISTER:

For Pay-In-full Discount programs: All tuition fees are due at the time of registration

Deposit: Prior to May 15 a deposit of \$300 per week is required at the time of registration. This will be applied to the total tuition balance due. All registrations received after May 15th are to be paid in full at the time of registration. Fee payments: Final tuition balance for all sessions is due in full by May 15.

I understand there will be a \$30.00 fee for all returned checks and a \$50.00 fee to cover Wire Transfer Bank fees.

Cancellations & Refunds: If trip to the camp Fairyland is cancelled before May 15, 2016 – any tuition payments made, less a \$50.00 non-refundable registration fee are refundable. After May 15, 2016 there will be no refunds for cancellations or no shows. There will be no refunds made for a camper leaving camp during any camp session, including for reasons of homesickness, except with the written verification by a physician of an injury or physical illness. In case of interruption camp's session due to the illness, refund of the payment of unused weeks will be given, less the current week, which is considered used.

A camper who exhibits emotional, psychological or behavioral conditions that are disruptive to the camp program or that are harmful to himself or the wellbeing of other campers or staff will be dismissed with no refund of fees.

ATTENTION: Any camper found possessing or using alcoholic beverages, illegal drugs, weapons, any sharp objects, knives, scissors, needles, nails, screws, brass knuckles, matches, lighters, cigarettes will be IMMEDIATELY DISMISSED from the Camp with NO REFUND OF FEES GIVEN. The answer, that the child just found this object on the Camp's property will not be considered.

I have read and understand the contents of this registration form, including the Refund and Cancellation Policy, Payment Policy, Confidential Information, and Waiver.

By entering my signature below, I affirm that I have read and agree to the terms and conditions in this application.

I am the Parent or Guardian of the Minor _____

Signature of Parent/ Guardian _____ Date _____

Camp Fairyland - Rules

1. Rules of Conduct in the Camp Fairyland.

When the child is in the summer camp, his Camp Counselor is his senior fellow.

Camp Counselors monitor campers' living and health conditions and are responsible for the safety of campers and together with them organize sports and cultural activities. The camper can access counselor with any concern. The camper has to strictly obey to the orders of camp counselors, camp directors and camp's general rules. Counselors will do their best to make the rest of the camper in the camp interesting and unforgettable. The camp has established day schedule: set up time of rise, meals and retreat.

It is STRICTLY PROHIBITED in the camp:

The use of any alcoholic beverages, smoking, drinking and drug use or trafficking.

Disrespectful behavior towards other participants;

Any kind of discrimination and disrespect because of differences in age, sex, nationality, religion, etc.;

Use of profanity; Any forms of physical violence and abuse; Unauthorized leaving the camp without adult supervision;

Staying in the pool without adult supervision; Damage to the camp's property, trees and plants, growing on camp's territory, as well as damage of property of other children and adults; Stay after curfew outside the living quarters. It is forbidden to make noise after lights out and disturb the peace of other residents of the camp;

For the violation of Camp's Rules, as well as for the theft, unauthorized actions that may harm their health or the health of others, smoking, intake of alcohol or drugs, immoral behavior, etc., the child will be prematurely dismissed from the camp and sent back home. No refund will be given and the child loses the right at any time in the future to return to the Camp Fairyland.

2. Health related rule.

Parents are required when visiting a doctor for filling out the Health Form for the Registering in Camp Fairyland, to request checking their child for pediculosis (lice). Parents are required before departure the child to the camp, on their own or with the help of a qualified health professional, to inspect the child for pediculosis (lice). If you find lice, parents are obliged to cancel the trip to the camp and attend doctor immediately. All monies paid for the camp will be fully refunded, after presenting to the camp the doctor's note stated, that the child is infected with lice. On the day of arrival to the camp, each child will be inspected in the camp to identify pediculosis (lice). In the event of positive outcome of the medical examination in the camp on the arrival, the child will be sent back home at parents' expense and without any refund of any money, previously paid for the camp.

3. The Camp Fairyland is not responsible for damage or loss of personal belongings.

The camp administration strongly recommends not to give children with them to the camp the expensive items - jewelry, expensive electronic games, cell phones etc.

4. Compensation of Damages to camp's property.

In case of damage by the camper of Camp's structures, premises or property, or property of other campers or staff members, the camper's parents are obligated to reimburse the cost of the damaged by their child property or the cost of repairs. The recoverable amount is determined by Camp's Administration or by an independent expert on Camp's Administration request, and is documented by the Act of evaluation of damages. On the basis of this Act, the Camp issue the Invoice to the parents of the responsible for damage(s) camper(s), which is mandatory for immediate payment.

In the event if camp cannot identify the camper, responsible for the damage to the premises, structures, room or to the room's furniture, such as physical damage, graffiti or curving - the parents of sharing the room campers, are required jointly to pay for repairs and restoration of the camp's premises and for replacement of damaged furniture.

If the parents ignore the camp's payment request and Camp will go to the Court for the judgement – the parents of responsible for damage child will be responsible for Camp's legal expenses as well.

In the case of damage to property (premises) in the camp with my child I agree to pay for repairs and restoration.

In the case of damage to property (premises) in the room of my child's residence I undertake jointly with the parents of other children in the room, pay for repairs and restoration, if not identified guilty of causing damage.

By signing the registration form, I, the parent (guardian) agree with all the above terms and conditions.

I got my child acquainted with the camp's rules.

With all of the above terms, conditions and obligations I am aware of and accept.

Parent/Guardian _____ Signature _____ Data _____

Camp Fairyland Health Record and Release Form

All Camps located in New York State required this form to be completed and signed **by a physician and parent** before the child can participate in Camp's activities. Every camper must bring this completed Form to camp check-in or before.

(Note: Please attach a copy of child medical insurance card)

PART A.

Child name: _____
Last First M.I.

DOB: _____ Age: _____ Sex: _____

SSN # _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Cell): _____

Emergency Contact: _____

Phone: _____

Health Insurance Provider: _____

Policy name/ID Number _____

Policy Holder's Name & DOB _____

Insurance Provider Contact Phone _____

Parent's Authorization

My child may participate in all activities of Camp Fairyland.

I authorize emergency response personnel treat my child in case of emergency and Camp Fairyland authorized staff to administer any first aid to my child as they deem necessary in case of emergency and bring the child to the emergency room for treatment.

I understand that every attempt will be made to contact me, or the emergency contact, before taking this action.

I will be financially responsible for all emergency medical services provided to my child during camp and thereafter as needed.

Parent Signature _____ Date _____

****Note**** All medication will be checked and kept by the camp health officer. Only prescription medication can be sent to the camp to be administered at the camp. All prescription medication must be in the original pharmacy container labeled with the child's name, the name of the drug, and instructions for administration. It is illegal for our health office to dispense medication from improperly labeled containers.

Health History

Asthma: Yes/No

Loss of Limb: Yes/No

Diabetes: Yes/No

Orthopedic Problem: Yes/No

Heart Problem: Yes/No

Depression: Yes/No

Mono: Yes/No

Head Injury: Yes/No

Cancer: Yes/No

Migraine: Yes/No

Ear Infection: Yes/No

Tuberculosis: Yes/No

Other serious illness or injury: _____

Please explain all "yes" answers _____

List all current medications (Prescription, "over the counter" and herbal) _____

PART B.

Health examination by licensed physician

Examination is acceptable when performed no more than 6 months prior to arrival to camp.

Immunization History (Please List Dates)

Copy of Immunization Record preferable

DPT _____ Booster _____

Polio OPV (Sabin) _____ Booster _____

Measles/Mumps/Rubella (MMR) #1 _____ #2 _____

Meningitis _____ See form, Td _____

Tuberculin Test _____ Results _____

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella _____

HIB #1 _____ #2 _____ #3 _____

Child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date Received _____

The applicant is under the care of physician for following condition(s): _____

Restrictions/limitations for camper while at camp? Yes/No

If yes, please explain: _____

Current treatment (include current medications): _____

Does applicant have epilepsy? Yes _____ No _____

Does applicant have diabetes? Yes _____ No _____

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants & insects, etc.): _____

I have examined the person mentioned above, reviewed his/her health history and it is my opinion that he/she is physically able to participate in camp activities, except as noted above.

Physician's Name: _____

Address: _____

Phone: _____

Physician's Signature: _____

Date of Examination: _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Disclaimer : The management of Camp Fairyland will make every effort to provide the child with utmost care and attention. However, unforeseen accidents may occur that are not under anyone's control, such as viral infections, mosquito or bee bites, injuries or even death due to camp's activities or like occurrences. By signing below I, the parent or legal guardian of the child agree to the following:

I, _____ (print name of parent or guardian), as a parent or guardian of my Child, understand that Camp Fairyland takes reasonable precautions to insure that programs and activities at Camp Fairyland are conducted by qualified personnel in a safe and responsible manner. I authorize my Child's participation in all Camp Fairyland activities, or organized by Camp Fairyland third party activities, including but not limited to horseback riding, gymnastics, ropes course, swimming, water sports, land sports, archery, riflery, rafting, canoeing, bicycling and hiking. I acknowledge that there are risks inherent in any such activities, which could result in injury to or the death of a participant. I assume all of these risks and I hold harmless and do hereby release, discharge and indemnify Camp Fairyland, it's directors, officers, agents and employees from all liability for loss, damage, injury or illness to my Child and my Child s property relating to or deriving from my Child s presence at Camp Fairyland and my Child s participation in Camp Fairyland activities (including in travel to or from Camp Fairyland) by whatever cause. I understand that programs, destinations and locations of "Out of Camp Trips" may vary due to weather conditions, a participant's needs, and the health or safety precautions that directly affect a particular program or activity, and other unforeseen conditions. I also understand that Camp Fairyland reserves the right to transfer a participant from one program to another at any time.

I, as a parent or guardian of my Child, on behalf of my Child, hereby grant permission for Camp Friendship to use, publish and disseminate any photograph, video or voice recording, of my Child taken during the Camp Fairyland session in newspapers, magazines, brochures, web sites, or other media for promotional purposes.

I am the Parent or Guardian of the Minor _____

Signature of Parent/ Guardian _____ Date _____

Address _____