CAMP SWONDER 2023

Summer Day Camp Registration

Camper's Name:	Age: D.O.B/
(Please list your child's age	when attending Camp. Ages 6-12 only.)
Address:	
(Please incl	lude city, state & zip code)
Parental/ Guardian Information:	
Name:	Name:
Relation:	Relation:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
(**Email will be used to send 2023 tax letters. If you do n January. We wi	not provide an email, you will be responsible for picking up your tax letter in ill no longer mail these letters.**)
Primary Contact in case of emergency or illne	ess:
Dlassa chack the sessio	n(s) your child will be attending.
	paid in full at the time of registration*
Session 1: June 5 th - June 9 th "Camp Swonder X GEFSC"	Session 3: June 19 th - June 23 rd "Camp Swonder X EYHA/TRISATE HOCKEY ACADEMY"
Session 2: June 12 th - June 16 th "Camp Swonder X GEFSC"	Session 4: June 26 th - June 30 th "Camp Swonder X EYHA/TRISTATE HOCKEY ACADEMY"

ALL PAYMENTS ARE NON REFUNDABLE & NON TRANSFERABLE!



Child's Name:
Has the child ever been evaluated or received treatment or counseling by a Psychologist or Physician for a nervous condition, emotional or behavioral problems, including hyperactivity? NO YES*
If so, please attach a separate sheet with details including any special need in regards to what Camp Swonder staff can do to better serve your child.
Allergies or Allergic Reactions? Insect Stings Latex Foods Sunscreen Other
Please explain any checked allergies:
Activity Restrictions? NO YES
If so, please explain:
Dietary Restrictions? NO YES *Swonder cannot guarantee that we will be able to accommodate every food allergy so please make sure to send a substitute snack with your child if they are unable to consume the listed menu items. If so, please explain:
Name of Medication to be administered during camp hours
Physical Description of Medication:
Day(s) to Receive Medication:
Time(s) of Day to Receive MedicationMedication Dosage:
Other Pertinent Information, Including Side Effects, of Medication:



Camper's Name:		
Medical Insurance Carrier:		
Policy Number	Hos	spital Preference:
Physician:	Pho	one Number:
Address:		
trips for Camp Swonder Sum	(camper's n nmer Day Camp. The for emergency treatr	medical insurance. I hereby give permission for name) to participate in all supervised activities and field camp Swonder staff has my permission to admit my ment or to give the necessary first aid if I cannot be ached.
Parent/Guardian Signature		Date
assigns, and personal represe	entatives may have on the week(s) of	y child, my child's parents, my child's heirs, next of kin concerning my child's attendance at Camp Swonder (dates of stration).
Name of Child	Age	Address
		should try to contact in the case of an emergency:
Emergency Contact:		Phone Number:
Emergency Contact:		Phone Number:
Emergency Contact:		Phone Number:
- mergency Contact:		Phone Number:



MOVIE PERMISSION SLIP

Sometimes weather may prohibit us from doing the planned activities that we have scheduled for the day for our campers. One of the activities that we may have to do instead is watch a movie. In the event that the movie we have has a PG rating, we would like for you to please fill out and sign the following permission slip, giving your approval for your child to watch a PG movie while at camp.

I, child to watch a PG movie wh	, the parent of ille my child is attending C	agree for my Camp Swonder Summer Day Camp during
Name of Child	Age	
Address		
Name of Parent		
Signature of Parent	 Date	

Camp Swonder Strike Policy Explanation

While your child is at Camp Swonder, we want to make sure they have the best time they possibly can. That being said, we do have rules in place to make sure that no one ever feels uncomfortable while they are at camp. Camp Swonder has implemented a behavior/ "strike" policy. We have explained the policy to the campers and wanted to inform you as well. If your child has an incident in which the behavior/ "strike" policy comes into play they will first be given a verbal warning, which the head counselor will discuss with you at pickup. The second time there is a problem, they will receive a written warning and will also have a strike paper sent home. The third time, they will receive a strike paper and the child will be suspended from camp for the rest of that week. The final time, they will be given a strike paper and be suspended from camp for the rest of the summer. Some of the reasons a child will receive a strike paper include, acting in a violent manner towards another camper or a counselor (hitting someone, biting someone, etc.), profanity, or indecent exposure. Our goal is for your child to enjoy their experience with us at Camp Swonder.

Parent/Guardian Signature	Date	
•		

Please list all person(s) authorized to pick your child(ren) up from camp (please include any/all parents, *including yourself*)

Name of Parent		Signature of Parent	 Date
Name of Child	.ge	Address	
daily supervised camp activities for the	use of c	otographs of my child that are take raft projects, camp slide shows, and Swonder Summer Day Camp.	
	PHO	TO RELEASE	
Anyone attempting to pick up this WILL BE REQUIRED to show photo ident	ificatio <u>S</u> v	n before the child is released fro wonder.	
6		Relationship to Camper	
5		Relationship to Camper	
4		Relationship to Camper	
3		Relationship to Camper	
2		Relationship to Camper	
1		Relationship to Camper	

Camp Swonder is an active camp, therefore we ask that camper's please leave all electronics at home. Swonder is **NOI** responsible for any lost, stolen, or damaged property.

Please make sure to bring the following items everyday:

- Backpack For Belongings
- Bug Spray
- Spray Sunscreen
- Ice Skates (Camp Swonder will provide ice skates for those who need them)
- Comfortable Clothes And Running Shoes That Are Good For Playing In

Things to remember:

** Please make sure camper has had a complete breakfast before arriving!**

Camp Swonder does provide a snack in the afternoon. Swonder cannot guarantee that we will be able to accommodate every food allergy, so please send a substitute snack with your child on dates that you are unsure if your child is able to eat the listed items on the menu.

Please let us know of any food allergies on page 2 of the forms!

Please arrive at camp wearing tall socks & warm clothes for ice skating!

Please write camper's name on ALL belongings, including sunscreen & bug spray!

Important Phone Numbers:

If you have any questions or concerns please contact the Camp Director, Camy Mitchell at (812)436-5717.

<u>Please Call:</u>

If your child is signed up for one of our Camp sessions and they are not going to attend that week please be sure to let us know as soon as possible. We want to make sure we can accommodate as many families on our "waiting list" that are still in need of summer camp spots as possible. You may either call the front desk or call the Camp Director to inform us that your child will not be attending.

Camp Hours:

Drop Off Time: 7:30-8:00AM

Camp Activities Begin: 8:00AM

Camp Activities End: 12:00PM

Latest Pick Up Time: 12:30PM

(NO EXTENDED TIMES WILL BE OFFERED)

CAMP SWONDER T-shirt Order Form

	Campers Name:
T-	Shirt Size:
	Orders will be made when we have an order of 25+ shirts. Please be patient. T-shirts are \$12.00 — CASH ONLY ***Money is due when order form is turned in*** *ORDERS DUE NO LATER THAN FRIDAY, 06/02/2023*
	The Camp Swonder logo will be on the front of all Camp T-shirts.
	Please place t-shirt money in an envelope with your child's order form and write the name on the front of envelope.
	Irish Green 2 Sapphire 3
	Cherry Red Purple Lime 5