



# Summer Camp 2017

The Neighborhood House  
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[www.theneighborhoodhouse.com](http://www.theneighborhoodhouse.com)



## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Age as of 6/26/17: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_ Gender: M F

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper Lives with: Both Parents Joint Custody Mother Father Other

## PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian #1: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Parent/Guardian #2: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SEASONAL CAMPER INFORMATION (if different from above)

Summer Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact #1: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## BASIC CAMPER MEDICAL INFORMATION & WAIVER

Are there any health issues we should be aware of, including any known or suspected allergies? Yes No

If you checked "Yes" above, please Explain (feel free to attach additional sheet or contact us): \_\_\_\_\_

If your camper requires medication during the day, you must contact us prior to their first day of attendance with information regarding the dispensing of the medication, as well as a signed note stating your camper and/or our camp staff have your permission to administer the medication.

Note: We assume all children enrolled in public school in the state of Maine have received all required immunizations. Parents of campers not enrolled in public school in the state of Maine must provide an immunization record from their physician prior to their child's first day in camp (or provide a signed letter stating the reason(s) for no immunizations).

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for the staff of neighborhood house to obtain whatever medical or emergency treatment they consider necessary. This authorization includes my consent for the child named to receive treatment by a physician or other medical or emergency personnel, and to oversee the transport of the child to a medical or emergency facility. I hereby give my authorization for emergency and/or medical treatments as outlined above.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

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## ADDITIONAL WAIVERS & RELEASES

**General Waiver:** I hereby grant permission for my child to participate in all day camp activities run, organized, or supported by neighborhood house. I understand that camp activities involve active games, off site field trips, outdoor activities such as swimming, hiking, sailing, along with transportation on a bus. I understand that participation in these activities, as well as those camp activities not listed, may expose my child to known and unknown danger, as well as unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless the neighborhood house, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may incur as a result of participation.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Waiver:** I grant Neighborhood House permission to use photographic images and/or video of my child during their participation in camp related activities and neighborhood house events to be included with promotional and publicity efforts (website, email, social media, print, etc). I understand that Neighborhood House will not associate any identifying information (last name) with said photographs and/or videos (If you do not grant permission do not check box and/or sign below).

**Yes, I grant permission** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION

Name of Person Responsible for Payment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note:** All payments, whether at full or reduced rate (see below) are expected to be made in a timely and consistent manner. Failure to do so or to respond to communication from Neighborhood House regarding payment may jeopardize future program enrollment or assistance.

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

## CAMPERSHIP ASSISTANCE PROGRAM

Our goal is to have every child who wants to participate in our summer camp program able to do so, regardless of financial situation. Our volunteer Board of Directors works very hard throughout the year to raise funds for this cause, and assistance will be granted based on the following:

- Any registration form requesting a campership must be received by June 1, 2017
- Non-Residents (of the Town of Mt. Desert) are asked not to request a fee reduction of more than 25%
- Requests for Camperships will be reviewed by the Neighborhood House Program Committee; All requests are kept confidential.

The full amount does not fit our family's budget at this time...

I agree to pay: \$\_\_\_\_\_ per \_\_\_\_\_ Day \_\_\_\_\_ Week Signature: \_\_\_\_\_

**Note:** Our Program Committee will make decisions regarding Campership requests in early June. You will be notified regarding your request.

## “SEND A KID TO CAMP”

The Board of Directors and staff of Neighborhood House want to make sure that every child in our community who wants to attend camp is able to do so, regardless of financial need. Although our weekly fee (while at or below the level charged by similar programs) only covers a portion of the actual cost of a child attending camp, for many families this amount still does not fit into their budget. If you are able to do so, we strongly encourage you show a vote of confidence in this important program, and help make sure it is available to every child in our community.

**Yes! I would like to sponsor a Neighborhood House Camper for:**

One Day (\$45)

One Week (\$175)

Two Weeks (\$350)

Full Summer (\$1,400)

## TRANSPORTATION INFORMATION

Camper will be picked up / dropped off

Camper will ride bus

Camper will walk

## FIRST PAYMENT (to be submitted with registration)

Payment for your child's first week of camp (see page 4), plus a \$25 registration fee must be submitted with these forms. Please fill out the following, and submit the appropriate payment (if you requested a Campership, base it on that amount).

**\$25 Registration Fee + \$ for First Week of Camp = \$\_\_\_\_\_**

Checks can be made payable to "The Neighborhood House." Payments may also be made over the phone with a credit/debit card.

## ATTENDANCE

My Camper will be participating in...

**Scamper Camp**  
(Age 3 - Entering K)

**Junior Explorer Camp**  
(Entering Grades 1-2)

**Senior Explorer Camp**  
(Entering Grades 3-4)

**Quest Club**  
(Entering Grades 5+)

Clearly mark **ALL DAYS** you would like your camper to attend. Note: after the start of our camp season (June 26), you are financially responsible for **ALL DAYS** you registered for (please make any and all changes to your schedule prior to June 26).

	MON	TUE	WED	THU	FRI
<b>Week #1: June 26 - June 30</b>					
<b>Week #2: July 3 - July 7</b>					
<b>Week #3: July 10 - July 14</b>					
<b>Week #4: July 17 - July 21</b>					
<b>Week #5: July 24 - July 28</b>					
<b>Week #6: July 31 - August 4</b>					
<b>Week #7: August 7 - August 11</b>					
<b>Week #8: August 14 - August 18</b>					

**Note:** We will mail and/or email a confirmation packet prior to the start of camp confirming all dates we have your child registered for, as well as a request for any additional information we might need. If you have any questions, however, please feel free to contact us

## 2017 CAMP DAILY & WEEKLY FEES

Please note that our fee structure has not changed over previous seasons. **We define a "Resident" as an individual who pays property taxes to the Town of Mt. Desert or is a registered voter in the Town of Mt. Desert.**

	Half-Day (9am-1pm) *Scamper Camp Only	Full Day	Full Week
<b>1st Child</b>	\$35 (\$45)	\$45 (\$50)	\$175 (\$200)
<b>2nd Child</b>	\$30 (\$40)	\$40 (\$45)	\$160 (\$180)
<b>3rd Child</b>	\$25 (\$35)	\$35 (\$40)	\$140 (\$160)
<b>4th Child</b>	\$20 (\$30)	\$30 (\$35)	\$125 (\$140)
<b>*NON-RESIDENT RATES IN PARENTHESES</b>			