



1 Hovtech Blvd
Mt. Laurel, NJ 08054
Phone: 856-273-2828
Fax: 856-273-7533
www.intsports.com

Dear Parent,

Thank you for registering your child for our school camp. Enclosed you will find all of the necessary forms needed to complete your enrollment. The forms include: Health and Wellness, Immunization Record, Authorization for Child Release, Behavior Management and Notify Quick. All forms must be completed and returned prior to your child attending the school camp. If you have a copy of your child's immunization records you may include that with your forms. If not you will need to obtain a copy from your physician. If your child attended our **2018 Summer Day Camp** you do not need to send in any forms unless there have been any changes to your child's information.

Each month we will email you the Monthly Enrollment so you can select the days that your child will be attending school camp for the **following** month. This must be returned by the 15th of the month prior and **must include payment** at the time of enrollment. **There are no refunds, credits, substitutions or cancellations for any dates that you have registered for any reason. No exceptions!** We staff based on enrollment. If your child is not registered by the 15th of the month we can not guarantee that we will have space available.

Our school camp is staffed with members of our summer camp staff. Camp hours are from 7:00 am to 6:00 pm. The children will play organized games through the morning and after free time. Lunch is served at 12:00 noon.

We are open to the public from 12:30—3:30 for open skating. Our campers will have free time from 1:00—3:00 and will then have a snack at 3:00 pm. They will be able to play the arcade games during this free time only. Activities will be planned based on the number of enrolled campers. We typically have anywhere from 30—80 campers on an average day. We do provide skates for the campers but they can bring their own if they prefer. Your child may bring in money to play arcade games or purchase extra snacks if they desire during free time. We ask that you hand in any money at the Camp Desk in the morning so that we can keep it safe for them until Free Time. We prefer campers not bring in expensive toys, video games jewelry, etc. We cannot be responsible for these items. **If they bring them they do so at their own risk.**

If you would like us to give medicine to your child you must fill out a Medicine Permission Form that will be located at the front desk when you check in. Please bring this with the medicine that you would like us to administer. All medicine must be in the original container. All medicine must be taken home at the end of each camp day.

The campers will select their lunch each day from the following choices: pizza, hot dogs, or peanut butter and jelly. Campers may bring in extra snacks from home. Lemonade is served with lunch and snack. Water is available to the campers throughout the day.

All campers must be signed in and out each day. An adult must bring campers in each morning. Campers will only be released to those people listed on the Authorization for Child Release. Campers will not be released to anyone that is not on the list and does not have identification. This is for the safety of your child. **There are no exceptions.** If you would like to make a change to this form you must email me from your email address listed as the main contact.

We look forward to meeting your child and always enjoy seeing our summer campers during the school year. We are always here for any questions or concerns; please do not hesitate to call me at 856-273-2828 or email me at lynne@intsports.com.

Sincerely,

Lynne

**Lynne Prairie Coates
Administrator
Lynne@intsports.com**

PLEASE
INCLUDE
A SMALL PHOTO
OF YOUR CHILD
FOR OUR RECORDS!

HEALTH AND WELLNESS

Child's Name: _____ Boy/Girl: _____ D/O/B: _____

Address: _____ Grade: _____

Town: _____ Zip: _____ Home #: _____

Mother: _____ Home #: _____

Address: (if not the same as camper) _____

Town: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____

Address: (if not the same as camper) _____

Town: _____ Work #: _____ Cell# _____

Child lives with: ___ both parents' ___ mother ___ father ___ other (please explain below)

Doctor's Name: _____ Phone #: _____

Insurance Co: _____ Group #: _____

Policy #: _____ Primary Insured: _____

Has your child ever attended camp before? _____ What Camp? _____

What does your child like to do in his/her free time? _____

Describe how your child interacts with his/her peers? _____

Have there been any changes in the family situation in the past year (family move, separation, divorce, death, new school, birth, etc.)? What effect did it have on your child? _____

Is your child or the family receiving any special help with emotional concerns or behavior at school or home (psychiatrist, counselor, social worker, etc.)? _____

Health & Wellness – Page 1

Child's Name: _____ Grade: _____

Any photos or video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial remuneration is available should such a picture/video be used. If you do not wish to have your child appear in photos or video used to promote our camp, please initial: _____

Has your child been identified as needing support or supplemental services during the school year in any of the following areas?

____ academic ____ personal/social ____ language ____ speech
____ Health (i.e. diabetes, peanut allergy) ____ emotional (i.e. anxiety, fears)
____ behavioral (i.e. impulsivity, ADD/ADHD)

Please describe the nature of these services: _____

Do you have any specific concerns? Please explain: _____

Is there anything else you would like us to know about your child that will aide us in helping him/her have a fun, well-adjusted time at camp? _____

Is your child allergic to any medication/foods/insect stings? If yes, please list: _____

Does your child have an epipen? ____ YES ____ NO Will he/she be bringing the epipen to camp? ____ YES ____ NO

Does your child use an inhaler? ____ YES ____ NO Will he/she be bringing the inhaler to camp? ____ YES ____ NO

Does your child take any medication daily? (Do not include vitamins): ____ YES ____ NO

If so, please list name and dosage: _____

Does your child have any medical/physical restrictions? ____ YES ____ NO

____ Asthma ____ Hearing Loss ____ Diabetes ____ Convulsions ____ Other

If other, please explain: _____

Do you give us permission to administer Tylenol to your child? ____ YES ____ NO

If yes, what is the recommended dosage for your child? _____

Please note we will not administer without calling you directly first.

The health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from field trips that I have selected for him/her. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Director if there is a change in my child's medical information.

Parent Signature

Date

IMMUNIZATION RECORD

Camper's Name: _____

Grade: _____

Please either attach the most recent copy of your child's immunization records or have your physician fill out the form below.

DPT : _____

DPT: _____

DPT: _____

DPT: _____

Td: _____

PREVNAR: _____

PREVNAR: _____

PREVNAR: _____

POLIO: _____

POLIO: _____

POLIO: _____

POLIO: _____

MMR: _____

MMR: _____

VARICELLA: _____

VARICELLA: _____

HEP B: _____

HEP B: _____

HEP B: _____

HIB: _____

HIB: _____

HIB: _____

Physician's Signature and Stamp

Date

AUTHORIZATION FOR CHILD RELEASE

Child's Name: _____ **Grade:** _____
Child's Name: _____ **Grade:** _____
Child's Name: _____ **Grade:** _____

International Sports Centre requires that parents provide a list of authorized persons who may pick-up their child from ISC School Day Camp. The names of authorized persons must be on the file with the Camp Office prior to your child's attendance. Only authorized persons will be permitted to pick-up children from the camp.

Parents – please do not forget to list yourself on this form. (Both Parents if they are eligible to pick up) Additions may be made by emailing the Camp Administrator - lynne@intsports.com.

PLEASE NOTE: We Will NOT release campers to anyone under any circumstances that is not listed below.

I authorize the following individuals to pick-up my child from ISC School Day Camp:

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

I understand & agree that ISC School Day Camp's staff may release my child at the end of the day only to the above named individuals.

Parent/Guardian Signature _____ Date: __/__/____

BEHAVIOR MANAGEMENT POLICY

Camper's Name: _____

Grade: _____

Camper's Name: _____

Grade: _____

Camper's Name: _____

Grade: _____

The ISC School Day Camp wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive and, most importantly, fun summer.

Camp Rules:

- To treat myself, others, and our camp with Care, Honesty, Respect and Responsibility.
- To follow directions and instructions from all staff.
- To stay with their group and counselor at all times unless given permission to do otherwise.
- To keep hands, feet and all other body parts to myself.
- Be responsible for all personal belongings.
- To respect all camp facilities, equipment and property.
- To Have Fun!!

Camper Consequences:

- Redirection of camper
- Verbal warning or time out
- Visit Camp Director and call home. Child will speak to parents at that time.
- In the event that a second phone call is necessary, the child will be sent home.
- In the event of consistent or excessive failure to follow the rules, the camper will be sent home. If the camper severely endangers the physical, mental or emotional health of another individual, the camper may be sent home immediately.
- ISC reserves the right to terminate a child's enrollment at our discretion.

Behavior Management/Discipline Agreement

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy, and understand that in the event my child is sent home and suspended for failure to follow the rules, I will not receive a refund for any camp monies for that time. If my child is removed from the camp permanently I will not receive a refund for that week. My contract will be terminated at the end of the week that the camper was sent home.

Signature of Parent/Guardian _____ Date: _____

Signature of Camper: _____ Date: _____

NOTIFY QUICK

Camper's Name: _____
Camper's Name: _____
Camper's Name: _____

Grade: _____
Grade: _____
Grade: _____

Original Form: _____ Revised Form: _____

Communication between camp and parents is the backbone of our success at ISC School Day Camp. "Notify Quick" is a service that we have contracted with to ensure instant contact with our camp families. This system allows us to leave a recorded message on the designated phone and email of your choice whenever we need to share information with you about the camp.

Please write very clearly.

Please list the phone number you would like us to use to notify you. This should be a number where we can always reach you.

() _____

Please list the email(S) that you would like us to use to notify you. This should be an email that you can always access.

Email Address: _____
Email Address: _____

If at any time you would like to change this information please fill out a new Notify Quick form located on our website and at the Camp Desk. You will receive confirmation from the camp office.

ISC SCHOOL CAMP MONTHLY ENROLLMENT

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Listed below are the only dates that we have available for our school camp program this school year. To enroll for any school camp days please fill out this form and submit with payment. Payment is due at the time of enrollment. This form will be sent out each month for the following month. In order to guarantee a place for your child we must receive this form no later the deadline below. We will still accept Enrollment Contracts after that date based only on availability. You will be notified if any days you have selected are full when we process your contract. You may sign up for all the dates you will need in advance or you may do it monthly. We do not accept drop in campers at the school camp. Please put an X to indicate which days you would like to reserve.

OCTOBER: ___ 8

DEADLINE: SEPTEMBER 15

NOVEMBER: ___ 8 ___ 9

DEADLINE: OCTOBER 15

DECEMBER: ___ 26 ___ 27 ___ 28 ___ 31*

DEADLINE: NOVEMBER 15

JANUARY: ___ 21

DEADLINE: DECEMBER 15

FEBRUARY: ___ 18

DEADLINE: JANUARY 15

APRIL: ___ 22 ___ 23 ___ 24 ___ 25 ___ 26

DEADLINE: MARCH 15

CC# _____ Exp. _____ CVV: _____ Zip: _____

This is a contractual agreement. Please review the following information carefully before signing.

- **Payment is due at the time of enrollment.**
- We accept Visa, MC, Discover, checks, money orders, and cash. We do not accept American Express.
- The cost is \$49 per day for the first child, \$45 per day for the second child and \$36 per day for each additional sibling.
- Parents are responsible to pay for all days selected when submitting this form
- Each camper must pay a one-time registration fee for each School Camp year. Please note: If your child attended our 2016 Summer Camp, the \$50.00 registration fee will be waived.
- There are no refunds, cancellations, substitution, or credits on enrollments. If your child is absent for any reason, you will not receive a credit for that day towards another camp day.
- Our Camp Hours are 7:00 am – 6 pm. A fee of \$10 for every 10 minutes after 6:00 you pick up your child will automatically be charged to your account.
- You will be charged a \$25 fee for checks returned for any reason.

PARENT/GUARDIAN AGREES TO:

I, the parent/guardian of _____ have read the above tuition responsibility agreement which shall become my obligation to International Sports Centre. I fully understand this obligation and the reasons for its implementation.

Parent/Guardian Signature: _____ Date: _____