

**Mermaid Lake, Inc.**  
**MERMAID COUNTRY DAY CAMP APPLICATION**  
**P.O. BOX 60, BLUE BELL, PA. 19422**  
**(610) 275-6014**

**PLEASE PRINT ALL INFORMATION**

Date of Application: \_\_\_\_\_

**CAMPER APPLICATION FOR MERMAID COUNTRY DAY CAMP (MCDC)**

Camper's Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

Circle: Boy / Girl                      Grade in Sept, 2010: \_\_\_\_\_

Age as of June 21, 2010: \_\_\_\_\_      Birthdate: \_\_\_\_\_  
YEARS MONTHS                      MONTH DAY YEAR

School Camper Attends: \_\_\_\_\_

Camper's Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Camper's Home Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Parent or Guardian: \_\_\_\_\_

Address for billing: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone:

Home: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Work: (    ) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_      Beeper: (    ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Contact Parent or Guardian: \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone:

Home: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Work: (    ) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_      Beeper: (    ) \_\_\_\_\_ - \_\_\_\_\_

**DAY CAMP REGISTRATION** Please check the appropriate responses...

Total weeks: 8 Wk [ ] 7 Wk [ ] 6 Wk [ ] 5 Wk [ ] 4 Wk [ ] ½ Day (pee wee) [ ]

Weeks attending:

Wk 1 [ ] June 21	Wk 2 [ ] June 28	Wk 3 [ ] July 5	Wk 4 [ ] July 12	Wk 5 [ ] July 19	Wk 6 [ ] July 26	Wk 7 [ ] Aug 2	Wk 8 [ ] Aug 9
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**Registration: CIT/Leadership [ ]**

Group Placement Requests: \_\_\_\_\_

**(OVER)**





**MEDICAL QUESTIONNAIRE**

Family Physician: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ - \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ - \_\_\_\_\_  
Family Orthodontist: \_\_\_\_\_ Phone:( ) \_\_\_\_\_ - \_\_\_\_\_

The primary hospitals servicing the Blue Bell area are Suburban General Hospital (Osteopathic) and Montgomery Hospital. In the event of an emergency and a choice is possible which hospital would you prefer: Check one:  Suburban General Hospital  Montgomery Hospital

Will your child be taking any medication during camp?  YES  NO  
Will your child require help in taking this medication?  YES  NO  
If yes, what type of medication are taking? \_\_\_\_\_ Why are they taking this medication?

Do we have permission to give your child Children’s Tylenol?  YES  NO

Is the camper allergic to any medications?  YES  NO If yes, list: \_\_\_\_\_

Does your child have any allergies?  YES  NO If yes, list: \_\_\_\_\_

Does the camper have any physical handicaps or chronic ailments that we should be aware of?  
 YES  NO If yes, list & explain: \_\_\_\_\_

Has the camper been identified with any learning disabilities, or other medical conditions that may effect participation in camp activities and programs?  YES  NO  
List & explain: \_\_\_\_\_

Are there any specific activities that you would like limited or restricted for health purposes? List & explain the specific limitations: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Do you have any suggestions or health related information that would help camp personnel in helping the camper? \_\_\_\_\_

This medical information form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

• Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**INSURANCE COVERAGE**

I / We the parent(s) or guardian (s) of the enrolling camper, certify that the camper is covered by adequate medical / hospitalization insurance for the duration of the camp season. I / We understand therefore, that the cost of medical services due to any injuries sustained by the camper will be the financial responsibility of the parent or guardian. The camper enrolled is covered by the following medical / hospitalization insurance... Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

• Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**EMERGENCY AUTHORIZATION**

I hereby give permission to the medical personnel selected by the camp director to provide emergency medical treatment. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for the child mentioned above. This form may be faxed or photocopied. I hereby assume the responsibility for payment for any emergency medical treatment.

• Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

MAIL ALL FORMS TO:  
MERMAID COUNTRY DAY CAMP, P.O. BOX 60, BLUE BELL, PA 19422

Mermaid Lake, Inc.  
**MERMAID COUNTRY DAY CAMP**  
**FIELD TRIP PERMISSION and T – SHIRT ORDERS**

Camper's Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

**FIELD TRIP PERMISSION:** We require your permission in order for your child to participate in field trip activities. Please indicate below whether or not your child has permission to attend these events. Field trips arranged before the start of camp will be included on the field trip calendar which you will receive in your camp start-up packet. **Please note: At the discretion of the Director, in the event of persistent inclement or extreme weather conditions, additional field trips can be added on short notice. If you have any concerns or questions, please call the Camp Office.**

\_\_\_\_\_ My child has my permission to attend all field trips designated for their division.

\_\_\_\_\_ My child does NOT have permission to attend field trips.

**Parent Signature** \_\_\_\_\_

**T – SHIRT ORDERS:** A camp T-shirt is required for all field trips and special activity days. Each camper is given one **free** shirt for enrolling in camp; **additional** shirts may be purchased at a cost of \$ 10.00 each. Please order your shirts in advance so that we can accommodate all requests. Please do not send money for the shirts at this time – you will be billed as part of your tuition. The shirts can be picked up at the June orientation meeting, or they will be sent home with the camper on the first day of camp.

**FREE T-SHIRT:** Please circle size below.

**CHILD'S**  
**Small**  
**Medium**  
**Large**

**ADULT**  
**Small**  
**Medium**  
**Large**  
**X-Large**

----- ***STOP here if you are NOT ordering additional T-shirts*** -----

**ADDITIONAL T-SHIRTS** can be purchased at a cost of \$10.00 each. Please indicate size and quantity of **ADDITIONAL** shirts below.

<b><u>CHILD'S</u></b>	<b>Quantity</b>	<b><u>ADULT</u></b>	<b>Quantity</b>
<b>Small</b>	_____	<b>Small</b>	_____
<b>Medium</b>	_____	<b>Medium</b>	_____
<b>Large</b>	_____	<b>Large</b>	_____
		<b>X-Large</b>	_____

**Mermaid Lake, Inc.**  
**MERMAID COUNTRY DAY CAMP**  
**ID CARD / EXTENDED SESSION / TRANSPORTATION INFORMATION**

PLEASE PRINT

Camper's Name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

**IDENTIFICATION CARDS** Mermaid Country Day Camp issues ID cards for security purposes for all campers, regardless of their manner of arrival and dismissal. You will be required to present an ID card when picking up your camper. Please fill out the information below. You will receive one card for each person listed. **Please limit the number of cards to four.**

Primary Pick-up Person \_\_\_\_\_  
 Names of 3 other people authorized to pick up your camper:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARRIVAL / DISMISSAL INFORMATION: Please check the appropriate boxes below.**

	AM	PM	
<b>I will provide transportation.</b>	( )	( )	
<b>I will need extended session.</b>	( )	( )	AM is 7:30-8:45, PM is 4:30-5:45
<b>I will use MCDC transportation.</b>	( )	( )	

**EXTENDED SESSION** There is an additional charge for extended session. Check the weeks that you will need extended session.

June 21 Wk 1 ( )	June 28 Wk 2 ( )	July 5 Wk 3 ( )	July 12 Wk 4 ( )	July 19 Wk 5 ( )	July 26 Wk 6 ( )	Aug 2 Wk 7 ( )	August 9 Wk 8 ( )
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**MCDC TRANSPORTATION** *Do not continue if you are providing transportation.*

There is an additional charge for transportation. Check the weeks that you will need transportation..

June 21 Wk 1 ( )	June 28 Wk 2 ( )	July 5 Wk 3 ( )	July 12 Wk 4 ( )	July 19 Wk 5 ( )	July 26 Wk 6 ( )	Aug 2 Wk 7 ( )	August 9 Wk 8 ( )
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The pick-up and drop-off location must be the same. **NOTE: A surcharge of \$25/week will be assessed to campers requesting different pick up and drop off locations if different vehicles are required.** We expect a responsible person will be available at pick-up and drop-off times.

Name of responsible party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Pick up and drop off Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pick up and drop off Phone #: ( ) \_\_\_\_\_ Name of your development: \_\_\_\_\_

Major intersection nearest your home: \_\_\_\_\_

Give directions from the major intersection listed above to your home: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Landmarks to identify the pick-up / drop-off location (Style, color of house, shutters, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**SEE OTHER SIDE FOR FIELD TRIP PERMISSION AND CAMPER T-SHIRT ORDERS**