



CAMPER APPLICATION

Mermaid Lake, Inc. • P.O. Box 60, Blue Bell, PA 19422 • 610-275-6014 • mcdc1259@aol.com

PLEASE PRINT ALL INFORMATION

Date of Application: _____

Camper's Name: _____
LAST NAME FIRST NAME MI

Circle: Boy / Girl Grade in Sept., 2012: _____

Age as of June 20, 2012: _____ 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: _____

Billing Address: 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 Circle Total Weeks Attending

8 Weeks 7 Weeks 6 Weeks 5 Weeks 4 Weeks ½ Day (pee wee)

Please Check Weeks Attending:

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week 1 June 18-22 | Week 2 June 25-29 | Week 3 July 2-6 | Week 4 July 9-13 | Week 5 July 16-20 | Week 6 July 23-27 | Week 7 July 30-Aug 3 | Week 8 Aug 6-10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Registration: CIT/Leadership

Group Placement Requests: _____

Referred to Camp By: _____

OVER

TERMS OF ENROLLMENT

1. The deposit of \$200 for each camper accompanying the application, if accepted, reserves a space for your child. Parents can cancel enrollment prior to May 1, 2012, and receive full reimbursement of the deposit and fees less a \$50.00 service charge. The deposit is non-refundable after May 1, 2012.
2. Acceptance of a camper for enrollment is based on MCDC receiving an accurately completed application.
3. MCDC has the right to limit transportation services.
4. MCDC transportation can not guarantee a particular vehicle, pick-up or drop-off times or honor such requests. Routes are planned so the driver begins at the farthest home from camp and finishes at the closest to camp. Assigned vehicles and times are subject to change.
5. MCDC will only transport to one address. If a second address is required, an additional charge of \$50 per week will apply.
6. Booster seats must be provided for any campers seven years of age and younger who are transported in camp vans. This is not necessary for school buses.
7. The camper and parents agree to abide by the rules and regulations set forth by MCDC for the health, safety and welfare of the campers.
8. MCDC reserves the right to terminate the enrollment of any camper whose physical or mental condition, conduct, influence or behavior is deemed by MCDC unsatisfactory or detrimental to the best interest of the camp. Tuition will be refunded on a prorated basis, less a \$50.00 service charge. A decision under this provision is to be made solely by MCDC and is binding on all parties.
9. The Camp tuition must be paid in full before the first day of camp. No reduction or allowance will be made for late arrival or early withdrawal of a camper. Further, no allowance will be made for any interruption during the camp season.
10. Both morning and afternoon extended sessions are available for an additional fee. Transportation will not be provided for campers in extended session. Extended session is billed and provided by the week and not by the day.
11. Special requests should be noted on the application or forwarded in writing to the camp office. Special requests will be honored only if deemed in the best interest of the camper, the group and the camp.
12. The camp will not be responsible for the camper's equipment or personal belongings, while in transit or involved with camp activities.
13. The parent or guardian gives MCDC permission to use photographs and videos of the camper in MCDC promotional materials.
14. The parent's signature gives campers permission to be transported in camp vehicles and participate in programs, activities and field trips sponsored by MCDC.
15. A \$35.00 charge will be made on any returned checks.
16. The campers must be covered by medical and hospitalization insurance provided by the parent or guardian for the duration of the camp season.

I wish to enroll my son/ daughter for the current camping season. I agree to comply with all of the terms of enrollment as stated above. My \$200.00 deposit for each camper enrolling is enclosed.

Parent's or Guardian's Signatures: _____

Date: _____

Checks made payable to:

MERMAID COUNTRY DAY CAMP

Please mail APPLICATION, DEPOSIT, and other forms to:

MERMAID COUNTRY DAY CAMP,

P.O. BOX 60,

BLUE BELL, PA 19422



ID CARD, EXTENDED SESSION & TRANSPORTATION INFORMATION

Mermaid Lake, Inc. • P.O. Box 60, Blue Bell, PA 19422 • 610-275-6014 • mcxdc1259@aol.com

PLEASE PRINT ALL INFORMATION

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 | |
| I will provide transportation. | <input type="checkbox"/> | <input type="checkbox"/> | |
| I will need extended session. | <input type="checkbox"/> | <input type="checkbox"/> | AM session is 7:30-8:45am, PM is 4:30-5:45pm |
| I will use MCDC transportation. | <input type="checkbox"/> | <input type="checkbox"/> | |

EXTENDED SESSION

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

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week 1 June 18-22 | Week 2 June 25-29 | Week 3 July 2-6 | Week 4 July 9-13 | Week 5 July 16-20 | Week 6 July 23-27 | Week 7 July 30-Aug 3 | Week 8 Aug 6-10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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..

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week 1 June 18-22 | Week 2 June 25-29 | Week 3 July 2-6 | Week 4 July 9-13 | Week 5 July 16-20 | Week 6 July 23-27 | Week 7 July 30-Aug 3 | Week 8 Aug 6-10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The pick-up and drop-off location must be the same. NOTE: A surcharge of \$50/week will be assessed to campers requesting pick up and drop off at a second address. 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 number: () _____ 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



FIELD TRIP PERMISSION & T-SHIRT ORDERS

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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.

Please check the size below for your FREE T-SHIRT:

| CHILD | ADULT |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> Small |
| <input type="checkbox"/> Medium | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Large | <input type="checkbox"/> Large |
| | <input type="checkbox"/> X-Large |

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

ADDITIONAL T-SHIRTS

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

| CHILD | Quantity | ADULT | Quantity |
|--------|----------|---------|----------|
| Small | _____ | Small | _____ |
| Medium | _____ | Medium | _____ |
| Large | _____ | Large | _____ |
| | | X-Large | _____ |

MEDICAL QUESTIONNAIRE

Family Physician: _____
Family Dentist: _____
Family Orthodontist: _____

Phone:() _____ - _____
Phone:() _____ - _____
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: __ / __ / __



Spread the word! New Referral Discount

Tell your friends, neighbors and co-workers about MCDC and you could earn a **\$200 credit towards your camp tuition!**

For each NEW camper family* that enrolls full time at MCDC and writes your name on their application as their referral source, you will receive a \$200.00 credit towards your 2012 camp tuition. Good for up to five referral credits - that is \$1000.00!

Start spreading the word!

Please call the camp office at 610-275-6014 with any questions.

*The referred camper family must be new to MCDC for 2012 and does not include immediate family. The referred camper family must write the referring family's name on the camper application at the time of enrollment.