

# 2024 Stratford Summer Day Camp Application

Camp Stratford c/o Olivia Ochinegro  
125 Hillside Road  
Stratford, NJ 08084

[www.stratfordswimclub.com](http://www.stratfordswimclub.com)

Email: stratfordcamp@gmail.com



\* Required Fields

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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• Campers should be 5 -12 years old on or before June 1, 2024.

## Parent/Guardian #1 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Relationship to camper: \_\_\_\_\_

Email (Please write clearly): \_\_\_\_\_

## Parent/Guardian #2 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Relationship to camper: \_\_\_\_\_

Email (Please write clearly): \_\_\_\_\_

## Other Information

1. There is a \$100 Registration Fee, and a \$100 Deposit. Please register your camper on the Stratford Swim Club website. Click on "Camper Registration", create an account, upload a credit card and submit the \$200 payment.
2. The \$100 registration fee will hold your camper's spot. The \$100 deposit will be deducted from your camp dues. The total of \$200 is PER FAMILY, not PER CHILD.
3. Weekly camp dues will be paid each week. We require an ACTIVE credit card to be put on file. Any concerns about payments and Camp dues should be directed to the camp directors.
4. Please refer to the "2024 Pricing Guide" for pricing rates.
5. Overdue Pick-Up Charge: \$15.00 per quarter hour or portion thereof is charged for pick up after 6:00 PM. Charge is assessed per family.
6. **\*\* Membership is NOT required for Participation**, please note that Non-Members will be charged a different rate than Club Members. Please refer to the "2024 Pricing Guide".
7. Regular Camp will run for 8 consecutive weeks. Camp will tentatively start on **Monday, June 24, 2024 and end on Friday, August 16th 2024. There will be no camp on Thursday, July 4th. Start date is subject to change, depending on the Stratford School District calendar.**
8. Depending on interest, we may host an "extension week" for the week of August 19th- August 23rd. This week will need to be paid in full (for the full week rate) in advance, and will have limited availability.
9. Please complete the 2024 tentative Camper Schedule to the best of your ability. This schedule is used for planning purposes, and does not commit you to payment for those days. You will only be charged for the days that your camper attends camp. If you need guidance with the schedule, please reach out to our Camp Director, Olivia Ochinegro @ [stratfordcamp@gmail.com](mailto:stratfordcamp@gmail.com) for assistance.
10. All questions and concerns can be addressed to the Camp Coordinator, Katie Foley at: (856) 534-6158 or to our Camp Director, Olivia Ochinegro at (856) 906-2446.
11. Your registration is complete once you submit this packet, providing your preferred payment information, and pay the \$200 registration and deposit fee using the link provided on the CAMP registration page.
12. **You are required to print and submit this packet. Please mail all completed paperwork and attached immunization forms to:**  
**Olivia Ochinegro**  
**125 Hillside Road**  
**Stratford, NJ 08084**

## 2024 Camp Enrollment Agreement

1. Campers and parents agree to abide by rules and regulations set by Directors for health, safety and welfare of campers.
2. Camp Stratford is not responsible for camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft, water, heat or otherwise. The camp will make every effort to provide proper supervision so that losses will be at a minimum.
3. Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the deposit or unused camp fees will be refunded.
4. **If you have a current outstanding balance from previous years, your camper/s WILL NOT be admitted into our camp for the 2024 season.**
5. Fees: Please refer to the "2024 Pricing Guide" for rates and discount opportunities.
6. Campers who participate in the Swim Team or Dolphin School must also pay the associated additional fees and will make those arrangements through the swim club. Swim team members must be Club members. Dolphin School participation does accept all campers.
7. **Camp is scheduled to run for 8 consecutive weeks and is planned to start Monday, June 24th, if the Stratford School calendar interferes with the start of camp, you will be notified via email and the website of any changes to our start date.**
8. Please inform the camp administration as soon as possible of schedule changes.
9. Health forms, immunization forms, camp application, camp enrollment agreement, preferred payment form, predicted camper schedules, must be submitted before your camper can attend our camp. Campers are not permitted to attend until all forms are submitted.
10. Parent's signature gives campers permission to participate in all camp activities and I understand that part of the camping experience involves activities, group arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
11. Parent's signature further gives camp permission to use camper's image in camp publications, websites, videos, and social media.
12. Parent's signature gives Camp Stratford permission to charge my provided credit card on file, if I do not pay my outstanding weekly balance.



\* Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Stratford- Camper Health Form



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Parent Contact: (Name) \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

In an emergency, please contact the following people in this order:

- Contacts supplied will be allowed to pick up your child without previous notice.

<b>CONTACT 1:</b>	<b>CONTACT 2:</b>	<b>CONTACT 3:</b>	<b>CONTACT 4:</b>
Name:	Name:	Name:	Name:
Relationship to child:	Relationship to child:	Relationship to child:	Relationship to child:
Phone #:	Phone #:	Phone #:	Phone #:
Phone #:	Phone #:	Phone #:	Phone #:
Address:	Address:	Address:	Address:

**MEDICATIONS:**

Do you need us to administer medicine to your child?  Yes  No If yes, describe dose and regimen: \_\_\_\_\_

Does your child have physical, medical or emotional limitations?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child take medications on a daily basis?  Yes  No

If yes, list them and reasons taken: \_\_\_\_\_

**ALLERGIES:**

Does your child have any known allergic reactions  Yes  No

Please list any Allergies: \_\_\_\_\_

Please list your child's usual reactions to the allergy listed above: \_\_\_\_\_

**BEE STINGS:**

My child has been stung by a bee, and their reaction was \_\_\_\_\_

My child has NOT been stung by a bee before, I do not know what type of reaction they may have.

**SUNBLOCK:**

My Child is sensitive to specific sunblock, please only apply what we supply.

My Child does not have a reaction to certain sunblocks, and I give permission for their Camp Counselors to apply sunblock as needed if the sunblock I supplied has run out.

**MEDICATION ADMINISTRATION:**

Yes  No - Do you give The Camp Director/ Head Counselor permission to administer Benadryl, tylenol, motrin if needed? Please list your child's weight for proper dosage: \_\_\_\_\_

**\*\* We will always call parents before administering any oral medications.\*\***

Please list any surgeries or procedures: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_

(Please Check) My child is prone to:  swimmer's ear  Strep Throat  eczema  sunburn

Poison Ivy  headaches/ migraines  Asthma  Constipation

**MENTAL HEALTH Questionnaire:**

**Emotional Stability:**  Much  Some  Little  None **Maturity Level:**  Much  Some  Little  None

Please tell us a little bit about your child's social history, so we can better support them with peer relationships if needed: \_\_\_\_\_  
\_\_\_\_\_

Please list any recommendations/ Restrictions (diet, medicine, swimming, running, etc.) :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATIONS:**

I have included **OUR UPDATED IMMUNIZATION FORMS.**

Is your child up-to-date with Tetanus vaccine or Tetanus booster shot?  Yes  No

In case of an emergency, I understand every effort will be made to contact parents/guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

\* Physician's signature is only required if you need us to administer daily medication.

## **2024 Camp Stratford Credit Card Release Agreement**

1. My signature below grants the Stratford Swim Club Summer Camp to collect unpaid childcare dues. I understand that if I do not pay my camp balance, I give permission for Camp Stratford to charge the card below on file.
2. Camp Stratford will contact you via email prior to making charges.
3. This Credit Card information will be held confidential, and will only be used by Camp Stratford if necessary.

### **Card Information**

**\*Name on Card:** \_\_\_\_\_

**\*Type of Card:** \_\_\_\_\_

**\*Card Number:** \_\_\_\_\_

**\*Expiration date:** \_\_\_\_\_

**\*CVC code:** \_\_\_\_\_

### **Camper Information**

**Camper's Name/s:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* If the credit card on file does not belong to a parent of the camper/s, please have the person in charge of payment sign here:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2024 Camp Stratford Pricing Guide

## "CLUB MEMBER" RATES:

	Daily Rate 8am-4pm	Weekly Rate 8am-4pm	Half Day Rate 8am-12pm/ 12pm-4pm	Early Dropoff 7 am-8am (daily)	Early Dropoff 7am-8am (weekly)	Late Stay 4pm- 6pm (daily)	Late Stay 4pm- 6pm (weekly)
1 child	<b>\$50</b>	<b>\$235</b>	<b>\$35</b>	<b>\$5</b>	<b>\$20</b>	<b>\$15</b>	<b>\$60</b>
2 children	<b>\$85</b>	<b>\$410</b>	<b>\$60</b>	<b>\$10</b>	<b>\$40</b>	<b>\$20</b>	<b>\$80</b>
3 children	<b>\$115</b>	<b>\$560</b>	<b>\$85</b>	<b>\$10</b>	<b>\$40</b>	<b>\$25</b>	<b>\$100</b>

## "CAMP ONLY" RATES:

	Daily Rate 8am-4pm	Weekly Rate 8am-4pm	Half Day Rate 8am-12pm/ 12pm-4pm	Early Dropoff 7am-8am (daily)	Early Dropoff 7am-8am (weekly)	Late Stay 4pm- 6pm (daily)	Late Stay 4pm- 6pm (weekly)
1 child	<b>\$60</b>	<b>\$285</b>	<b>\$40</b>	<b>\$5</b>	<b>\$20</b>	<b>\$15</b>	<b>\$60</b>
2 children	<b>\$105</b>	<b>\$510</b>	<b>\$65</b>	<b>\$10</b>	<b>\$40</b>	<b>\$20</b>	<b>\$80</b>
3 children	<b>\$130</b>	<b>\$635</b>	<b>\$90</b>	<b>\$10</b>	<b>\$40</b>	<b>\$25</b>	<b>\$100</b>

\* "Camp Only Campers" will only be allowed to use the Stratford Swim Club and their amenities while signed into camp. Campers will not be permitted to use the pool during the days they are not signed into camp or when camp is not in session. Family members of the "Camp Only Campers" will not be granted access to the pool and its amenities.



## 2024 Camp Stratford “Tentative” Schedule

\* Please Complete your camper’s schedule to the best of your knowledge

CAMPER NAME(S): \_\_\_\_\_

Membership: Full or Camp Only (Circle one)

Mon. June 24	Tues. June 25	Wed. June 26	Thurs. June 27	Fri. June 28	Total Weekly Payment
Mon. July 1	Tues. July 2	Wed. July 3	Thurs. July 4 <b>NO CAMP TODAY</b>	Fri. July 5	Total Weekly Payment
Mon. July 8	Tues. July 9	Wed. July 10	Thurs. July 11	Fri. July 12	Total Weekly Payment
Mon. July 15	Tues. July 16	Wed. July 17	Thurs. July 18	Fri. July 19	Total Weekly Payment
Mon. July 22	Tues. July 23	Wed. July 24	Thurs. July 25	Fri. July 26	Total Weekly Payment
Mon. July 29	Tues. July 30	Wed. July 31	Thurs. Aug. 1	Fri. Aug. 2	Total Weekly Payment
Mon. Aug. 5	Tues. Aug. 6	Wed. Aug 7	Thurs. Aug 8	Fri. Aug. 9	Total Weekly Payment
Mon. Aug. 12	Tues. Aug, 13	Wed. Aug 14	Thurs. Aug 15	Fri. Aug. 16	Total Weekly Payment
*Mon. Aug. 19	*Tues. Aug, 20	*Wed. Aug 21	*Thurs. Aug 22	*Fri. Aug. 23	Total Weekly Payment

\*Week 9 is first come first serve. You will pay in advance for these days\*