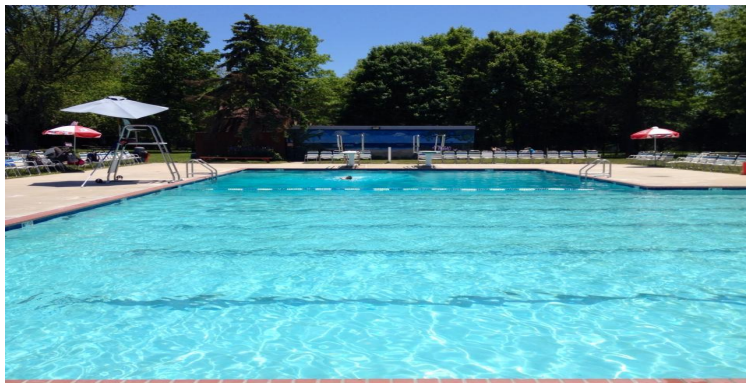


2022 Stratford Summer Day Camp Application

Camp Stratford c/o Katie Foley
79 Winding Way Rd
Stratford, NJ 08084

www.stratfordswimclub.com

Email: stratfordcamp@gmail.com



* Required Fields

Name: _____ Date of Birth: _____ Age: _____

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Name: _____ Date of Birth: _____ Age: _____

- Campers should be 5 -12 years old on or before June 1, 2022.

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 \$200 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 \$200 registration fee will hold your camper's spot. The \$200 registration fee is PER FAMILY, not PER CHILD. This deposit will be applied towards your camp fees.
3. Weekly camp dues will be paid each week. Your credit card will be automatically charged each week for the previous camp week. Any concerns about payments and Camp dues should be directed to the camp director.
4. Please refer to the "2022 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 "2022 Pricing Guide".
7. Camp will run for 9 consecutive weeks. Camp will tentatively start on **Monday, June 20, 2022 and end on Friday, August 19, 2022. There will be no camp on MONDAY, July 4th. Start date is subject to change, depending on the Stratford School District calendar.**
8. Please complete the 2022 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 Katie Foley @ stratfordcamp@gmail.com for assistance.
9. All questions and concerns can be addressed to Katie Foley. Please feel free to text or call her at: (856) 534-6158 with any inquiries.
10. **Your registration is complete once you submit this packet, register your camper on the website, and pay the \$200 deposit using the link provided on the CAMP registration page.**
11. **You are required to print and submit this packet. Please mail all completed paperwork and attached immunization forms to:**
Katie Foley
79 Winding Way Rd
Stratford, NJ 08084

2022 Camp Enrollment Agreement

Camp Stratford c/o Katie Foley
79 Winding Way Rd, Stratford NJ, 08084



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. Fees: Please refer to the "2022 Pricing Guide" for rates and discount opportunities.
5. Campers who participate in Swimming and Diving teams must also pay the associated additional fees and will make those arrangements through the swim club. Swim team members must be Club members.
6. Camp is scheduled to run for 9 consecutive weeks and is planned to start Monday, June 20th, 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.
7. Please inform the camp administration as soon as possible of schedule changes.
8. Health forms, immunization forms, camp application, camp enrollment agreement, predicted camper schedules, and first week's payment must be submitted before your camper can attend our camp. Campers are not permitted to attend until all forms are submitted.
9. Parent's signature gives camper 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.
10. Parent's signature further gives camp permission to use camper's image in camp publications, websites, videos, and social media.

* Parent/Guardian's Signature: _____ Date: _____

* Parent/Guardian's Signature: _____ Date: _____

Please tell us how you heard about our Day Camp? _____

Camper Health Form

Stratford Swim Club
2 Vassar Ave, PO BOX 4
Stratford, NJ 08084



Mail to:
Camp Stratford
c/o Katie Foley
79 Winding Way Road
Stratford, NJ 08084
Phone: 856-534-6158
Email: stratfordcamp@gmail.com

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

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

CONTACT 1:	CONTACT 2:	CONTACT 3:	CONTACT 4:
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:

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 problems? ☐ Yes ☐ No If yes, please describe: _____

Does your child take medications on a daily basis? ☐ Yes ☐ No If yes, list them and reasons taken: _____

Does your child have any known allergic reactions to the following?

☐ Bee Sting ☐ Peanuts ☐ Chocolate ☐ Penicillin ☐ Other Foods ☐ Other Drugs

☐ Seasonal Allergies ☐ Other: _____

What is your child's usual reaction? ☐ Hives ☐ Rash ☐ Anaphylaxis ☐ Other Please describe other: _____

The Camp Director/ Head Counselor has permission to administer Benadryl if needed for nonspecific rashes or minor allergic reactions? ☐ Yes ☐ No (Dosage based on child's age or weight.)

The Camp Director/ Head Counselor has permission to administer the following for headaches or minor discomforts? (We will call before administering any oral medication.)

☐ Tylenol ☐ Motrin ☐ Aleve ☐ Advil ☐ Tums

My child needs: ☐ Liquid ☐ Pill ☐ Either

HEALTH HISTORY: (Please check – giving appropriate dates.)

☐ Frequent Colds

☐ Kidney Trouble

☐ Chicken Pox

☐ Frequent Sore Throats

☐ Measles

☐ Tuberculosis

☐ Bronchitis

☐ Mumps

☐ Heart Trouble

☐ Whooping Cough

☐ Sinusitis

☐ Constipation

☐ Abscessed Ears

☐ Convulsions

☐ Poliomyelitis

☐ Diabetes

☐ Athlete's Foot

☐ Stomach Upsets

☐ Serious Ivy, Oak, Sumac Poisoning: _____

☐ Operations or Serious Injuries: _____

☐ Allergies: _____

Emotional Stability: ☐ Much ☐ Some ☐ Little ☐ None

Maturity: ☐ Much ☐ Some ☐ Little ☐ None

Any Personal Problems: ☐ Much ☐ Some ☐ Little ☐ None

Any Behavior Concerns: _____

Any Learning Disabilities: _____

Recommendations/Restrictions (diet, medicine, swimming, running, etc.):

IMMUNIZATIONS: Please ATTACH YOUR UPDATED IMMUNIZATION FORMS.

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:

Physician's Name:

Physician's Phone:

Physician's Signature:

Date of Last Physical:

Medical exams are preferred but not required by state law. Doctor's signature is only necessary if the camper requires medical clearance to participate in camp activities.

2022 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	\$45	\$210	\$30	\$5	\$20	\$10	\$50
2 children	\$80	\$380	\$55	\$10	\$40	\$15	\$60
3 children	\$110	\$500	\$80	\$10	\$40	\$20	\$70

"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	\$55	\$260	\$35	\$5	\$20	\$10	\$50
2 children	\$100	\$480	\$60	\$10	\$40	\$15	\$60
3 children	\$125	\$600	\$85	\$10	\$40	\$20	\$70

* "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.

2022 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 20	Tues. June 21	Wed. June 22	Thurs. June 23	Fri. June 24	Total Weekly Payment
Mon. June 27	Tues. June 28	Wed. June 29	Thurs. June 30	Fri. June 1	Total Weekly Payment
Mon. July 4 NO CAMP TODAY	Tues. July 5	Wed. July 6	Thurs. July 7	Fri. July 8	Total Weekly Payment
Mon. July 11	Tues. July 12	Wed. July 13	Thurs. July 14	Fri. July 15	Total Weekly Payment
Mon. July 18	Tues. July 19	Wed. July 20	Thurs. July 21	Fri. July 22	Total Weekly Payment
Mon. July 25	Tues. July 26	Wed. July 27	Thurs. July 28	Fri. July 29	Total Weekly Payment
Mon. Aug. 1	Tues. Aug. 2	Wed. Aug. 3	Thurs. Aug. 4	Fri. Aug. 5	Total Weekly Payment
Mon. Aug. 8	Tues. Aug. 9	Wed. Aug. 10	Thurs. Aug. 11	Fri. Aug. 12	Total Weekly Payment
Mon. Aug. 15	Tues. Aug. 16	Wed. Aug. 17	Thurs. Aug. 18	Fri. Aug. 19	Total Weekly Payment

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