

2021 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

Names: _____ Date of Birth •: _____

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• Campers should be 5 -12 years old on or before June 1, 2021. This is negotiable, please reach out for more information.

Parent/Guardian #1 Information

Mr./Mrs./Ms./Dr. First Name _____ Last Name

Phone Numbers Home: _____ Work: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to camper: _____ Email: _____

Parent/Guardian #2 Information

Mr./Mrs./Ms./Dr. First Name _____ Last Name

Phone Numbers Home: _____ Work: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to camper: _____ Email: _____

Alternate Summer Address (only if different than Parent/Guardian #1 or #2 addresses)

Mr./Mrs./Ms./Dr. First Name _____ Last Name

Phone Numbers Home: _____ Work: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to camper: _____ Email: _____

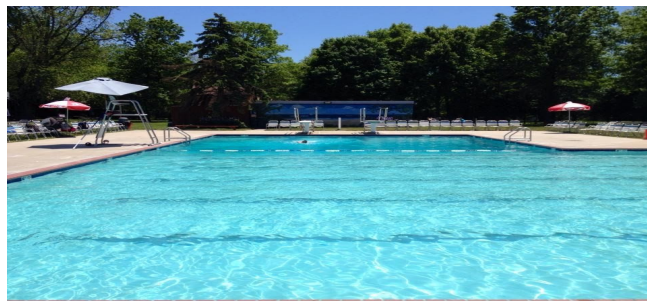
Other Information

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 "2021 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 "2021 Pricing Guide".
7. Camp will run for 8 consecutive weeks. Camp will tentatively start on **Monday, June 28, 2021 and end on Friday, Aug 20, 2021.**
8. Please complete the 2021 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**

2021 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 "2021 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. An allowance will be made for interruption in the camp season due to adjustments to the Stratford Public School calendar. Camp is scheduled to start Monday, June 28, 2021- if the Stratford School calendar interferes with the start of camp, you will be notified via email and the website.
7. Please inform the camp director 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 likeness or image in camp publications, website, 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: _____

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?

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 Problems: _____

Any Learning disabilities: _____

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

IMMUNIZATIONS: Please ATTACH YOUR 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:

Physician's Name:

Physician's Phone:

Physician's Signature:

Date of Last Physical:

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

2021 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	\$40	\$200	\$25	\$5	\$20	\$10	\$50
2 children	\$70	\$350	\$50	\$10	\$40	\$15	\$60
3 children	\$90	\$450	\$75	\$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	\$50	\$250	\$30	\$5	\$20	\$10	\$50
2 children	\$90	\$450	\$55	\$10	\$40	\$15	\$60
3 children	\$110	\$550	\$80	\$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.

2021 Camp Stratford “Tentative” Schedule

CAMPER NAME(S): _____

Membership: Full or Camp Only (Circle one)

Mon. June 28	Tues. June 29	Wed. June 30	Thurs. July 1	Fri. July 2	Total Weekly Payment
Mon. July 5	Tues. July 6	Wed. July 7	Thurs. July 8	Fri. July 9	Total Weekly Payment
Mon. July 12	Tues. July 13	Wed. July 14	Thurs. July 15	Fri. July 16	Total Weekly Payment
Mon. July 19	Tues. July 20	Wed. July 21	Thurs. July 22	Fri. July 23	Total Weekly Payment
Mon. July 26	Tues. July 27	Wed. July 28	Thurs. July 29	Fri. July 30	Total Weekly Payment
Mon. Aug. 2	Tues. Aug. 3	Wed. Aug. 4	Thurs. Aug. 5	Fri. Aug. 6	Total Weekly Payment
Mon. Aug. 9	Tues. Aug. 10	Wed. Aug. 11	Thurs. Aug. 12	Fri. Aug. 13	Total Weekly Payment
Mon. Aug. 16	Tues. Aug. 17	Wed. Aug. 18	Thurs. Aug. 19	Fri. Aug. 20	Total Weekly Payment

