

Application Form: 2015

Camper's Name _____

Gender _____ Returning Camper _____ New Camper _____

Camper's Age on June 1 _____ Date of Birth _____

School Grade (in fall '15) _____ School Name _____

T-shirt _____ (Cost: \$15. Add to your session total)

T-shirt Size: Youth: Small _____ Medium _____ Large _____ Extra Large _____

Adult: Medium _____ Large _____

Contact Information

Parent's Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ FAX _____

Work Phone (mother) _____ Cell Phone (mother) _____

Work Phone (father) _____ Cell Phone (father) _____

E-mail Address _____

Emergency Contact Name _____

Relationship to camper _____

Emergency Contact Phone _____

A health history form and immunization records must be included with this application. Immunization records must be on file for all new campers, campers that have just completed the 7th grade, and campers that received updated immunizations during the last 12 months.

Choose Your Child's Camp

Please indicate which camp your child will attend: (*Bear Cubs - completed kindergarten and entering grade 1; Log Cabin - entering grades 2-3; Teepee - entering grades 4-6; Teepee Elders - entering grades 7-8; Leadership Challenge - entering grades 9-10*)

_____ Bear Cub _____ Log Cabin _____ Teepee
_____ Teepee Elders _____ Leadership Challenge

Choose Your Child's Session (please check)

_____ Session 1: May 26- 29* Leadership Challenge: (*Session A and B are the same. Please register for only one.*)
_____ Session 2: June 1-5 _____ A: June 8-19; weekdays only
_____ Session 3: June 8-12 _____ B: July 13-24; weekdays only
_____ Session 4: June 15-19 Teepee Camp Overnight: (*only for campers enrolled in sessions 2, 4, 7 &/or 9*)
_____ Session 5: June 22-26 Indicate Teepee Session:
_____ Session 6: June 29-July 1** _____ Session 2
_____ Session 7: July 6-10 _____ Session 4
_____ Session 8: July 13-17 _____ Session 7
_____ Session 9: July 20-24 _____ Session 9
_____ Session 10: July 27-31

* Session 1 begins on Tuesday May 26th. Session cost is \$265. EB discount does not apply
** Session 6 runs Monday-Wednesday. Session cost is \$200. EB discount does not apply

Choose Your Payment Option

Method of Payment: _____ Check _____ MasterCard _____ Visa _____ AMEX
Card No. _____ Exp. (Mo/Yr): _____

Card-Holder's Signature _____

_____ Charge the full session amount to my credit card.
_____ Charge only the \$110 deposit per session to my credit card & charge the remaining balance to my card **one month prior** to the first session registered.

Session Costs (please check our website for cancellation and refund policy):

- **One-week Session:** \$330 per week. \$110 deposit required per session; deposit is applied against the session fee.
- **Leadership Challenge (two-week session):** \$660, with \$110 deposit required. Deposit is applied against session fee. EB discount does not apply.
- **EarlyBird (EB) Discount:** Save \$10 per camper, per session if registration is complete and paid in full *no later than February 28th, 2015.*
- **Sibling Discount:** Save \$10 per additional sibling, per session. Siblings must be enrolled in the same session.
- **Overnight:** \$100 per overnight (*for Teepee and Teepee Elder Campers enrolled in session 2, 4, 7 and/or 9*).

Transportation Policy and Bus Routes (Please check one)

Red Fox		AM	PM
St. George's Church	4715 Harding Rd. _____	8:00	4:50
St. Henry Church	6401 Harding Rd. (Hwy 70) _____	8:15	4:35
Harpeth Valley School	7840 Old Harding Rd. _____	8:30	4:15

Orange Turkey

Woodmont Baptist Church	2100 Woodmont Blvd _____	8:00	4:55
Elmington Park (In front of West End Middle School)	Bowling & West End _____	8:10	4:40

Green Lizard

Lipscomb Elementary School	8011 Concord Rd. _____	8:00	4:55
Christ Community Church	1215 Hillsboro Rd _____	8:25	4:30

Purple Parrot

Hillsboro Church of Christ (Hillsboro Rd. & Tyne Blvd.)	5800 Hillsboro Rd. _____	8:00	4:55
Grace Community Church	5711 Granny White Pk. _____	8:20	4:35

Times listed in AM are when bus departs from stop. Times listed in PM are when bus arrives at stop.

To ensure the safety of our campers, **parents must physically get out of their car** and sign their child out before the camper is allowed off the bus. **Camp staff will be checking ID.** If you would like to authorize someone other than the parent listed on the application to pick-up your child, please provide their name(s) below.

Additional pick-up authorization: _____

Health Information (Must fill out additional health history form and include with application to be considered enrolled in camp).

List all medications _____

Allergies and/or Restrictions _____

Does camper have any medical, behavioral, or physical conditions; or any other special needs? If yes, please list below:

Request for friend to share a den

If your camper would like to share a den with a friend, please give their name. The computer can only handle **one name**. To ensure your request, ask the other camper to request your camper on their form. Please check that the campers' session dates and ages match. An older camper may be placed in a younger camp group at the parents request. A younger camper may not go to an older camp group.

Friends' name: _____

Parent Authorizations and Policies (It really is important fine print!)

I understand that there is a \$55 cancellation fee per week for dropping session(s) after I enroll, and that there are no refunds for camp tuition within two weeks of the session(s) in which my child/children are registered.

I agree to pay the balance one month prior to the session my child is attending. If the balance is not paid, the camper's spot is forfeited and a \$55 fee will not be returned. If paying by credit card, I agree for the remaining balance to be charged to the credit card on file one month prior to the 1st session my child is attending. If paying by check, I agree to pay the remaining balance by check one month prior to the session my child is attending. I have read the statements on the Whippoorwill price schedule. I understand and accept the Camp's policy concerning registration fees, tuition, and terms of enrollment. I also understand that once an application is accepted by the Camp, no refunds or transfer of funds will be made for withdrawal, dismissal, failure to attend, or incomplete attendance.

I understand that the camp fees do not include accident or illness insurance and *Whippoorwill Farm Day Camp* is not responsible for any expenses incurred and I agree to release any records necessary for insurance purposes. I give my permission for my camper to participate in **all Camp** activities including, but not limited to, horseback riding and emergency medical care to be given if needed. Permission is granted for the camper to participate in all planned *Camp* activities and programs including out-of-camp trips by *Camp* transportation, overnights, understanding that competent leadership will be provided. **Guardian Initial** _____

I give permission and consent for _____ to allow photographs to be

camper name

taken during camp session activities. I further give permission and consent that any such photographs may be published and used by *Whippoorwill* and the *American Camp Association*® and its agents, to illustrate and promote the camp experience, *Whippoorwill* and its camp programs, or the *American Camp Association*.

Guardian Initial _____

Camp Whippoorwill does not consider itself a camp for special needs children and is not equipped and does not charge in its normal session fees for providing any such services. Because of the nature of the summer camp experience at *Whippoorwill*, the camp's ability to accommodate the special needs of children is limited at best. If the parents of children with special needs of any nature (e.g. behavioral or physical) seek to have their child be a *Whippoorwill* camper, the nature and scope of any special needs must be provided and reviewed by *Whippoorwill* before any application is acted upon. If a child with special needs is considered for camp placement, the camp may determine that the camper's special needs require additional help beyond our program capability. The camper is required to have a special qualified staff person responsible for their needs. The parents are required to pay this staff salary, in addition to the standard session fee. I understand that if full disclosure does not occur and special needs become apparent to the camp's staff, all fees paid will be forfeited and the camper dismissed.

Guardian Signature _____