



# Eco-Discovery Summer Camp 2022

## Important Information

**Welcome to both our new and returning families—we're excited to have your child join us this upcoming summer. Below is a list of important logistic and policy information. Please contact us with any questions or concerns.**

**Forms:** All forms are due by June 1, 2022. All Great Hollow forms have been digitized, please fill them out online completely and return them by e-mail. Health forms must be filled out by your child's physician and returned either in-person or by mail no later than June 1, 2022.

**Payment:** Full payment is due at the time of registration and can be made with check, cash, or credit card.

**Cancellations/Refunds:** Please contact us as soon as you know your child can no longer attend so the space can be made available for other children. A full refund will be given if cancellation request is made at least three weeks prior to the start day of your camp week, a 50% refund will be given if the cancellation request is made between 14 and 20 days prior to the start of your camp week.

**Illness:** Please do not send your child in if they are feeling ill. Symptoms of illness include, but are not limited to, a fever, upset stomach, nausea, diarrhea, vomiting, congestion, runny nose, cough, and wheezing. Please do not send your child in if they have tested positive for COVID-19 in the previous 10 days. Full refunds will be issued for a positive COVID-19 test taken within 10 days of the first day of camp. Written proof of a rapid antigen test or PCR test will be required for refunds.

**Hours:** Camp hours are 9:00 am to 3:00 pm Monday through Friday (with the exception of Monday, July 4). Drop-off starts no earlier than 8:45 am and pick-up will be no later than 3:15 pm.

**Drop-Off and Pick-Up:** The camper drop-off and pick up location is our Education Barn, adjacent to the visitor parking lot. Please do not drop-off your child(ren) before the time listed. Likewise, please do not pick-up your children after the time listed. If your child will be leaving with someone other than yourself or your Emergency Contact, a written note will be required.

**Photo:** Please submit a small (wallet size) recent photo of your child. This photo will be added to their file and will only be seen by staff.

### **What to Bring:**

- clothes that can get wet, dirty, and/or paint on them
- change of clothes (including underwear and socks) in a zip-lock plastic bag labeled with your child's name
- sneakers, hiking boots, or outdoor sandals with a backstrap (no flip-flops)
- bathing suit, water shoes, towel
- refillable water bottle
- 2 healthy snacks (please try to avoid peanuts/ tree nuts)
- rain gear (if necessary)
- sunscreen and/or insect repellent (please apply before program)

\*You will be notified by e-mail if there are any other specific items your child(ren) may need for a particular program.

### **What NOT to Bring:**

- cell phone
- video games
- music players
- any other electronic devices
- anything your child would be upset losing, breaking, getting dirty, or wet



# Eco-Discovery

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### Registration and Authorizations Form

#### Child's Information Please fill out one form per child.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications\*: \_\_\_\_\_

**\*For preserve staff to administer any medication on site (including, but not limited to Epi-Pens, Benadryl, inhalers, etc.) it must be in its original container with a doctor's Rx. The Individual Plan of Care Form must be completed, along with one Medication Administration Form per medication.**

In order to better help your child, please share any information or special circumstances regarding your child. This should include any social or behavioral concerns, physical or medical issues, family situations, etc.

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#### Parent/Guardian Information (Emergency Contact #1)

Name(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Emergency Contact Information (Please provide 2)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Authorizations

- I give permission for my child to participate in all program activities except those noted in their form.
- I give permission for Great Hollow Nature Preserve & Ecological Research Center staff to give medical care if warranted. I understand that medical actions may include but are not limited to: First Aid/CPR administration by a trained staff member; the dispensing of prescribed medication(s) for allergic reactions to be self-administered by my child as indicated on his/her Medical Administration and Individual Plan of Care forms; and the obtainment of emergency medical treatment for my child as needed.
- I understand that in the event of an emergency Preserve staff will make every effort to contact me or my listed Emergency Contact. If I cannot be reached, I give permission for the Preserve, if warranted, to have my child (accompanied by a Preserve staff member) transported by ambulance to the nearest hospital emergency room for treatment. I also give consent for emergency medical personnel to hospitalize, order injections, give anesthesia, or perform emergency surgery for my child if necessary. I understand that any cost incurred for transportation and medical treatment is my responsibility.
- I give permission for my child to have photographs taken of them during camp activities. I further give consent that any such photographs may be published (via any media form, including internet/website; paper and electronic advertisements; and other promotional materials) and used by the Preserve and its agents to illustrate and promote its programs. No names or identifying information will be posted or printed with the pictures. If I **do not** want my child's photo taken, I will notify the Camp Director to have my child placed on the No Photo List.

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

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Session Information

Online Order # Associated with Camper: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**2022 Camp Sessions** Please check the session(s) your child will be attending

Knee-High Naturalists - Ages 5-8	Eco-Explorers - Ages 9-12
<input type="checkbox"/> Water Exploration Week (6/20-24)	<input type="checkbox"/> Water Exploration Week (7/11-15)
<input type="checkbox"/> Into the Woods! (6/27-7/1)	<input type="checkbox"/> Into the Woods! (7/18-22)
<input type="checkbox"/> Steam Team (8/1-5)	<input type="checkbox"/> Steam Team (7/25-29)
<input type="checkbox"/> Wilderness Survival (8/8-12)	<input type="checkbox"/> Lost in the Woods (8/15-19)
<b>Mixed - Ages 7-11</b>	
<input type="checkbox"/> Women in Science (7/5-8)	

**Placement Requests** Campers will be split into groups of approximately 10 kids and will remain in those groups throughout the camp week. If there is someone you would like your child to be placed with please indicate their name below. Please note that we do our best to honor all requests, but we cannot guarantee children will be placed together.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camper Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Describe special health care need or disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outline the plan for appropriate care of the child in a medical emergency. If a written plan from the parent or medical care provider already exists, it can be attached to this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant information (precautions to be taken to prevent a medical emergency, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history or contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

## Staff responsible for child:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_