

PEEC SPRING BREAK DAY CAMP

FOR BOYS & GIRLS IN 1ST - 6TH GRADES

MARCH 20, 21 & 24, 2008

9 a.m. – 4 p.m.

Cost Per Day: \$45 per camper

WHY WAIT FOR THE SUMMER TO HAVE FUN AT PEEC?

Join the PEEC staff on your days off from school to relive some of those fun, summer memories and make a few new memories as we explore the woods and trails around PEEC in early spring. Each day has its own theme, so sign up for one day or all three days. Dress for the cold weather, bring a bag lunch and PEEC will provide the fun!

- March 20, 2008 - **Outdoor Fun**
- March 21, 2008 - **Animals in Transition**
- March 24, 2008 - **Wildlife Games**

Check the camp date(s) that your child will be attending

Child's Name: _____ Nickname: _____

Birthdate: ____/____/____ Male Female

Child's Age: _____ Grade as of Sept. 1, 2007: _____

Parents' or Guardians' full names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Daytime Phone: (____) _____

Email: _____

Please list all those authorized for pick up and their relationship to child:

Camp information will be sent via email. If you prefer to receive information by regular mail, please check the following box: Please mail my information.

TO REGISTER: Send this completed application (with Guardian's signature below), medical form, and payment for the full amount (per child) to PEEC. In the event you need to cancel, please notify PEEC in writing at least two weeks prior to the program. Your camp fees, minus \$25/child, will be refunded.

PARENTAL AGREEMENT:

- 1.) I give permission for my child to participate in all program activities.
- 2.) PEEC is not responsible for lost, stolen, or damaged personal articles.
- 3.) My child will follow all camp guidelines for standards of behavior. Non-compliance may involve appropriate disciplinary action, including possible dismissal.
- 4.) I understand that in case of dismissal or voluntary withdrawal from camp, *No refunds will be given.*
- 5.) Photographs taken of participants at PEEC may be used for publicity purposes.
- 6.) I give permission for my child to attend field trips run by PEEC and ride in a PEEC vehicle on these trips.
- 7.) I will pick up my child on time, if not, I agree to pay a \$15 late pick up charge.

"I have read the parental agreement above and I agree to the contents."

Guardian's Signature: _____ Date: _____



PAYMENT INFORMATION

Check/Money Order Included
Checks can be made out to PEEC with your child's name included on the check.

Charge My Credit Card Below

Credit Card Information:

Mastercard Visa

Card# _____

Expiration Date: _____

Signature: _____

(Required)

Date: _____

Amount to be Charged: \$ _____

PLEASE MAIL PAYMENT, APPLICATION & MEDICAL FORM TO:
PEEC Spring Break Camp, RR2 Box 1010, Dingmans Ferry, PA 18328



POCONO ENVIRONMENTAL EDUCATION CENTER

Personal Health History and Emergency Form



PART 1 - EMERGENCY INFORMATION

Child's Name: _____ Date of Birth: _____

In Case of Emergency Notify:

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

Personal Physician: _____ Daytime Phone: _____

Health/Accident Insurance: _____ Policy Number: _____

PART 2 - EMERGENCY MEDICAL INFORMATION:

Child has or is subject to: *Check all items that apply. Explain any "YES" answers.*

Allergies: (Food, Medicine, Plant, Animal or Insect Toxin) Yes No **Explain:** _____

Asthma: Yes No **Diabetes:** Yes No **Hearth Trouble:** Yes No

Convulsions/Seizures: Yes No **Hemophilia:** Yes No **Fainting Spells:** Yes No

List any condition which may require special care or medication: _____

List any medications that your child is currently taking (*includes inhalers, epi-pens, special instructions*): _____

List any medication(s) that will need to be administered during camp: _____

When will the medication need to be administered: _____ What is the dosage: _____ List any other details about the medication that the staff will need to know: _____

PART 3 - HISTORY

- Date of most recent complete physical examination: (Month)_____ (Year)_____

- Has there been any surgery, illness, allergy or change in health status since his/her last exam? Yes No

If yes, please explain: _____

| Immunizations: | Does the child have a history of: | YES | NO | DETAILS: |
|-----------------------------|--|--------------------------|--------------------------|-----------------|
| (Date of Last Innoculation) | Serious Illness: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tetanus _____ | Serious Injury: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diphtheria _____ | Surgery: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Polio _____ | Appendicitis: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Measles _____ | Nervous Condition: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Mumps _____ | Chest or Lung Condition: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Rubella _____ | Heart Problems: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pertussis _____ | Stomach or Bowels Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| (Other) _____ | Skin or Gland Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Kidney Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Back, Limb, Joint Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Ear or Eye Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Nose or Sinus Complications: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Other Complications (Please Explain) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PART 4 - PARENTAL STATEMENT:

I agree to the terms of enrollment and give permission for my child to participate in all program activities. I understand every effort will be made to contact me. In the event I cannot be reached. I give permission for Pocono Environmental Education Center to secure proper medical treatment. I request that measures (including hospitalization, anesthesia, surgery, or injections of medication) be instituted for my child without delay as judgement of medical personnel dictates:

Parent/Guardian Signature: _____ Date Signed: _____

~ All Sections Must Be Completed Before Submitting Application ~