

**DAY CAMP PROGRAMS**

Please check the camp(s) that your child will be attending below:

**POLLIWOGS**

9am - 4 pm (5 years of age - 2nd Grade)

Full Day \$175/Week

- July 3-7 | Creek Week
- July 10-14 | Campers Choice
- July 17-21 | Nature Gone Wild
- July 24-28 | PEEC Rocks!
- July 31- Aug 4 | Outdoor Living Skills
- August 7-11 | Water World
- August 14-18 | Messy Mayham
- August 21 - 25 | Super Powers

**WET & SLIMY**

9am - 4 pm (Entering 3rd - 4th Grade)

Full Day \$175 / Week

- July 3-7 | Creek Week
- July 10-14 | Campers Choice
- July 17-21 | Nature Gone Wild
- July 24-28 | PEEC Rocks!
- July 31- Aug 4 | Outdoor Living Skills
- August 7-11 | Water World
- August 14-18 | Messy Mayham
- August 21 - 25 | Super Powers

**Refund Policy** Requests for refunds must be made in writing. Refund requests at least 10 business days before the session will receive a 100% refund. Refund requests fewer than 10 business days before a session will be granted, minus the \$50 deposit.

**JUNIOR NATURALISTS**

9am - 4 pm (Entering 5th - 7th Grade)

Full Day \$185/Week

- July 3-7 | Creek Week
- July 10-14 | Campers Choice
- July 17-21 | Nature Gone Wild
- July 24-28 | PEEC Rocks!
- August 7-11 | Water World
- August 14-18 | Messy Mayham
- August 21 - 25 | Super Powers

**SENIOR NATURALISTS**

9am - 4 pm (Entering 8th - 11th Grade)

Full Day \$230/Week

- July 3-7 | Creek Week
- July 10-14 | Campers Choice
- July 17-21 | Nature Gone Wild
- July 24-28 | PEEC Rocks!
- July 31- Aug 4 | Outdoor Living Skills
- August 14-18 | Messy Mayham
- August 21 - 25 | Super Powers

**RESIDENTIAL CAMP PROGRAMS**

Please check the camp(s) that your child will be attending below:

9am Monday - 4:30pm Friday

Includes meals, lodging, programs, and trips

\$750/Week

- Senior Naturalists (8th - 11th Grade)  
July 24-28 | River Expedition
- Junior Naturalists (5th-7th Grade)  
July 31- Aug 4 | Outdoor Adventures
- Senior Naturalists (8th-11th Grade)  
August 7-11 | Appalachian Trail Expedition

**EXTRA SERVICES**

Cost is per child, per week, per service

- Bagged Lunch - \$50**
- Milford Transportation - \$50**  
Milford Health & Wellness (Main Lot) Pick up 8:30am, Drop off 4:30pm
- Before Care | 8am - 9am - \$25**
- After Care | 4pm - 5pm - \$25**

**DISCOUNTS** (please check box)

- Early Bird Discount** - 10% discount must be paid in full by March 31. *Cannot be combined with other discounts*
- Sibling Discount** - \$10 discount on day camp and \$20 discount on residential camp. *Both siblings must attend same week. Cannot be combined with other discounts*

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

**PAYMENT INFORMATION**

- Check/Money Order Included\***  
Make checks payable to **PEEC** with your child's name included on check.

**Credit Card Information:**

- Mastercard  Visa
- Card#: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Security Code: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Amount to be charged: \$\_\_\_\_\_

Mail completed application, medical forms, and payment to:

**PEEC Nature Adventure Camp  
538 Emery Road  
Dingmans Ferry, PA 18328**

Applications submitted less than 48 hours before session of enrollment will be charged a \$25 late fee.

**TO REGISTER:** Complete online registration form at [peec.org/camp](http://peec.org/camp) OR send this completed application with all sections completed to PEEC, with \$50 deposit per child per week plus any Extra Services such as transportation. Payment must be made in full before your child can attend camp.

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_ Male  Female

Parents'/Guardians' Full Names: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Camp information will be sent via e-mail. If you prefer to receive information by postal mail, please check the following box.**  Please send my information via postal mail.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refund Policy** Requests for refunds must be made in writing. Refund requests at least 10 business days before the session will receive a 100% refund. Refund requests fewer than 10 business days before a session will be granted, minus the \$50 deposit.

# POCONO ENVIRONMENTAL EDUCATION CENTER

## Personal Health History and Emergency Form

### PART 1 - EMERGENCY INFORMATION

*\*\*Emergency Contacts will also be considered as authorized for pickup unless the Camp Director is notified otherwise.*

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### In Case of Emergency Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Health/Accident Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### PART 2 - EMERGENCY MEDICAL INFORMATION

Check all items that apply. *Explain any "YES" answers.*

**Allergies:** (*Medicine, Plant, Animal or Insect toxin*)  Yes  No Explain: \_\_\_\_\_

**Asthma:**  Yes  No **Diabetes:**  Yes  No **Heart Trouble:**  Yes  No

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

**Food:**  Yes  No Explain: \_\_\_\_\_

List any condition which may require special care or medication: \_\_\_\_\_

List any medication(s) 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:

Please include date of last inoculation or have your child's doctor fax this information to 570-828-9695.

All medical information will be kept confidential.

(*Date of last Inoculation*)

Tetanus \_\_\_\_\_

Diphtheria \_\_\_\_\_

Polio \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

Pertussis \_\_\_\_\_

(Other) \_\_\_\_\_

#### Does the child have a history of:

Serious Illness:  YES  NO \_\_\_\_\_

Serious Injury:  YES  NO \_\_\_\_\_

Surgery:  YES  NO \_\_\_\_\_

Appendicitis:  YES  NO \_\_\_\_\_

Nervous Condition:  YES  NO \_\_\_\_\_

Chest or Lung Condition:  YES  NO \_\_\_\_\_

Heart Problems:  YES  NO \_\_\_\_\_

Stomach or Bowels Complications:  YES  NO \_\_\_\_\_

Skin or Gland Complications:  YES  NO \_\_\_\_\_

Kidney Complications:  YES  NO \_\_\_\_\_

Back, Limb, Joint Complications:  YES  NO \_\_\_\_\_

Ear or Eye Complications:  YES  NO \_\_\_\_\_

Nose or Sinus Complications:  YES  NO \_\_\_\_\_

**Other Complications** (*Please explain*):  YES  NO \_\_\_\_\_

## POCONO ENVIRONMENTAL EDUCATION CENTER RULES AND REGULATIONS

*This agreement is subject to and includes the following conditions:*

1. Your child must be examined by your physician within a year before attending camp. Your medical form and immunizations MUST be submitted to the camp office prior to your child's arrival at camp. If your child does not have vaccinations, contact PEEC for a required waiver.
2. The camper and his/her parents agree to abide by the rules and regulations set by the Directors for the health, safety and welfare of the camp and its campers and staff. Parent/Guardian has reviewed and agrees to information and policies described at <http://peec.org/pdfs/2017DayCampPacket.pdf> for Day Camp and/or <http://peec.org/pdfs/2017ResidentialPacket.pdf> for residential camp
3. The Directors reserve the right to send home a camper whose physical condition, conduct or influence is deemed unsatisfactory or inimical to the best interests of the camp. In such instance no refund will be given.
4. No reduction or allowance of tuition will be made for late arrivals, missed days, or early withdrawal of camper from a session, regardless of reason.
5. I understand every effort will be made to contact me in the event of an emergency. In the event of any emergency in which the parent cannot be contacted, the Directors reserve the right and are hereby authorized to have the camper hospitalized, or to use outside medical, surgical, or dental aid. I authorize any physician, nurse or other health care provider, to communicate with the medical staff and Directors at PEEC's Summer Camp, about my child's medical condition, treatment, and/or prognosis. All such expenses shall be paid by the parent, if not otherwise covered by the camp's Health & Accident Insurance Policy. It is important that you keep PEEC informed of your summer contact information.
6. We further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child. These authorizations are limited to July 3, 2017 through August 25, 2017.
7. We suggest that you consult your insurance agent to make sure that your child's equipment and personal belongings are covered while in transit or at camp. The camp is not responsible for such loss or damage by fire, theft, laundry, etc.
8. I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. Such risks include uneven terrain, standing and moving water, wildlife encounters including mammals, reptiles and insects. I am also aware that my child may participate in off campus activities such as backpacking or river trips that involve additional risks. In addition, there are certain unavoidable risks associated with various game and play activities such as collisions, wayward objects such as balls and other equipment. 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, and my child and I both agree that he or she is familiar with these rules and will obey them.
9. I understand that as in any non-urban area, while at camp there is an elevated risk of insect bites, including mosquito and tick bites, which can result in diseases such as West Nile virus, Lyme disease, and other illnesses. I have been made aware that all children should therefore come to camp with adequate supplies of insect repellent, and that while camp will use every reasonable effort to assist my child in the application of repellent. Due to humidity, perspiration and other naturally recurring events, as well as the nature of insect behavior, camp cannot guarantee that my child will not be bitten and/or stung by an insect. I understand this risk and accept it on behalf of my child. I have been advised to discuss the importance of prevention with my child, and to instruct him/her that all insect bites should be reported to his/her counselor. It has been explained to me that for my child's protection staff members are not permitted to inspect my child for the presence of ticks or other bites, and my child understands that he/she must perform self inspections for this purpose. I have been advised to examine my child upon his/her return home for ticks and other evidence of insect bites or stings and to take the necessary medical precautions. For additional information concerning insect borne illnesses I have been directed to consult The American Lyme Disease Foundations' website at <http://www.aldf.com/lyme.shtml>, and the US Government Center for Disease Control and Prevention website at <http://www.cdc.gov>, as well as state and local information.
10. I grant permission for any photograph, film or other image to be used for publicity purposes.
11. I grant permission for my child to be taken off campus for camp-approved activities.

**Name of Camper:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*- All Sections Must Be Completed before Submitting Application -*