

Copper Cannon Day Camp PO Box 124 Franconia, NH 03580 daycamp@coppercannon.org 603-823-8107 www.coppercannon.org

2020 Summer Day Camp Registration (1 per Family)

	1. Camper's Name:		Grade Col	mpleted:	
Camper's Name: Camper's Name:			Grade Completed:Grade Completed:		
	Sessions: * Check off each se □July 6 th - 10 th		□August 10 th - 14 th	□August 17 th - 21 st	
1.	Parent #1/ Guardian #1 Information book to ensure delivery.	On: Please provide a valid email address. Yo	ou will receive all correspondence to this	email. Add daycamp@coppercannon.org to your address	
	Name: (First and last)	Relationship to Camper:	Custod	ial Parent:	
	Email:	Home Phone:	Work:	Cell:	
	Street Address	City	State:	Zip Code	
2.	Parent#2/Guardian #2 Informati	On: Please provide a valid email address. Yo	u will receive all correspondence to this	email. Add daycamp@coppercannon.org to your address	
	Name: (First and last)	Relationship to Camper:	Custod	ial Parent:	
	(not discussly				
	Email:	Home Phone:	Work:	Cell:	
	Street Address	City	State:	Zip Code	
		Rates/Hours fo	or Day Camp		
Day	Camp program is open to children wh	no have completed kindergarten to	o 12 years of age.		
	regular day hours are 9a-4p. Extendec cate if you will be utilizing this service		-5:30p. There is no additional	charge for extended care, but please	
*C0	Ve offer a 10% discount for all additiona ost is per child, per week	·			
* \$	25 "Hold My Spot Deposit" (this is credite	d toward cost) Deposit automaticall	y rolls over for multiple week	S	
□ \$	135 per week (cost & \$25 toward the	ose less fortunate)			
□ \$	illO per week			ible to all children of all financial	
□ \$80 per week & 2 volunteer hours		success of ou	backgrounds. Our ability to give financial aid is a critical part of ensuring the success of our program. We encourage you to ask for assistance if you need it. Please contact us for additional information and financial aid application.		
□ \$	55 per week & 5 volunteer hours	If you	u owe volunteer hours from previo	ous summers, you must pay in full.	
If				of our volunteer opportunities. Often, we have with camp is a great family opportunity.	
acti injui und pare	reby request that my child be accepted to vities and the potential for injuries does ex ry or illness sustained. I grant permission rerstand accident insurance is not included. ents/guardians shall bear the expense. I ac	kist. I indemnify and hold harmless Co for Copper Cannon to provide or obta Should my child require special med	opper Cannon Camp and/or its s ain medical attention for my chilo dical treatment, prescriptions or	taff from any and all liability claims, damage, d in the event of sickness or injury and I hospital care during the camp session,	
r(III)	t Name		relationship to Chilu.		

Date

2020

Camper Health Form Copper Cannon Day Camp



Camper Name:						
	(first)	(last)				
□Male □Female	Birth Date://	Last grade completed:				

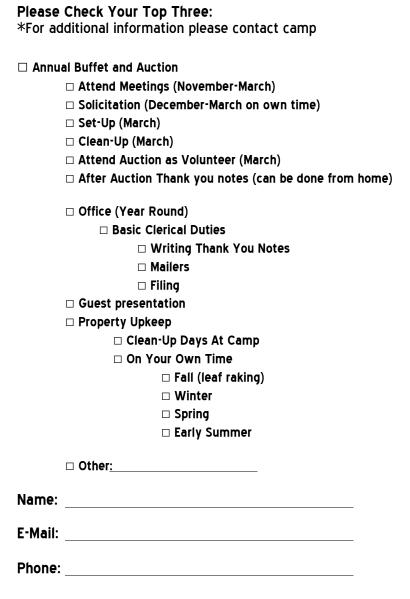
CALA						
Emergency Contacts: (if parents/legal guardians cannot be reached)						
Name	Phone #		Relationship to camper			
Name	Phone #		Relationship to camper			
Educational Services: P	Please check all that apply to your ca	amper.				
		☐Behavior plan	□IEP			
Please call us with details, so that we	e can make sure that Copper Cannon Day Camp	is a good fit for your child.				
Allergies: No known allergies This camper is allergic to: Food Medicine The Environment (insect stings, hay fever etc.) Other (Please describe below what the camper is allergic to and the reaction seen.)						
Restrictions: Please list a	any restrictions your camper may ha	ave while participating in o	ur program and activities:			
Medications: Keep in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration. This camper does not take any daily medication while attending camp.						
- ,,,,,, .						
☐ This camper will take the following daily medications while at camp:						
Madiad Inc						
Medical Insurance Inform	<u>nation</u> : This camper is cov	vered by family medical/ho	·			
Insurance Company:		Policy Number:				
Name of Primary Doctor:		Phone:				

PARENT/LEGAL GUARDIAN AUTHORIZATION SIGNATURE

All the information, health history and physician's examination on this medical form, is correct so far as I know, and the child (camper) herein described has permission to engage in all prescribed camp activities, except as noted by me (parent/legal guardian), and the examining physician. I hereby give permission to COPPER CANNON CAMP to provide routine health care, administer prescribed medication and seek emergency medical treatment including ordering x-rays or tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Signature of Parent/Legal Guardian:	Date:

Volunteer Opportunities





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