



# Copper Cannon Day Camp

PO Box 124 Franconia, NH 03580

[daycamp@coppercannon.org](mailto:daycamp@coppercannon.org) 603-823-8107 [www.coppercannon.org](http://www.coppercannon.org)

## 2020 Summer Day Camp Registration

(1 per Family)

1. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_
2. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_
3. Camper's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Sessions: \* Check off each session you'd like to attend.

July 6<sup>th</sup> - 10<sup>th</sup>

July 20<sup>th</sup> - 24<sup>th</sup>

August 10<sup>th</sup> - 14<sup>th</sup>

August 17<sup>th</sup> - 21<sup>st</sup>

1. **Parent #1/ Guardian #1 Information:** Please provide a valid email address. You will receive all correspondence to this email. Add [daycamp@coppercannon.org](mailto:daycamp@coppercannon.org) to your address book to ensure delivery.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_  
(First and last)

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. **Parent #2/Guardian #2 Information:** Please provide a valid email address. You will receive all correspondence to this email. Add [daycamp@coppercannon.org](mailto:daycamp@coppercannon.org) to your address book to ensure delivery.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_  
(First and last)

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

### Rates/Hours for Day Camp

Day Camp program is open to children who have completed kindergarten to 12 years of age.

The regular day hours are 9a-4p. Extended hours will be from 7a-9a and 4p-5:30p. There is no additional charge for extended care, but please indicate if you will be utilizing this service.

\* We offer a 10% discount for all additional siblings attending \*\*Discount is not available with financial assistance rates.\*\*

\*Cost is per child, per week

\* \$25 "Hold My Spot Deposit" (this is credited toward cost) Deposit automatically rolls over for multiple weeks

\$135 per week (cost & \$25 toward those less fortunate)

\$110 per week

\$80 per week & 2 volunteer hours

\$55 per week & 5 volunteer hours

It is part of our mission to be accessible to all children of all financial 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.

If you owe volunteer hours from previous summers, you must pay in full.

If you are requesting financial aid, there are a variety of ways you can help camp out. The next page lists many of our volunteer opportunities. Often, we have families donate time toward the auction. We also have clean-up days that are fun for all ages! Volunteering with camp is a great family opportunity.

I hereby request that my child be accepted to attend Copper Cannon Camp. I understand and am aware my child/ren will be participating in many physical activities and the potential for injuries does exist. I indemnify and hold harmless Copper Cannon Camp and/or its staff from any and all liability claims, damage, injury or illness sustained. I grant permission for Copper Cannon to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included. Should my child require special medical treatment, prescriptions or hospital care during the camp session, parents/guardians shall bear the expense. I agree Copper Cannon may photograph or videotape my child for use in promotional and social media materials.

Print Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2020

Camper Health Form  
Copper Cannon Day Camp



Camper Name: \_\_\_\_\_  
(first) (last)

Male  Female Birth Date: \_\_/\_\_/\_\_\_\_ Last grade completed: \_\_\_\_

**Emergency Contacts:** (if parents/legal guardians cannot be reached)

Name	Phone #	Relationship to camper
_____	_____	_____
_____	_____	_____

**Educational Services:** Please check all that apply to your camper.

My camper has a:  1-on-1  504  Behavior plan  IEP

Please call us with details, so that we 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 any restrictions your camper may have while participating in our 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:

**Medical Insurance Information:** This camper is covered by family medical/hospital insurance  yes  No

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

## Please Check Your Top Three:

\*For additional information please contact camp

- Annual Buffet and Auction
  - Attend Meetings (November-March)
  - Solicitation (December-March on own time)
  - Set-Up (March)
  - Clean-Up (March)
  - Attend Auction as Volunteer (March)
  - After Auction Thank you notes (can be done from home)
  
- Office (Year Round)
  - Basic Clerical Duties
    - Writing Thank You Notes
    - Mailers
    - Filing
  - Guest presentation
  - Property Upkeep
    - Clean-Up Days At Camp
    - On Your Own Time
      - Fall (leaf raking)
      - Winter
      - Spring
      - Early Summer
  
- Other: \_\_\_\_\_



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

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

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