Instructions for Parents

Important information – Please Read!

1. **Registration Forms:** can be emailed to: registration@coppercannon.org ,faxed, or mailed to P.O. Box 124 Franconia, NH 03580. Scheduling will be done on a first come, first serve basis with the child's ***completed registration, including the IEP, 504, or behavior pla****n, and the most recent physical and immunization records from the doctor's office.* Three (3) sessions may be chosen but only one (1) session will be scheduled. Incomplete applications will be put on the waitlist until all required forms/information has been received.

2. **Income Eligibility:** HOUSEHOLD income must fall at or below the listed levels of the USDA income guidelines for the free and reduced meal plan at the child's school. The USDA Application is attached to the camper registration. OR, if you have a letter from your child's school stating s/he qualifies for free/reduced meals, email a copy of the letter to registration@coppercannon.org Either the USDA Application OR the school letter **MUST** accompany the registration.

3. **Age and Geographic Region:** Children from New Hampshire who qualify for the free/reduced meals at school participate. Children attending the regular camp week should be between 9 and 12 years of age. Teens attending must be between 13-16 years of age. Youth wishing to enroll in the Counselor-In-Training (CIT) program must be 16 years of age.

4. **Group Functionality:** Children *must be physically, mentally and emotionally capable* to cope with camp life. This includes; spending time away from home, being able to do personal hygiene, and understanding appropriate behavior. In addition, *campers must be able to function independently in a group setting*. Each child is given plenty of individual attention and we uphold a remarkable 3:1 counselor-to-camper ratio. However, **Copper Cannon is *not a special needs camp and we do not have the staff to provide a one-on-one specialist for a child if he or she cannot function properly on their own.*** Please contact camp with questions or concerns.

5. **Responsibilities of Family**:
   - ☐ **Transportation**: To and from Copper Cannon is the responsibility of the parent, guardian or referral agent.
   - ☐ **Camper Registration Form**: Must be filled out completely and signed by legal guardians
   - ☐ **Medical Forms:** A copy of the child's last physical (must be within 18 months of arrival date) and immunization record must accompany application in order for the child to be accepted into the summer program.
   - ☐ **Complete** the USDA Application **OR** send in a letter from your child's school stating s/he qualifies for the Free/Reduced Meal Plan at school
   - ☐ **Emailing** a current copy of your child's IEP, 504 and/or Behavior Plan to camp
   - ☐ **Maintain contact with Camp about scheduled session**. If you do not hear from camp, contact us about your child's scheduled session.

Nondiscrimination: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

This institution is an equal opportunity provider.

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

Copper Cannon Camp Policies 2027

This list of Camp Policies is required of every child's family attending Copper Cannon Camp. There are NO exceptions. If you have any concerns or questions, please call our office.

Copper Cannon Camp is NOT a therapeutic or special needs camp. There will not be one on one staff with a camper.

I agree to have all paperwork completed prior to my child(ren) being scheduled for a session. If the paperwork is not completed, Copper Cannon will NOT schedule a session for my child(ren). This includes medical paperwork. Call your doctor's office and have them fax the most recent physical and immunization records to the camp office. The physical must be within 18 months of requested arrival date.

I will inform the camp if my child(ren) has(have) an **IEP, 504, Behavior Plan, 1:1 anytime at school, or a specialized school services for academic or behavioral issues**. In addition, I will email, fax, or mail, P. O. Box 124, Franconia, NH 03580, a copy of the most recent IEP, Behavior Plan, or 504 to camp. This must be received as part of the camp registration for a camp session to be assigned.

I agree my child(ren) will NOT bring any electronic devises with them to camp. My children will NOT bring any device that can contact me at my children's discretion including Apple watches or Fitbits attached to their phones. If a device is found with my child(ren), the device will be taken until departure day.

I understand Copper Cannon Camp notifies families of scheduled sessions **via email**. I acknowledge that it is **MY RESPONSIBILITY** as the parent/guardian to contact the camp office if I have not received any notifications. I can contact camp via telephone or email for assistance.

I agree to abide by Copper Cannon Camp's policy for picking up my child(ren) prior to the departure date of the scheduled due to a medical or behavioral situation. It is known that the staff has already worked with my child. Sometimes, a child is simply not suited for functioning with the camper group. The policy is as follows:

- If I, or my child(ren)'s three (3) listed contacts, is contacted by Copper Cannon Camp to pick up my child(ren) prior to the end of the scheduled week. I or someone from my three (3) contacts will be at Copper Cannon Camp within three (3) hours of the call. If I cannot come, I will contact the office and inform someone who is coming for my child(ren).
- If I, or the contacts, cannot be reached OR I or the contacts refuse to come pick-up my child(ren), I understand the following steps will be taken:
    1. If my child(ren) has/have been violent with campers or staff, the local police will be called. It is then required that my child(ren) is (are) picked up at the named police station.
    2. If I or the contacts refuses to come within the 3-hour window, or at all, a DCYF intake will be called in. The refusal will be noted and further steps will be at the discretion of the DCYF intake department. From this point, I understand that Copper Cannon Camp will be in contact with only DCYF.

If your child does not show up for his/her scheduled session, ***you will be charged $250.*** If your child cannot attend his/her session, notify camp ***at least* 72 hours prior to camp arrival date**. If you are charged this fee and do not pay, your child will not be accepted for a session in the future.

By signing this form, I understand the policies set forth by Copper Cannon Camp. I agree to follow the policies listed above.

Parent/Guardian Signature_____Date_____

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

This section to be filled out by the organization recruiting the child on this application:

Name of organization:_____

Name of person – recruiting for organization:_____

2027 Registration Form

P.O. Box 124
Franconia, NH 03580

Camper's Name: _____ _____

Mailing Address:_____City:_____State:___Zip: _____

Home Phone # _____Birth Date_____Grade in Sept 2027: _____

Gender: ☐ Male ☐ Female School Attending: _____

My child has an IEP, 504, or Behavior Plan ☐ Yes ☐ No

Primary Contacts:

Primary Contact 1:_____

Relationship to camper: _____

Daytime phone #: _____

Cell phone #: _____

Valid Email: _____

Primary Contact 2: _____

Relationship to camper: _____

Daytime phone #: _____

Cell phone #: _____

Valid Email: _____

Who has legal custody of child? _____

Emergency/Authorized Pick-Up Contacts:

Name: _____

Relationship to camper:_____

Cell Phone #: _____

Valid Email: _____

Two additional Emergency contacts on Page 5

Attended CCC before? ☐ Yes When: _____ ☐ No

Sessions ages 9-12

Please use 1, 2, 3 for your choices of sessions.

___June 27-July 2 (6 day) July 4-July 10

___July 11-July 17

___July 11-July 23 (2 Weeks!)

___July 18-July 23 (6 day)

___July 25 – July 31

___ August 1- August 7

Ages 13-16 unless otherwise noted

☐ 7/4 - 7/10 Mountain Bike Adventure – No previous mountain biking experience is required, but we recommend that participants at least have an interest to learn and get better at mountain biking

☐ 7/11 – 7/17 Ranger High Adventure (Hiking Program) Involves camping out in the woods and several days of hiking. No previous backpacking experience for this session is required, but a good attitude and a willingness for exploration and roughing it are absolutely essential

☐ 7/18 - 7/23 Mountain Bike Adventure (6 day)

☐ 7/25 – 7/31 Ranger High Adventure

☐ 8/8 – 8/14 Teen Week –A traditional camp week where teens can still enjoy all of the summer camp experiences you get as a kid but on a more mature level designed for teenagers.

☐ 8/15 – 8/20 Teen Week (6 day)

☐ Counselor in Training (CIT) 7/4 -7/17 For 16-year-olds interested in interested in becoming future staff. Please include an essay of why you would make a good CIT. This is a two week program

How did you learn about Copper Cannon Camp?_____

I hereby request that my child be accepted to attend Copper Cannon camp. I understand and am aware my child 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.

Parent/Guardian Signature: _____Date:_____

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

2027 Health History

A copy of the camper 's last physical (must have been done within 18 months of desired arrival date) & immunization records must accompany this registration

Camper Name: _____

Primary Contact: _____ Cell Phone: _____

General Health History: It is important to explain "Yes" answers on lines below question

Has/does your child had/have:

1. Been Hospitalized for psychiatric reasons:
   _____
   _____
2. Seen a professional to address mental/emotional health concerns:
   _____
   _____
3. A significant life event that affected or continues to affect their normal functioning such as history of abuse/trauma, death of a close person, family change/adoption/foster care, or survived a disaster.
   _____
   _____
4. Recent injury within the past six (6) months_____
5. Headaches frequently_____
   a. Cause_____
6. Fainting or dizziness_____
   a. Cause_____
7. Allergies to food, medication, environment_____
   a. Reaction_____
8. Problems with falling asleep_____
9. Sleep walking issues_____
10. A history of bed wetting – you may contact the office for answers to protocol_____
11. Dietary notes (i.e. vegan, glutton free, etc.) _____

Please provide any additional information about your child that may not be covered in this Health History.

_____
_____
_____

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

2027 Health History Continued

Health Care Provider(s)/ Medical Insurance Information

Camper's Name _____

Physician's Name: _____

Clinic Name: _____ Phone: _____

My child is covered by family medical/hospital insurance ☐ Yes (complete below) ☐ No

Insurance Company Name: _____

Policy Number: _____ Member #_____

Group Number: _____ Phone: _____

The following non-prescription, over-the-counter (OTC), medications are stocked at the camp's infirmary. These are used in on an as-needed basis to manage illness or small injuries such as bug bites. Please read this list and if you DO NOT want your child to be given the OTC medication, please note it below.

Over-the-Counter medications are:

Acetaminophen (Tylenol), Ibuprofen (Advil or Motrin), Antihistamine/Allergy Meds, Nix or Elimite (Lice Shampoo or cream), Calamine Lotion, Laxatives for constipation (Ex-Lax), Cough Syrup (Robitussin DM), Generic Cough Drops, Antibiotic Cream/Salve, Kaopectate/Pepto Bismol, Aloe.

Not to be given to my child: _____

PARENT/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 camper herein described has permission to engage in all prescribed camp activities, except as noted by me (parent/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 routine 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.

Parent Signature:_____ Date:_____

Required Emergency Contact #2
Name: _____
Daytime Phone: _____
Cell Phone: _____
Valid Email:
_____
Relationship to child:
_____

Required Emergency Contact #3
Name: _____
Daytime Phone: _____
Cell Phone: _____
Valid Email:
_____
Relationship to child:
_____

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

Camper Medication Form

NOTE – PLEASE READ

This page must be filled out completely and signed by the parent/guardian AND the physician if the child is on any medications. This form must include all medications and treatments prescribed to this camper – this includes lotions, inhalers, liquids, allergy medications, cold medications, temporarily prescribed meds.

**If there is any change to either the medications or dosages, as indicated by the physician below, the parent/guardian must have in writing these changes from the physician who prescribed the medications. This note of change must be given to camp staff at check-in on the first day of camp. The child cannot be accepted into the program without this note of change from the prescribing physician.

Camper Information

1. Camper's Name: _____ Date of birth: _____
2. Parent/Guardian:_____Preferred Phone: _____

TO BE FILLED OUT BY PHYSICIAN ONLY – Child's Medication Information

1. Name(s) and medical reason(s) for medication(s) to be dispensed while child is at Camp:

Each medication listed must include reason for medication, include non-prescription drugs & vitamins, times and accurate dosage. Labels on medication containers must match this medication information form. KEEP ALL MEDICATIONS IN ORIGINAL PRESCRIBED CONTAINER. IF MORE THAN FOUR MEDICATIONS ARE ADMINISTERED, YOU MAY COPY THIS FORM OR USE THE BACK WITH AN INDICATION INFORMATION ON BACK OF PAGE.

Name of medication	Reason for taking it	When is it given & time	Dosage
		☐Morning _____ ☐Afternoon _____ ☐Evening	
		☐Morning _____ ☐Afternoon _____ ☐Evening	
		☐Morning _____ ☐Afternoon _____ ☐Evening	
		☐Morning _____ ☐Afternoon _____ ☐Evening _____	

Physician's Signature:_____ Date:_____

I hereby authorize the designated staff person to administer the above prescribed medication according to the physician's directions in consideration for this service. I shall further agree that I will not hold liable Copper Cannon Corporation, Camp and/or the Director or employee thereof for any death or injury resulting from the administration or assistance in the administration of the medication prescribed above for my child.

Signature Parent/Guardian:

Phone: (603) 823-8107 Fax: (603) 823-9959 Email: registration@coppercannon.org

2026 Child Nutrition Programs Household Application for Summer Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR? *Please note, Medicaid case numbers do NOT qualify children for free or reduced meal benefits in NH.

◯ **NO** → Go to STEP 3. ◯ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (SNAP and TANF only: Select One: ◯ SNAP ◯ TANF

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	◯	◯	◯	◯	◯

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SITE: Insert site address here:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

Return completed form to your child's summer meal site.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price milk.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For authorized use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price milk. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free milk without an application. Please contact your school to get free milk for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf,** from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Return completed form to your child's summer meal site.