

Camp Fire Summer Camp - APPLICATION AND PARENT PERMISSION FORM- 2021

(Please complete this application in its entirety and submit 14 days prior to the initial camp start date to avoid a late registration fee of \$8)

Please note we have changed our summer schedule this year based on feedback from parents. All camp options are week long options and are for grades K-6. Camp Fire is an ODJFS licensed Child-Care Program additional forms may be required by ODJFS if you have not attended Camp Fire Programming in the last 2 years. This application may take up to 10 minutes to complete.

* Required

Summer Camp Enrollment:

Please fill out one application per camper- check all camps below you wish to register for.
Grade level is when School began in the Fall of 2020

1. For which K-6th grade Camps is the camper registering for? (Please note all camps are \$160 a week, per camp. All camps are for all K-6th grade students and run Monday- Friday 9:00am-4:30, unless noted below with a *. Member and multi-child discounts apply and will be applied to your invoice. Parents will receive an invoice for all registered camps within 48 hours of registration.) *

Check all that apply.

- June 14-18 Traditional Camp 1 Mon – Fri 9:00 – 4:30
- June 21-25 Super Hero Camp, K-6, 9:00-4:30pm
- June 28-July 2 Spark Discovery Lab powered by NASA, K-6, 9:00-4:30pm
- July 6-9 * Art Camp, 9:00-4:30pm, *T-F
- July 12-16 Adventure Camp, K-6, 9:00 a.m. – 4:30 p.m.
- July 19-23 Traditional Camp 2 Mon – Fri 9:00 – 4:30p.m.
- July 26-29* Animal Planet Camp , K-6, 9:00 a.m.-4:30 p.m., *M-R,
- Aug 2-6 Traditional Camp Yukita Retro Camp 9:00-4:30pm
- Aug 9-13 Top Chef Cooking Camp, K-6, 9:00 a.m.-4:30 pm
- Aug 16-20 Camp Mess-A-Lot, K-6, 9:00am-4:30pm.
- Aug 23-27 Wizard Camp, K-6, 9:00 a.m.-4:30 p.m.
- none

2. My Child will be using Before Camp Care between 7am-9:00am for the following camps: *

Check all that apply.

- June 14-18 Traditional Camp 1 Mon – Fri 9:00 – 4:30
- June 21-25 Super Hero Camp, K-6, 9:00-4:30pm
- June 28-July 2 Spark Discovery Lab powered by NASA, K-6, 9:00-4:30pm
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- Aug 16-20 Camp Mess-A-Lot, K-6, 9:00am-4:30pm.
- Aug 23-27 Wizard Camp, K-6, 9:00 a.m.-4:30 p.m.
- none

3. My Child will be using After Camp Care between 4:30pm-6:00pm for the following camps: *

Check all that apply.

- June 14-18 Traditional Camp 1 Mon – Fri 9:00 – 4:30
- June 21-25 Super Hero Camp, K-6, 9:00-4:30pm
- June 28-July 2 Spark Discovery Lab powered by NASA, K-6, 9:00-4:30pm
- July 6-9 * Art Camp, 9:00-4:30pm, *T-F
- July 12-16 Adventure Camp, K-6, 9:00 a.m. – 4:30 p.m.
- July 19-23 Traditional Camp 2 Mon – Fri 9:00 – 4:30p.m.
- July 26-29* Animal Planet Camp , K-6, 9:00 a.m.-4:30 p.m., *M-R,
- Aug 2-6 Traditional Camp Yukita Retro Camp 9:00-4:30pm
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- Aug 23-27 Wizard Camp, K-6, 9:00 a.m.-4:30 p.m.
- none

Camper
Demographics

Please complete this section to the best of your knowledge. Questions contained in this section are used to seek and receive funding, and to report to Camp Fire National for impact. No names are provided only general statistics. All information is kept confidential and secure.

4. Youth Full Name (First, Middle, Last) *

5. Gender *

Check all that apply.

- Male
 Female
 other

6. Youth Date of Birth *

Example: January 7, 2019

7. Street Address *

8. City *

9. State *

10. Zip Code *

11. County

12. Age *

13. Shirt Size - shirts for all campers registered at least 14 days in advance of traditional camps. *

Mark only one oval.

yS

ym

yL

Adult s

Adult m

Adult l

Adult XL

14. Email address

15. Camper's Grade in Fall 2021 *

Check all that apply.

K

1

2

3

4

5

6

7

16. Current Camp Fire Member Link to Camp Fire membership brochure:
<https://www.campfiresc.org/wp-content/uploads/2020/01/Membership-Brochure.pdf>

Mark only one oval.

Yes

No

I'm Interested in becoming a member- please download and review the link to the member brochure found above

17. School attending in the Fall

18. Camper's Ethnicity *

Mark only one oval.

- Caucasian
- American Indian
- Multi-racial
- African American
- Asian
- Hispanic/Latino

Parent or
Guardian
information

Please complete this section to the best of your knowledge. Questions contained in this section are used to seek and receive funding, and to report to Camp Fire National for impact. No names are provided only general statistics. All information is kept confidential and secure.

19. Status of Head of Household *

Mark only one oval.

- Married (two parents)
- Single parent
- Partnership
- Guardianship
- Foster parent

20. Annual Household income *

Mark only one oval.

- \$0-\$25,000
- \$26,000-\$50,000
- \$51,000-\$75,000
- \$76,000-\$100,000
- greater than \$100,000

21. Total People in your household *

22. Parent/ Guardian 1: Full Name (First, Middle initial, Last *

23. Parent 1: Relationship to Camper *

24. Parent 1: Employer (type NA if none) *

25. Parent 1: Work Phone Number *

26. Parent 1: Home/ Cell Phone Number

27. Parent 1: Email address

28. Parent 1: Street Address (if different from youth)

29. Parent 1: City (if different from youth)

30. Parent 1: State (if different from youth)

31. Parent 1: Zip code (if different from youth)

32. Parent 1: County (if different from youth)

33. Parent/ Guardian 2: Full Name (First, Middle initial, Last *

34. Parent 2: Relationship to Camper *

35. Parent 2: Employer (type NA if none) *

36. Parent 2: Work Phone Number *

37. Parent 2: Home Phone Number *

38. Parent 2: Email Address

39. Parent 2: Street Address (if different from youth)

40. Parent 2: City (if different from youth)

41. Parent 2: State (if different from youth)

42. Parent 2: Zip code (if different from youth)

43. Parent 2: County (if different from youth)

Local
Emergency
Contacts

These should be people other than parents or guardians who can be reached throughout camp times from 8:30am-5:00pm

44. Contact 1: Name (First and last) *

45. Contact 1: Phone Number *

46. Contact 1: Relationship to Camper *

47. Contact 2: Name (First and Last) *

48. Contact 2: Phone Number *

49. Contact 2: Relationship to Camper

Health
Information

Please provide all up to date medical information with regards to the youth/volunteer in this section. All information is kept confidential and only used in case medical attention is needed.

50. Allergies (list all allergies to food, plants, medication etc plus REACTION and TREATMENT)

51. My child's shots are up to date: *

Mark only one oval.

yes

no, I will ensure they are up to date by the first day of camp

52. Date of last tetanus shot *

Example: January 7, 2019

53. Check all special conditions which apply:

Check all that apply.

ADHD

Asthma

Diabetes Type 1

Diabetes Type 2

Heart

Hearing Impaired

Physical Impairment or Mobility limitations

Other- I will list this in the next question

54. Please list any other conditions not listed on the previous question, and any concerns or support with regards to these conditions.

55. I hereby give permission to the medical personnel selected by the camp director to dispense medications, including the following over the counter medications (Check items NOT allowed to dispense): *

Check all that apply.

- 1% Hydrocortisone cream
- Ibuprofen
- Insect Repellent
- Antibiotic Ointment
- Tylenol
- Band-Aids
- Sunscreen
- Camp Fire has permission to administer all above items as needed

56. My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I understand that Camp Fire Sandusky County Day Camp program allows all campers to participate in all activities. We will work together to address any special concerns you have about your child participating in camp activities to ensure they are appropriate and accessible for every camper. I will assure that my child is properly prepared daily for all activities including having proper clothing and equipment, two snacks, a packed lunch, being in good health to include no signs of COVID-19, willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand and agree to cooperate with all regulations and procedures, and I waive any claims against Camp Fire National Headquarters, Camp Fire Sandusky County, or affiliates except for claims arising from gross negligence or willful acts of the organization or its agents that may arise from participation in the activities of the organization. I understand the duties that my child will be asked to perform and I am aware of the responsibility that goes with those duties. My child has my permission to carry out such and I will not hold Camp Fire Sandusky County, or its agents, responsible for accident of injury to my child while she/he is a volunteer at day camp. I understand that the use of cell phones or electronic devices will not be allowed during camp sessions. If necessary, my child has permission to travel by vehicle to the Canoe launch site on the Sandusky River. My child also has permission to travel by vehicle to Camp Fire Sandusky County from the banks of the Sandusky River, if assisting with the annual tube float. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I have provided/ will provide a complete picture of my child's physical, emotional and mental health, including all medications, on this or the ODJFS registration forms, and will provide (on the first day of camp) updated health information on the form provided by Camp Fire Sandusky County. I understand I am required to fill out additional required ODJFS forms based on State requirements. These forms will be emailed to me upon registration. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet. In the event that my child (or ward) is photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire Sandusky County or

other partnering organization approved by Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. I waive any rights for royalties or for compensation arising from the use of the photographs. Camp Fire will not disclose the names of campers or youth in any of their promotional materials including on the website. *

Mark only one oval.

- I have read and agree to the above
- I have read and disagree to the above, and will talk to camp director with concerns.
- I have read and agree to all except the photo release

57. Campers will need the following items: A backpack to store all of the following personal items brought to camp>>Tennis Shoes must be worn all day – Open toe or sandals can be worn to and from boating and swimming only >>A Sack lunch each day, one that does not need refrigeration or cooking >>Swimsuit, towel, sunscreen and hat (to protect from the sun) >>Bug Repellent >\$ Money to purchase extra snacks and soda >>(optional) Sweatshirts or jackets for cool weather >>Youth will NOT be allowed to leave property to buy lunch (Subway, etc) >>Use of Electronic Devices, including cell phones is prohibited during camp hours. Please note: Due to the COVID-19 pandemic the State of Ohio requires all youth over the age of 10 to wear a mask while inside our facilities, the requirements may also limit the use of certain areas of our grounds ie swimming. Camp Fire is closely monitoring State Laws to ensure all children are safe, based on the State of Ohio Standards and Laws set by ODJFS, while participating in Camp Activities. Camper will be required to use hand sanitizer upon exiting their cars and before leaving our facility daily. If you would prefer your child use hand sanitizer provided from home please feel free to send this with them labeled with the child's name and date of birth, to be kept in their own backpack. If your child is to bring their own hand sanitizer to camp a counselor or staff member must witness them use the hand sanitizer upon exiting the vehicle. Camp Fire will provide hand sanitizer to all those who do not bring their own hand sanitizer to camp. *

Mark only one oval.

- I understand the daily needs and Pandemic changes

58. FINANCE POLICIES Camp Fire is a non-profit youth development agency supported by the community. Payment in full must be received with registration. In the event of a medical condition that causes cancellation to include COVID-19 symptoms or quarantine requirements, a refund (less \$20.00) will be made with written notification from the family along with a written explanation by a physician or County Health Department. If your child leaves camp early or arrives late due to accident, illness, homesickness, behavior problems, other activities to attend, or camper or parent request, there will be no refunds or pro-rated fees. If Camp Fire is unable to place your child in a session of your choice, your payment will be refunded in full. Camp Fire reserves the right to cancel any program with as much notice as possible. You will receive a full refund if the program is canceled by Camp Fire. \$40.00 will be charged for check or charges not honored by your bank. Camp Fire cannot be financially responsible for lost or stolen items. Label all of your child's belongings carefully. Do not send valuables to camp (no large sums of money, electronics, keepsakes, etc.) *

Mark only one oval.

I understand the financial policy

59. I am applying for financial aid. Contact the Camp Fire office for the formal application, use online application at: tinyurl.com/2021CFscholarship or print application by visiting www.campfiresc.org

Mark only one oval.

No

Yes, I will fill out the electronic form

Yes, I will print the scholarship application myself and send to the office

60. I have read, understand and accept all of the terms and conditions set forth in this application. I agree to sign this form electronically by typing my full legal name on the below line, which will act in the same regard as a formal signature on a written paper. Please type Parent/Guardians Full Name below: *

61. Were you referred to Camp Fire by anyone? (please provide name of the referred family first and last name)

WoHeLo

Thanks for applying to attend Summer Camp(s) for the Summer of 2021. You will receive communication of your registration soon.

Your registration is not complete until payment is received for the Camp(s) your child is registered for. Please go to Paypal and finalize payment, communicate with the Camp Fire Office if you want to be set up on a payment plan, or fill out the scholarship application.

Camp Fire Staff and volunteers look forward to another amazing summer of camps!
Camp Fire is A United Way Partner Agency

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