

- ☐ Returning Camper
- ☐ New Camper



Mermaid Lake, Inc. • P.O. Box 60 • Blue Bell, PA 19422 • Mermaidcountrydaycamp@gmail.com

Referred to camp by: _____



Terms of Enrollment

1. The deposit of \$200 for each camper accompanying the application, if accepted, reserves a space for your child. Parents/Guardians can cancel enrollment prior to April 1, 2019 and receive reimbursement for the deposit and fees, less a \$50.00 service charge. The deposit is non-refundable after April 1, 2019 and will result as a credit towards any service offered by Mermaid Lake Inc.
2. MCDC stands firm on discount dates highlighted on our 2019 pricing sheet. Any late discount payments will revert back to the original tuition cost.
3. Acceptance of a camper for enrollment is based on MCDC receiving an accurately completed application.
4. The camp tuition must be paid in full before the first day of camp. No reduction or allowances will be made for late arrival or early withdrawal of a camper. Any outstanding balances after the first day of camp will result in a late fee of \$75.00 per camper, per month.
5. Any camper application received after June 1st will result in an additional fee of \$25.00 per camper.
6. Please note that MCDC will be closed on July 4th. Tuition will not be reduced or refunded for absenteeism, vacations, or holidays.
7. MCDC has the right to limit transportation services.
8. MCDC reserves the right to add additional charges for special dietary changes to our lunch menu.
9. MCDC transportation cannot guarantee a particular vehicle, pick-up or drop off time, or honor such requests.
10. Transportation routes are planned to be as efficient as possible. Assigned vehicles and times are subject to change.
11. MCDC will only transport to one address. If a second is required, an additional charge of \$65 per week will apply.
12. Booster seats must be provided for any campers six years of age and younger (in accordance with PA State Law) who are transported in camp vans.
13. The camper and parents agree to abide by the rules and regulations set forth by MCDC for the health, safety, and welfare of the camper.
14. MCDC reserves the right to terminate the enrollment of any camper whose physical or mental conditions, conduct, influence and/or behavior is deemed by MCDC as unsatisfactory to the best interest of the camp. Tuition will be refunded in a prorated basis, less a \$50.00 service fee. Tuition will be refunded at the discretion of Mermaid Lake Inc.
15. Both morning and afternoon extended sessions are available for an additional fee. Transportation will not be provided for campers in extended sessions.
16. Extended PM hours are from 4:30 PM- 5:45 PM. A late fee of \$20 will be assessed starting at 5:55 PM, with an additional charge of \$1 every minute starting at 6:15 PM.
17. Special group requests should be noted on the application or forwarded in writing to the camp office. Special requests will be honored only if deemed in the best interest of the camper, the group, and the camp.
18. The camp will not be responsible for the camper's equipment or personal belongings, while transit, or involved with camp activities. All electronic devices are to be left at home.
19. The parent/guardian gives MCDC permission to use photographs and videos of the camper in MCDC promotional materials and MCDC owned social media sites.
20. The parent's/guardian's signature gives campers permission to be transported in camp vehicles and participate in programs, activities, and field trips sponsored by MCDC.
21. A \$40.00 charge will be made on any returned checks.
22. The campers must be covered by medical and hospitalization insurance provided by the parent/guardian for the duration of the camp season.

I wish to enroll my son/daughter for the current camp season. I agree to comply with all the terms of enrollment as stated above. My \$200.00 deposit for each camper enrolling is enclosed.

Parent's/Guardian's Signature: _____ Date: _____

_____ Date: _____

Checks can be made payable to:
Mermaid Country Day Camp
Please mail APPLICATION, DEPOSIT, and other forms to:
Mermaid Country Day Camp
P.O. Box 60
Blue Bell, PA 19422



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ID Cards, Extended Sessions, & Transportation Information

PLEASE PRINT ALL INFORMATION

Camper's Name: _____
LAST NAME FIRST NAME MI

IDENTIFICATION CARDS

Mermaid Country Day Camp issues ID Cards for security purposes for all campers, regardless of their manner of arrival and dismissal. You will be required to present an ID Card when picking up your camper. Please fill out the information below. You will receive one card for each person listed. Please limit the number of cards to four.

Primary Pick-up Person: _____

Name of three other people authorized to pick up your camper:

1. _____ 3. _____
2. _____

Arrival/Dismissal Information: Please check the appropriate boxes.

I will provide transportation

A.M.

☐

P.M.

☐

I will need extended session

☐☐

I will use MCDC transportation

☐☐

A.M. Session is 7:30-8:45

P.M. Session is 4:30-5:45

EXTENDED SESSION

There is an additional charge for extended session. Check the weeks that you will need. Do not complete this section if you do not need extended sessions.

Week 1 June 17- 21	Week 2 June 24- 28	Week 3 July 1- 5	Week 4 July 8- 12	Week 5 July 15- 19	Week 6 July 22- 26	Week 7 July 29 - Aug 2	Week 8 Aug 5 - 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MCDC TRANSPORTATION

Do not fill this section if you will be providing your own transportation

Week 1 June 17- 21	Week 2 June 24- 28	Week 3 July 1- 5	Week 4 July 8- 12	Week 5 July 15- 19	Week 6 July 22- 26	Week 7 July 29- Aug 2	Week 8 Aug 5- 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The pick-up and drop-off location must be the same. **NOTE:** A surcharge of \$65/week will be assessed to campers requesting pick-up and drop-off at a second address. ***MCDC reserves the right to apply a surcharge for all pick-up/drops-offs outside our immediate area***

***We expect a responsible person will be available at pick-up and drop-off times.

Name of responsible party: _____ Relationship: _____

Pick-up & Drop-off Address: _____

City: _____ Zip: _____

Pick-up & Drop-off phone numbers: (_____) _____ - _____ Name of your development: _____

Landmarks to identify the pick-up/drop-off location (style, color of house, shutters, etc.): _____



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FIELD TRIP PERMISSION & T-SHIRT ORDERS

PLEASE PRINT ALL INFORMATION

Camper's Name: _____
LAST NAME FIRST NAME MI

FIELD TRIP PERMISSION

We require your permission in order for your child to participate in field activities. Please indicate below whether or not your child has permission to attend these events. Field trips arranged before the start of camp will be included on the field trip calendar, which you will receive in your camp packet given out at Open House in June.

Please note: At the discretion of the Camp Director, in the event of inclement weather, additional field trips can be added on short notice. If you have any concerns or questions, please call the Camp Office.

☐

My child **has permission** to attend all field trips designed for their division

☐

My child **does NOT have permission** to attend field trips.

Parent Signature: _____

T-SHIRT ORDERS

A camp T-shirt is required for all field trips and picture days. Each camper is given one free shirt for enrolling in camp. We order shirts in advance so that we can accommodate all requests. The shirts can be picked up at our Open House in June, or they will be available for pick-up at a later date (information will be forthcoming).

Below, please check the size for your camper's FREE shirt:

Child		Adult	
<input type="checkbox"/>	Small	<input type="checkbox"/>	Small
<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Large	<input type="checkbox"/>	Large
		<input type="checkbox"/>	X-Large



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Medical Information

PERMISSION TO TREAT

I hereby give permission to the medical personnel selected by the camp director to provide medical treatment for

Camper: _____

Date of Birth: _____

In the event of any illness or injury, I hereby give permission to the physician selected by the camp director to hospitalize and secure treatment for the child mentioned above. This form may be faxed or photocopied. I hereby assume the responsibility of payment for any emergency medical treatment.

(Date)

(Parent/Guardian Signature)

EMERGENCY CONTACTS

In the event of medical emergency contacts:

Primary Contact:

Name: _____

Relationship: _____

Home Phone: _____

Work: _____

Cell Phone: _____

Secondary Contact:

Name: _____

Relationship: _____

Home Phone: _____

Work: _____

Cell Phone: _____

In the event of an emergency and the primary and secondary contacts listed above are not available, please notify:

Emergency Contact #1:

Name: _____

Relationship: _____

Home Phone: _____

Work: _____

Cell Phone: _____

Emergency Contact #2:

Name: _____

Relationship: _____

Home Phone: _____

Work: _____

Cell Phone: _____

Family Physician: _____ Phone: (_____) - _____ - _____

ALLERGIES

Does your camper have allergies? ☐ YES ☐ NO If yes, list: _____

Date of your child's last Tetanus shot: _____

Is your child allergic to bee stings? ☐ YES ☐ NO ☐ Not sure

Has your camper been identified with learning disabilities, or other medical conditions that we should be aware of?

☐ YES ☐ NO If yes, list: _____

Are there any activities that your camper should be limited or restricted from for health purposes?

☐ YES ☐ NO If yes, list: _____

Do you have any suggestions or health related information that would help camp personnel in interacting with your camper?

The medical information listed above is correct to the best of my knowledge. My child has permission to participate in all camp activities unless a note is provided.

(Date)

(Parent/Guardian Signature)



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Medical Information (Continued)

If your child will be taking any medications while at camp, please complete this section of the form and return it to the camp office with the medication on your child's first day of camp. Any medication received without the completed paperwork **WILL NOT** be administered and will be returned to you. If your child takes medication during the school year and you have a doctor's note dated within 1 year of the first day of camp, a completed copy of this form may be used as your physician's permission to medicate.

Will your child be taking medication during camp? ☐ YES ☐ NO If yes, list: _____

• Will your child require help in taking this medication? ☐ YES ☐ NO

• Why is your child taking this medication? _____

MEDICATION POLICY

Prior to the medication being administered to a camper during the camp day, the parent/guardian or responsible adult must bring to the nurse the following:

1. Written orders from a qualified healthcare provider giving the name of the drug, dosage, when medication is to be taken, diagnosis and/or the reason that medication is being given.
2. Written permission from the parent/guardian from the camp to comply with the physician's order.
3. Medication in a container appropriately labeled by the pharmacy or physician and over-the-counter medication in the original container as purchased.

Medication which is not prescribed by a physician may not be administered by camp personnel.

MCDC will provide children's Tylenol (80mg/tablet and 160 mg/tablet chewable tablets) and children's Benadryl (12.5mg/ chewable tablets). These medications will only be dispensed to children with completed documentation from their pediatrician regarding dosage amount and schedule.

MEDICATION PERMISSION FORM

I authorize personnel to give _____
(Camper's Name)

(Medication and Dosage)

as prescribed by Doctor _____. I release Mermaid Country Day Camp of the
(Doctor's Name)
responsibility for the benefits or consequences of the medication.

(Date)

(Parent/Guardian Signature)

PERMISSION TO TREAT AUTHORIZATION

I prescribe the following:

Medication: _____

Dosage: _____ Time: _____

To be given to: _____ by camp personnel/self-administration

during camp hours for the reasons stated: _____

Possible side effects: _____

Curtailement of any activities: _____

(Date)

(Doctor's Signature)

(_____) _____ - _____
(Telephone)