

# Camper Application – Jacksonville Hindu Day Camp 2020

*Deadline for Camper Application: May 1, 2020*

*All Campers must be at least going into the 2nd grade in Fall 2020*

## Camper Information

Name \_\_\_\_\_ Gender: M F  
Date of Birth: \_\_\_\_\_ T-shirt Size (Youth S-XL; Adult S-XL) \_\_\_\_\_  
Full Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Age on June 1<sup>st</sup> \_\_\_\_\_ Grade in August (2020) \_\_\_\_\_

**Camp Session** (Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choice of camps with a “1” and “2”. Put an “x” if you can not make one of the two sessions. If there is a blank we will consider it as your second choice.)

**Session 1** (June 1st-5th and July 8th-12th) \_\_\_\_\_

**Session 2** (July 6th-10th and July 13th-17th) \_\_\_\_\_

## Clubs

Campers will have the opportunity to participate in one of three clubs: Dance, Arts and Crafts, or Drama. In Dance, campers will practice a dance each day that they will perform at Parents’ Night. In Arts and Crafts, campers will make a new craft each day and will present their crafts on Parents’ Night. In Drama, the campers will learn a play that they will perform on Parents’ Night. In Counselors in Training, age-eligible campers will have the chance to bond with others of their age and learn valuable lessons in leadership and responsibility. Please consider your child’s interests carefully. Please mark the camper’s 1<sup>st</sup> and 2<sup>nd</sup> choice of clubs.

\_\_\_\_\_ Dance  
\_\_\_\_\_ Arts and Crafts  
\_\_\_\_\_ Drama  
\_\_\_\_\_ Counselors in Training (Campers entering Grades 9/10 on August 2020 ONLY)

## Camp Fees

*Note: Membership benefits will only apply if household is a member by April 30th, 2020.*

\$225 for members

\$350 for NON members

A \$50 fee will be charged if you switch sessions after May 1<sup>st</sup>

For Administrative Use Only:

Payment Received

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

## **Parent Volunteers**

Parent volunteers truly help make this camp a success. We need help with providing snacks and supervising during the camp day. If you are available for any of these items please check below and we will contact you shortly.

\_\_\_\_\_ Snack Foods — Pretzels, Goldfish, Chips, Crackers, Readymade Popcorn, Lemonade Mix, Popsicles

\_\_\_\_\_ Camp Supervision — We ask that at least one parent be available per shift to supervise. The morning shift is from 8:30 — 12:30 PM and the afternoon shift is from 12:30 — 4:30 PM.

## **Drop-Off and Pick-Up**

Camper drop off is between 8:30 — 9:00 AM every day. Camper pick up is between 4:00 — 4:30 PM. Any child picked up after 4:30 will be charged a \$10 fee which serves as a donation to the temple.

## **Lunches**

Lunch will not be provided. Please send a lunch with your child daily and ensure that it **does not contain any meat products**. Snacks will be provided around 3:00 PM everyday.

## **Parents' Night**

Parents' Night will be held on Friday, June 12th (Session 1) and Friday July 17th (Session 2) at 7:00 PM. Parents' Night is an opportunity for all the parents to come and see what the campers have learned throughout the two weeks. We encourage all parents to come for this short evening program. Camp will still end at 4:00 PM, however, any camper that would like to stay at the temple until the evening program is welcome to do so. They will be shown a movie and will receive snacks. The dress code is Indian formal so we ask that campers have these clothes with them to change if they are staying after.

## **Mother/Father Information**

Names \_\_\_\_\_

Cell Phones \_\_\_\_\_

Emails \_\_\_\_\_

## **Emergency Contact**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Health History

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

### Allergies

Medications: \_\_\_\_\_ Food: \_\_\_\_\_

Other: \_\_\_\_\_

### Diseases or Any Health Concerns

Has your child ever required psychiatric counseling? Explain:

\_\_\_\_\_

Any Chronic or Recurring Illnesses? \_\_\_\_\_

Any specific activities restricted? \_\_\_\_\_

Mark if your child has or had any of the following:

ADD/ADHD: \_\_\_\_\_ Eating Disorder: \_\_\_\_\_ Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Hay Fever: \_\_\_\_\_ Seizures: \_\_\_\_\_

Please explain any marked sections:

\_\_\_\_\_

### Medications

If the camper must take any medication during the camp day, please list below and provide a physician's signature.

We will contact you to receive further information on administering the medicine.

Instructions on administration and dosage:

\_\_\_\_\_

Physician's Signature \_\_\_\_\_

### Other Information

Is there any other information that we should know for the well-being of your child?

\_\_\_\_\_

### Physician Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last exam \_\_\_\_\_

Address \_\_\_\_\_

## Medical Treatment/Emergency Authorization

The information provided above is true to the best of my knowledge. My child has permission to participate in all camp activities, except for the ones listed above. In the event that I cannot be reached in an emergency, I give the camp full permission to secure the proper treatment for my child. I agree to assume expenses for any medical care given to my child during this camp.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Permission

I have reviewed all the information contained in this application and it is true to the best of my knowledge. I grant permission for my child to receive all necessary medical treatment if it is essential to the proper health care of my child. I hereby release the camp, its employees, the Hindu Society of Northeast Florida, and agents from any liability for any accidents or injuries that my child may incur while attending the camp program. I have completed this application fully and to the best of my knowledge. I also understand that admittance is on a first come first serve basis, and is limited to the first 85 applications. I will provide transportation for my child to and from the camp daily. I will also provide lunch for my child daily. My child will not be released to any other person without my permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed registration form and fee to and ONLY to:**

Aneesh Chatrathi  
6495 Huntscott Place  
Jacksonville, FL 32258

**Applications MUST be PRINTED, SIGNED & sent to this address. Applications given to the temple will NOT be considered.**



**Please make checks payable to:**

**Hindu Society of Northeast Florida.**

**Deadline to submit the application is May 1, 2020**