

# Camp @ the Woods 2023

## Camper Information

Camper's Full Name: \_\_\_\_\_ Goes By: \_\_\_\_\_  
Current School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Grade Level Entering Fall 2023: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Returning WA Camper: yes or no

I understand all requests are not guaranteed. My camper would like to be placed with the following friends:

\_\_\_\_\_

## Parent Information (Please provide all information requested.)

Parent 1 Name: _____	Parent 2 Name: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Business Phone: _____	Business Phone: _____
Email: _____	Email: _____

## Emergency Information

Please provide the information below for emergency contacts and authorized pick ups for your campers. These contacts must be aware that they may need to be available to in the event of injury or illness. (Please provide all information requested.)

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Relationship to camper: _____	Relationship to camper: _____

Has your child been recommended for and/or received services for any physical, emotional or learning difficulty? If so, please provide description of condition and/or evaluation.

\_\_\_\_\_  
\_\_\_\_\_

Please describe any medical conditions or allergies:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any dietary restrictions or requirements:

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby grant permission to authorized Wood Acres staff to seek emergency treatment for my child if warranted and will assume all costs related to such services. My hospital of choice is: \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camp Registration

**Health & Safety Guidelines:** Camp directors and staff of Camp @ the Woods aim to provide a healthy, safe, and fun summer experience for all campers. We always operate in accordance with Cobb/Douglas Public Health and CDC guidelines. Campers are grouped in sessions, so campers stay together with their groups for several weeks at a time. We find this practice enriches our campers' experience as a whole. Please remember that you are responsible for full payment whether your child attends the entire session or not.

Please initial next to the session of camp that you want your child to attend. **No cancellations or changes are permitted.** *Camp @ the Woods will be closed July 3 - July 7.*

Parent Initials	Session 1 4 weeks	Dates
_____		
1	Time of the Dinosaurs	June 5 - 9
2	Time of the Early Explorers	June 12 - 16
3	Time of Jr. Master Chef	June 19 - June 23
4	Time of Picasso	June 26 - June 30

Parent Initials	Session 2 3 weeks	Dates
_____		
1	Time of the Decades Show	July 10 - 14
2	Time of Outer Space	July 17 - 21
3	Time of Sports	July 24 - 28

## Tree House

Tree House (before and after camp care) is available per week from 7:30 am until 5:30 pm. Fulltime, morning only, or afternoon only Tree House reservations should be noted below. Please check for expected Tree House use for each session:

Weeks	Full Time 7:30 am - 5:30 pm	Morning Only 7:30 am - 9:00 am	Afternoon Only 3 & 4s 12:30 pm - 5:30 pm K-4th 3:00 pm - 5:30 pm
Session 1			
Session 2			

## Payment Information

The registration fee, activity fee and your first camp session fee must accompany this registration form. If you are attending both sessions, payment for the 2nd session is due no later than June 1st.

With my signature below, I understand that I will be held financially responsible for all of the camps for which I have registered, even if my child does not attend part or all of said camps. **All camp payments are non-refundable and non-transferable.** Camp Wood Acres reserves the right to cancel under-filled camps with advance notice to parents. Camp Wood Acres holds campers to a high standard of cooperative behavior. Campers who do not demonstrate this ability may be asked to withdraw.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Water Activity Permission

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in all water related activities for each week that my child attends camp. I understand that proper supervision will be provided in accordance with the rules set forth in Bright from the Start.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_