

Camp Acaraho  
At St. Mary's  
Manayunk  
Cyndi Manley  
Director of Adult and Youth Ministries  
215-482-4264 EXT: 18

Dear Parents and Campers,

Welcome to Camp Acaraho! We are looking forward to a fun packed summer! Please take a moment to fill out all of the enclosed paperwork and provide the camp with the needed information regarding your family and your child.

Please return the packet in one of the following ways:

1. Email it back to me at [ICTROUBLE63@aol.com](mailto:ICTROUBLE63@aol.com)
2. Mail it to me at 176 Conarroe St. Phila. Pa. 19127
3. If you attend Holy Child Catholic School, you can send it into school and request that it be sent home with my daughter  
Carissa Manley who is in 8<sup>th</sup> Grade
1. Drop it off in the St. Mary's Rectory Door Mail box with my name on it, this is a locked mailbox so it will be safe

If you have any questions regarding the camp or the paperwork please feel free to contact me either by phone at 215-482-4264 Ext: 18 or by email at [ICTROUBLE63@aol.com](mailto:ICTROUBLE63@aol.com).

Respectfully,

Cyndi Manley  
Camp Acaraho  
St. Mary's

Camp Acaraho at St. Mary's

Registraton packet

Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Camper's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian #1

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Parent/Guardian #1 will be notified first in the event of an emergency*

Parent/Guardian #2

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Parent/Guardian #2 will be notified second in the event of an emergency*

In case of emergency, if parents cannot be reached, please contact:

Emergency Contact Numbers

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**2009 Registration Packet  
Camper Information Form**

**Camper's Name:** \_\_\_\_\_ **M/F:** \_\_\_\_\_

**School and Grade (fall 2009):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Daily Medications:** \_\_\_\_\_

**Do these medications need to be administered during the camp day?** \_\_\_\_\_

**If so, please provide a doctors note with instructions for administration and any special circumstances surrounding the medication:**

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

**Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**Please remember that you are also required to attach a copy of your child's health assessment form to this form. It is a state law that no child may enter the camp grounds without a medical assessment form on file.**

2009 Registration Packet  
Fee Agreement Form

Camper's Name: \_\_\_\_\_

Birth date \_\_\_\_\_

Dear Camp Parent,

Below please find the Fee Agreement Form. This is a state required form that ensures that your child's enrollment fees are accurate. ***Please leave this form blank,*** the camp director will fill it out based on the weeks that you check off and any discounts that may apply. A copy will then be mailed to you as proof of your enrollment.

Camp Attending: \_\_\_\_\_

Number of Weeks Attending: \_\_\_\_\_

Cost Per Week: \_\_\_\_\_

Total Cost of Camp: \_\_\_\_\_

2009 Registration Packet  
Special Needs Form

Camper's Name: \_\_\_\_\_

Dear Camp Parent,

In an effort to become acquainted with your child, and to ensure that your child will have a smooth transition into summer camp we ask that you take a moment and fill out the below information.

By answering ***no*** to question number one you are letting us know that your child is able to function at the ratio of their chosen camp, and you do not need to fill out the rest of the sheet.

**Camp ratios: Camp Little feet 1:10, Camp Cocheta 1:12, Camp Alo 1:15**

If you answer ***yes*** to question one, please give us the rest of the information so that we can assist you and your child during the camp program.

1. Does your child have an IEP or Behavioral Plan in place during the school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe the reason for the behavioral plan

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

2. Does your child have a behavioral specialist? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list his/her name \_\_\_\_\_

3. Does your child have a TSS during the school year? \_\_\_ Yes \_\_\_ NO

Please list their name and the agency that they report to for services

\_\_\_\_\_

Please remember to provide the camp with a copy of your child's IEP to ensure that we are also following the requirements. We can not admit a child to camp that has an IEP if we do not have a copy on file.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

2009 Registration Packet  
Camper Pick up Form

Camper's Name: \_\_\_\_\_

Camper's Birth date: \_\_\_\_\_

Parent/Guardian #1's Name: \_\_\_\_\_

Parent/ Guardian #2's Name: \_\_\_\_\_

In the space provided below please list the people that are authorized to pick up your child from camp. ***if there is a custody order in place please ensure that the camp has a copy for your child's file.*** If there are special circumstances, where a parent is not permitted to pick up a child, we need to have this form on file if we are to act legally to protect the child. Without the custody order on file, we will have no legal right to with hold a child from a parent.

Please remember that you need to notify the opening counselor if anyone other than Parent #1 or Parent #2 are picking up, even if they are the people listed below on this form. The person will be required to show a photo ID when they pick up. Thank you for understanding that this is a protective measure.

Name	Relationship to Camper	Parent Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2009 Registration Packet  
Parent Permission Form**

The law requires that you sign off on all of the below areas for your child.  
Please fill in your child's name and your signature where required.

**Sunscreen Application**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ will apply sunscreen every day before the start of the camp day. I also give permission for sunscreen to be applied through out the day by my child's counselor (if my child is in Camp Little Feet). For children in Camp's Cocheta and Camp Alo counselors will supervise while the children apply the sunscreen. I will ensure that I provide the camp with a bottle of sunscreen (labeled with my child's name) to be kept at the camp site.

**Walking Trips**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ Give permission for my child to go off the camp grounds for walking trips that are planned by the camp. I understand that I will be informed of planned trips in advance through a trip advertisement in my parent information folder.

**Unscheduled Walking Trips**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ Give permission for my child to go off the camp grounds for walking trips that are unscheduled. I understand that I will not be informed in advance of an unplanned trip. I also understand that I will be informed after the trip that one was taken, by a flyer given out at the end of the camp day.

**Photo Release**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ Give permission for my child's photo to be taken. I also understand that the photo may be displayed in the camp, be shown on the slide show at the church during mass, or sent to the local paper.

**Parent Permission Form Page 2**

Child's name \_\_\_\_\_

Child's Birth date \_\_\_\_\_

**Swimming and Wading**

**Camp Little Feet will be using wading pools and hose water play on site, Camps Cocheta and Camp Alo will be utilizing the Department of Recreation Pools (if they open for the summer 2009)**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_

Give permission for my child to take part in swimming at the local recreation center, and in wading, water play at the camp grounds. I understand that the local recreation center is part of the City of Philadelphia Parks and Recreation and that their lifeguards are trained through this program. Camp Acaraho is not responsible for the training, competency or programming of the swimming program at the City of Philadelphia Department of Parks and Recreation.

**Lost or Broken Items**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_

Understand that my child is not to bring toys, games, or electronics to camp. If a child brings these items to camp and they are lost or stolen the camp will not be responsible for replacing said item.

**Required Items from Home**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_

Understand that I am required to provide my child with the items listed to ensure a safe positive day at camp: camp bag, swim items which include swim suit, towel, water shoes, goggles if needed and ear plugs if needed, water bottle, one snack that includes a drink, and sunscreen.

**Required Paperwork**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_

Understand that my child will not be admitted to camp on the first day without all of the necessary paperwork which includes all of the registration sheets and an updated Health Assessment Form.

**2009 Registration Packet  
Behavior Policy**

Dear Camp Parents,

It is Camp Acaraho's goal to provide a safe, stimulating and fun summer for you and your family. In our effort to achieve this goal, we need to make our behavior policy clear to the children and the parents in advance of the start of camp.

**We have a ZERO Tolerance policy for Bulling.**

With that stated clearly the following behaviors are in violation of this policy:

- Disrespect either verbally or physically of another camper
- Disrespect either verbally or physically of a camp counselor, junior counselor or volunteer
- Inappropriate language of any kind, whether it exists between campers or is directed at staff/volunteers
  - Sexually explicit speech or acting out

With the behaviors stated clearly the following are the consequences if any of these behaviors are displayed:

- All violations of the behavior policy will be written up and communicated with the parents
  - 3 write ups will result in a 1 day suspension
- Physical injury of another person will result in an automatic 1 day suspension
- Continued write ups will result in further disciplinary actions, including termination from the camp
  - There are no refunds for the time missed due to any suspension

By signing, I acknowledge the above policies, I understand the consequences if my child chooses not to follow said policies, and I support the endeavor to make this a bully free camp season.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I too understand my role as a camper in the bully free camp season and by signing this form I am taking responsibility for my behavior

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2009 Registration Packet  
Late Pick Up Fee Policy**

**Camper's Name** \_\_\_\_\_  
**Birth date** \_\_\_\_\_

**Pick Up Procedure for Camp Acaraho**

- **AM Half Day Pick Up:** is at 12:00 PM after they have finished their camp lunch.
- **PM Half Day and Full Day Pick Up:** is anytime from 4-6 PM. You can arrive at anytime from 4-6PM to pick up your child.
- **If you need to pick up your child before 4 PM** please let the staff know when you drop your child off for the camp day so that they can set up early pick up for you and ensure that your child is not in the middle of an activity that they may not want to end.
- **If a parent is going to be late in picking up their child** please call the camp ahead of time.
- **A late fee of \$10.00 for the first 15 minutes, and an additional fee of \$1.00 per minute after the first 15 minutes** applies to late pick up and is payable on the next day at drop off.
- **Campers must be signed out by a responsible adult (18 years old or older)** this is a state law, there are no exceptions to this rule.

**By signing, I acknowledge that I understand and will adhere to the policy regarding pickup and late fees.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2009 Registration Packet  
Civil Rights Parent Compliance Form**

In accordance with the Federal and State Civil Rights Laws and regulatory requirements, you and your child, as a client of this camp, have the right:

1. To be provided services at this camp and to be referred to services to other facilities without regard to your race, color, religious, creed, handicap, ancestry, national origin, age or sex
2. To file a complaint of discrimination if you feel that you have been discriminated against on the basis of your race, color, religious creed, handicap, ancestry, national origin, age or sex. Complaints of discrimination may be filed with any of the following:

Office of Public Welfare  
Civil Rights Compliance Unit  
502 State Office Building  
1400 Spring Garden St.  
Philadelphia, Pa. 19130  
(Within 90 days of the incident)

Office for Civil Rights  
US Dept. of Health and Human Services  
Region 11  
PO Box 13716  
Philadelphia, Pa. 19101  
(Within 180 days of the incident)

Pa. Human Relations Commission  
711 State Office Building  
1400 Spring Garden St.  
Philadelphia, Pa. 19130  
(Within 180 days of the incident)

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

2009 Registration Packet  
Camper Weeks Form

***Please fill out an individual form for each camper attending.***

Camper's Name: \_\_\_\_\_

Camper's Birth Date: \_\_\_\_\_

**Camp Attending**

Please put a check next to the camp your child will be attending

\_\_\_ Camp Little Feet (ages 3-5)

\_\_\_ Camp Cocheta (age 6-7)

\_\_\_ Camp Cocheta (age 8-9)

\_\_\_ Camp Alo Ages (ages 10-15)

\_\_\_ Full Day Camp

\_\_\_ Half Day Camp \_\_\_ AM \_\_\_ PM

**Camp Weeks**

Please put a check next to the weeks that you child will be attending

\_\_\_ Week 1: June 15<sup>th</sup> through June 19<sup>th</sup>

\_\_\_ Week 2: June 22<sup>nd</sup> through June 26<sup>th</sup>

\_\_\_ Week 3: June 29<sup>th</sup> through July 3<sup>rd</sup>

\_\_\_ Week 4: July 6<sup>th</sup> through July 10<sup>th</sup>

\_\_\_ Week 5: July 13<sup>th</sup> through July 17<sup>th</sup>

\_\_\_ Week 6: July 20<sup>th</sup> through July 24<sup>th</sup>

\_\_\_ Week 7: July 27<sup>th</sup> through July 31<sup>st</sup>

\_\_\_ Week 8: August 3<sup>rd</sup> through August 7<sup>th</sup>

\_\_\_ Week 9: August 10<sup>th</sup> through August 14<sup>th</sup>

\_\_\_ Week 10: August 17<sup>th</sup> through August 21<sup>st</sup>