

SONOMA DAY CAMP REGISTRATION PACKET

CAMPER

(Girls entering 1st-7th Grade, Boys & Pixies)

SEND COMPLETED REGISTRATION TO:

**Sonoma Girl Scout Day Camp
ATTN: DAY CAMP REGISTRAR
P.O. Box 299
El Verano, CA 95433**

A COMPLETE REGISTRATION INCLUDES:

- CAMPER REGISTRATION FORM *(page 4 in this packet)*
- CAMPER INFORMATION SHEET *(page 5 in this packet)*
- PHOTO (FACE) – 4 x 6 Print *(page 6 in this packet)*
- HEALTH HISTORY FORM *(page 7-8 in this packet)*
- PAID IN FULL *(checks payable to: GIRL SCOUTS)*

Sonoma Girl Scout Day Camp
IMPORTANT CAMP INFORMATION

Sonoma Day Camp maintains conservative and modest standards for dress and conduct. Our goal is to have a comfortable, fun and safe camp atmosphere while not causing distraction and offending others. Staff members reserve the right to request a change in attitude and/or dress.

What to Wear

A dress code has been implemented to ensure the comfort and safety of all Girls Scouts. ONE short-sleeve camp t-shirt* will be included in the registration fee and provided to the girls on the first day of camp (you may purchase a 2nd shirt for an additional \$10). We ask that the girls wear this shirt to camp each day for identification purposes (expect to wash it frequently). Alterations to the camp shirt will not be permitted. Girls may also wear long pants or shorts that hit just above the knee (NO "short-shorts" or bare shoulders). Durable shoes with closed toes and laces and long socks are required (i.e. sneakers or hiking boots - No sandals, clogs, crocs or flip-flops). Please apply sunscreen and insect repellent before arriving at camp.

*Camp T-shirt: One T-shirt is included in the registration fee for each camper (including Boys/Pixies). Be sure to order the correct size at the bottom of the "Camper Information Sheet." Once t-shirts are ordered they **cannot** be returned or exchanged.

Expected Camper Behavior:

All campers are expected to abide by the Girl Scout Promise and Law. In an effort to ensure the safety of campers and an orderly camp, the Camp Director reserves the right to dismiss any camper, without refund, for reasons of safety or inappropriate behavior. If a camper is dismissed from camp, the Camp Director will have the parent/guardian pick up the camper immediately from Sonoma Day Camp. By sending your child to Sonoma Day Camp, you are agreeing with this policy. Our hope is that we never have to enforce this policy.

Our camp also practices a 'Zero Tolerance' approach to all types of violence and bullying. All campers are expected to demonstrate behavior that respects the rights of others. Campers are instructed to speak out if they see or feel that someone is not being treated appropriately. Campers exhibiting inappropriate behavior will be sent home WITH NO REFUND.

Because our day camp schedule is full of activities each day, we also expect campers to be dropped off and picked up on time.

First Aid

For the health and safety of all campers, we request that campers with contagious diseases or conditions (including lice) not attend camp. Sonoma Day Camp has a "nit-free" lice policy.

Medication

Any over-the-counter or prescribed medications must be in the original container, labeled with the child's name and sent to the Day Camp Nurse with written instructions on dosage and time to be administered. In certain cases, such as inhalers (which must be with the camper at all times) a note of necessity must be on file with the Day Camp Nurse. Epi-pens will be kept in the Nurse's Station.

Sonoma Day Camp welcomes girls of all abilities and needs. If your camper has special needs, please let us know immediately so that we can make appropriate accommodations. If your daughter has a full-time aid at school, you will need to provide additional supervision for her at camp. Please indicate any special needs on the Camper Information Sheet.

Because all of our campers have the opportunity to cook and will come in contact with many types of food during camp, food allergies are of special concern. If there are any food allergies that we need to know about please let us know as soon as possible and on the Camper Information Sheet and Health History form. While we will do our best to accommodate any special dietary needs, we are not able to provide a completely nut-free environment at camp.

Transportation

Transportation to and from camp the camp drop off location will be arranged by each individual girl and their family.

Carpooling

Carpooling is strongly encouraged for drop-off and pick-up. We will need to have the appropriate forms completed to allow your child to be released to anyone other than their parent/guardian and will help you with this as camp approaches.

Weather

Camp is held rain or shine. Campers will be spending the day in the outdoors so dress appropriately for the weather.

In the event of a major incident and the Camp Director deems it necessary to evacuate the camp to ensure the safety of the girls, we ask that your emergency contact be available during camp hours.

Sonoma Girl Scout Day Camp
IMPORTANT CAMP INFORMATION cont.

What and What Not To Bring

A complete list will be sent with your confirmation packet but here are the basics.

Bring Each Day:

1. TOTE – A school bag or backpack labeled with Campers name.
2. LUNCH & DRINK – a healthy lunch and drink is needed each day
3. WATER BOTTLE (recyclable!)
4. HAT – it will be sunny and warm out a hat is always a good idea
5. LAYERS - sweatshirt/jacket; extra shorts or long pants in backpack
6. CAMERA – disposable camera is perfect – use a sharpie and write campers name on it.

Bring the First Day:

MESS KIT/DUNK BAG (which includes an unbreakable cup, plate, bowl and silverware in a mesh dish bag)

T-SHIRT or PILLOW CASE – Each camper needs to bring one light colored t-shirt or pillow case. This will be used by your camper for a craft project at some point during the week. She should bring it with her on day one and plan on leaving it with the Unit leader until the craft time.

OTHER - other items as requested by individual unit leaders prior to camp. Your camper will be contacted by her unit leader and given any additional instructions needed for a successful week

Label *everything* with camper's name.

Do NOT bring: Please NO cell phones, radios, iPods, electronics devices, expensive items, candy, gum or sugary snacks.

Cookouts: Each unit will do a cookout at least once during the week you and your camper will be contacted prior to camp and you will be given additional information about special things that your camper needs to bring to camp.

Day Camp Unit

Day camp is a "Beyond-the-Troop Experience." Campers will be organized in to units of 8-12 girls based on their grade in the upcoming school year. Depending on the number of sign-ups at each grade level, campers may or may not be grouped with other girls from their troop. Campers will receive a confirmation packet at least two weeks prior to Day Camp. You will receive a letter informing you of the following: unit number, unit leader(s) and any additional supplies requested by the unit leaders. Emergency phone numbers will also be included.

CAMPER REGISTRATION FORM

Date Rec'd: _____

Fee Paid: _____

Please complete this form individually for each CAMPER (Girls entering 1st-7th Grade, Boy or Pixies)

Program Fee: Includes activities, crafts, all camp lunch on Friday, t-shirt, fun patch, unit photo and more! Financial Aid is available.

ONLY complete registrations will be processed – please NOTE: Incomplete registrations **will be RETURNED**. Submission of registration DOES NOT GUARANTEE A SPACE at Sonoma Girl Scout Day Camp. The number of campers that can be accommodated is contingent on recruitment of sufficient volunteer staff. Only children of qualified volunteers are guaranteed placement. Registrations from Sonoma Valley – SU103 Girl Scouts received on time will be given highest priority. All campers will be notified of acceptance or wait list status no later than one month before camp starts.

CAMPER INFORMATION

Camper Name:	Home Phone:
Birth Date:	Grade in FALL:
Address:	Current Troop #:
Parent/Guardian Contact:	Daytime Phone:
Email:	Cell Phone:
Emergency Contact:	Emergency Phone:

CAMP T-SHIRT

What Size (choose one)? YOUTH Sm Med Lrg ADULT Sm Med Lrg X-Lrg XX-Lrg

ONE (1) Camp T-shirt is included in the camp fee. Please let us know if you would like a 2nd shirt ordered for your camper for an additional \$10 fee (add this \$10 to your campers fee).

Yes, please order my camper a 2nd t-shirt for \$10 extra. I have included an additional \$10 in my total fee.

THREE (3) AGREEMENTS

FAMILY SHARE COMMITMENT

Sonoma Day Camp requires that **EVERY** family donate a minimum of TWO (2) hours of adult service to help make camp a reality. Your family will be contacted with a specific request to help (examples include set-up, clean-up, storage unit transport, sewing, working at a fund raising event. *If you volunteer at camp that will satisfy this request. YOU HAVE TWO OPTIONS, SELECT YES OR NO:

Yes, we are happy to help. Sign us up! If you already have a preference for how you would like to help please indicate below, otherwise we will contact you with a few options when we need you: Set-Up (Sat/Sun before camp) Clean-Up (Fri/Sat after camp) Car wash I would like to work a 2 hour shift during the week of camp We have a truck and can help with loading in or loading out I am crafty and can help sew or prep things prior to camp ~Or~

No, we opt out of this commitment. You have the option of opting out of this commitment for a \$30 fee (\$30 = \$15 per hour). Sonoma Day Camp will use these funds to help a family who needs additional financial aid to send their Scout to camp. We will offer them the opportunity to work those hours on your family's behalf, deducting the \$30 from their balance.

Parent/Guardian Signature: _____

PHOTO RELEASE

I hereby give permission for my child to be photographed or videotaped while participating in events at Sonoma Girl Scout Day Camp and I give Sonoma Girl Scout Day Camp permission to use or distribute such photographs or video for any reasonable purpose including advertising or promotion. **Parent/Guardian Signature:** _____

CAMPER/PARENT AGREEMENT

I have carefully read the "IMPORTANT CAMP INFORMATION" document, and I agree to cooperate and comply in all these areas. I understand that violations in any of these areas may result in my dismissal from Sonoma Day Camp.

Parent/Guardian Signature: _____ **Camper Signature:** _____

FINANCIAL INFORMATION

CAMPER REGISTRATION FEE SCHEDULE WHAT WE OWE FOR THIS CAMPER:

1 st /Only Child	\$225	Camper Fee (see schedule to the left)	\$ _____
Additional Child*	\$200	ADD: \$10 for extra t-shirt (optional)	\$ _____
C.I.T. (entering 9 th -12 grade)	\$170	ADD: \$30 OPT OUT of family share commitment (optional)	\$ _____
Boy/Pixie**	\$ 75	ADD: Donation to Scholarship Fund (Donations are tax-deductible)	\$ _____

FINANCIAL AID AVAILABLE

TOTAL DUE: \$ _____
 FA DEPOSIT: <\$ _____>
 PRODUCT SALES REWARD CARD: <\$ _____>
 BALANCE: \$ _____

*The Additional Child rate will be given only for children from the same immediate family, living in the same household.

**Boy or Pixie Preschoolers/Kindergarteners (3-5 potty trained) can only be registered if their parent/guardian is a five (5) day full-time volunteer.

All participants including adults (except Boys & Pixies) MUST be currently registered Girl Scouts.
 If the above participant is not currently a Girl Scout please contact us at SonomaGSDayCamp@gmail.com

SONOMA DAY CAMP CAMPER INFORMATION SHEET

To be filled out by Parent/Guardian

The following information will be kept confidential and will help camp staff get to know your camper and plan for their special needs prior to camp. Return the completed form with Registration and payment. All forms are due ASAP to give your camper priority in placement.

Name of Camper _____

Nickname (Likes to be called, if different than above): _____ Birthday at Camp? Yes No

UNIT LEVEL (Grade = Next Fall):

Daisy (Gr. 1) Brownie (Gr. 2-3) Junior (Gr. 4-5)* Cadette (Gr. 6-8)** Boy 6+♦ Pixie (Age 3-5 potty trained)♦

*Junior Campers will have **ONE** overnight on Thurs.
Cadette Campers will have **TWO overnights Wed & Thurs

♦Boy & Pixie Unit is only available to families who have at least one full time 5-day Adult volunteer on site.

Please review and check below what applies to you and/or your camper. This information is provided to Girl Scouts of Northern California for grant application purposes only.

Please check the appropriate box, mark all that apply:

Custodial Care:	Camper is: (Check all that apply)	Camper is Latina or Hispanic:	Household income:
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> I choose not to share	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to share	<input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,999 <input type="checkbox"/> \$75,000-\$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> I choose not to share

PERSONALITY:

Does/is camper:

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> tires easily | <input type="checkbox"/> nervous | <input type="checkbox"/> irritable | <input type="checkbox"/> angry / gloomy |
| <input type="checkbox"/> shy | <input type="checkbox"/> full of energy | <input type="checkbox"/> outgoing | <input type="checkbox"/> over-active |
| <input type="checkbox"/> easy-going | <input type="checkbox"/> cheerful | <input type="checkbox"/> bossy | <input type="checkbox"/> argumentative |
| <input type="checkbox"/> strong-willed | <input type="checkbox"/> obedient | <input type="checkbox"/> picked on | <input type="checkbox"/> sensitive about _____ |

Does she/he make friends: easily fairly easily with difficulty

Is she afraid of: the dark animals loud sounds water other: _____

Other Issues/health problems we should be aware of ahead of time (ex. Incontinence, needs extra attention, etc.):

If she/he becomes homesick, what are your recommendations for helping her/him (other than having her call home)?

Sleep habits: light heavy sleepwalker nightmares bed wetter

Precautions to take:

Has anything occurred in her/his life in the past year that may be a problem for her/him, or that may affect her/his behavior at camp such as a death of a near relative, divorce, school problems, loss of a favored pet, etc.)? Yes No

If yes, please describe:

SONOMA DAY CAMP CAMPER PHOTO

Sonoma Day Camp requires that a photo (school, sport, digital print out) of your Scout be included with the registration. You can staple it to this page. We will gladly accept any kind of photos as long as it is CURRENT and depicts a clear shot of the campers face.

CAMPER NAME: _____



PARENT: Complete and follow instructions for each member of your family attending.
CAMP: B DL SR SP

PART I: PARTICIPANT RECORD

Name - Last, First, Middle Initial	Birth Date - MM/DD/YYYY	Age	
Home Address		City/State/Zip	
Parent/Guardian Name	Day Time Telephone ()	Evening Phone ()	Cell Phone ()
Parent/Guardian Name	Day Time Telephone ()	Evening Phone ()	Cell Phone ()

PART II: EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name	Day Time Telephone ()	Evening Phone ()
Home Address	City/State/Zip	Relationship

PART III: HEALTH INSURANCE INFORMATION

Name of family PHYSICIAN: _____ Telephone: () _____

Address of family PHYSICIAN: _____ City / State / Zip _____

Family Medical/Hospital INSURANCE CARRIER: _____ POLICY/GROUP NUMBER: _____

Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.? Yes No

If yes, what ID number do you use? _____ What is the HMO main phone number for emergencies? () _____

PART IV: ALLERGIES/ILLNESSES/INJURIES

Allergic Reaction: (Check those that apply and specify nature of allergic reaction) Check here for no known allergies

<input type="checkbox"/> Animals _____	<input type="checkbox"/> Hay Fever _____	<input type="checkbox"/> Medicines/Drugs _____
<input type="checkbox"/> Pollen _____	<input type="checkbox"/> Food _____	<input type="checkbox"/> Insect Stings _____
<input type="checkbox"/> Plants/Poison Oak _____	<input type="checkbox"/> Other (specify) _____	

Chronic or Recurring Illnesses: (Check those that apply and give appropriate dates)

<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Heart Defect/Disease _____
<input type="checkbox"/> Musculoskeletal Disorder _____	<input type="checkbox"/> Bleeding/Clotting Disorders _____	<input type="checkbox"/> Ear Infection _____
<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Seizures/Convulsions _____	<input type="checkbox"/> Mononucleosis _____
<input type="checkbox"/> Skin Disease/MRSA _____	<input type="checkbox"/> Other (specify) _____	

Childhood Diseases: (Check those that apply and give appropriate dates)

<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Measles _____	<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Other (specify) _____	

Other Health Conditions: (Check those that apply)

<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Wears Glasses/Contacts	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Sickle Cell Trait/Disease	<input type="checkbox"/> Special Dietary Regimen	<input type="checkbox"/> Dental Braces	<input type="checkbox"/> Fainting
<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Autism Spectrum

List any current physical, mental or psychological health conditions requiring medical treatment, special restrictions or considerations: _____

List any dietary restrictions or special considerations: _____

List any previous medical treatments, operations or serious injuries, provide dates: _____

PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you **DO NOT** want you or your child to receive: _____

Do you take any medications? NO YES
If YES, list medication, dosage, and possible side effects.

MEDICATION	DOSAGE	POSSIBLE SIDE EFFECTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: We cannot administer medication that is not in its original container, labeled by the pharmacy with the name, address, dosage and frequency. Please label with name and dosage any over-the-counter drugs - anti-histamines, vitamins, etc.

PART VI: IMMUNIZATION HISTORY – REQUIRED I am providing a list of all medical immunization with the health history form OR I attest that all immunizations for school are current.

Vaccines	Date: Month / Year	Date: Month /Year
Diphtheria, Tetanus and Pertussis- DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)		
Tdap Booster		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella		
Hepatitis B		
Tuberculin test given		
Other:		

List any condition that would limit full activity and in what way: _____

Additional comments: _____

PART VII: TREATMENT CONSENT

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. I am in good health. I give permission for treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be reached in an emergency, I give my permission to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

*All medications being taken are listed on the front of this form.

Signature of Parent / Guardian / Adult Participant _____ Date _____

AUTHORIZATION FOR PICK UP:

The following persons are authorized to pick-up my child from camp in the event that they need to be released without the adults attending the camp program. I understand that these people, including myself, will be asked to show identification to the staff member at checkout.

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		