

CAMP WOODHAVEN

Registration Information



- These forms are for **informational use only** to familiarize parents with pricing and information needed for registration.
- **Please use the online registration system at www.campwoodhaven.com for the actual registration.**
- The online site is secure, and a password must be used for access. Please call 508-835-9883 or email paula@campwoodhaven.com if you have forgotten your password or need assistance with registration.
- Important information such as the Parent Handbook, the daily schedule, and group assignments are available in your online account after registration.



Mailing address: P. O. Box 777, West Boylston, MA 01583

Email: info@campwoodhaven.com • www.campwoodhaven.com

Phone: 508-835-9883 • Fax: 508-835-0910

LUNCH PROGRAM



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Parents may purchase lunches in two ways this year. The full time lunch program can be purchased by selecting it as a sub-program for the week in the registration system. There are no credits or refunds for absences with the lunch program and no tickets to keep track of. If parents want to pack some days or have control over the menu selection, lunch tickets can be purchased. Tickets come in books of five and are available for purchase online (go to the “Optional Items” section of the dashboard and click on the “Add. Chg.” tab), or purchase them at the lunch ticket cart during camp hours. They will be offered in two denominations:

\$5 lunch tickets

one sandwich or
 one slice of cheese pizza
 one bag of chips and one cold drink
Purchase price: \$25 per book of 5

The menu is as follows:

Cheese Pizza (daily delivery from West Boylston House of Pizza)
 Sandwiches: Bulkie Roll with turkey, bologna or ham, and American cheese
 Side Item: Nacho Doritos, Cool Ranch Doritos, Plain Potato Chips, Sour Cream & Onion Potato Chips, Sun Chips, Applesauce, or Fruit Cup
 Cold Drinks: Bottled Water or Fruit2O or Gatorade
 (Campers decide these flavors daily when they pass in their tickets)

\$6 lunch tickets

two sandwiches or
 one slice of pizza and a sandwich or
 two slices of pizza
 one bag of chips and one cold drink
Purchase price: \$30 per book of 5

All you need to do is:

1. Fill in your child’s name on the bottom of the ticket
2. Fill in your child’s Group
3. Check the choice of kind of sandwich(s) and/or pizza
 Check the side item
 Check the choice of cold drink

Tickets will be collected or full-time lunch program orders will be taken by the counselors upon arrival at group fence post, and staff will make sure everyone has something provided for lunch. If a child has neither a paid lunch nor a packed lunch, we will call you to verify your wishes. (Lunch could be riding around in the back of your vehicle!) If lunch tickets are forgotten, an IOU ticket will be issued. The forgotten ticket must be returned within three days or your account will be billed. Note: Campers will be able to add their own condiments as desired to sandwiches.

Trading Post will not be open for the purchase of lunch, but will be open at specific hours during the day for the purchase of ice cream, treats and cold drinks. Please remember, you still have the option of packing lunches for your camper so there can be plenty of variety in their diet.

***Note: Camp Woodhaven is not responsible for lost tickets. We will not be keeping track of ticket numbers. If you forget or lose your ticket, you will need to purchase a new ticket.**

----- please cut here -----

Name: _____ Phone: _____

Street: _____ Cell: _____

City: _____ ST _____ ZIP _____

	Number of Books	X	Price	=	Total
I wish to purchase:	\$5 Tickets ()	X	\$25	=	_____
	\$6 Tickets ()	X	\$30	=	_____

If you are ordering by mail, please enclose check or money order for payment and mail to:
 Camp Woodhaven • P.O. Box 777 • West Boylston, MA 01583.
 Tickets are also available for cash purchase at the Chapel during camp business hours.
 Any questions or concerns, please call 508-835-9883. Thank you!



2017 CAMP APPLICATION

OFFICE ONLY

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<input type="checkbox"/> Auburn	<input type="checkbox"/> Shrewsbury	PF	HF	AM	PM
<input type="checkbox"/> Bolton	<input type="checkbox"/> Stow	Group	_____		
<input type="checkbox"/> Boylston	<input type="checkbox"/> Westborough	Password	_____		
<input type="checkbox"/> Clinton	<input type="checkbox"/> West Boylston	Cash \$	_____		
<input type="checkbox"/> Marlborough	<input type="checkbox"/> Worcester	CK #	_____ \$		
<input type="checkbox"/> Millbury		MC	VISA	DISC	
		Received	_/_/_		
		Notified	_/_/_		

CAMPER'S NAME _____ AGE _____ BIRTHDATE ____/____/____
 (first) (last) (age at time of camp)

ADDRESS _____ GENDER M F GRADE FALL 2016 _____

CITY _____ ST _____ ZIP _____ CAMPER'S PHONE _____

NEW CAMPER: YES NO PLEASE CIRCLE T-SHIRT SIZE: YS YM YL AS AM AL AX SCHOOL _____

FAMILY EMAIL _____ FRIEND REQUEST _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

CITY _____ ST _____ ZIP _____

(____) _____ - _____ (____) _____ - _____
 HOME PHONE BUS/ CELL PHONE

(____) _____ - _____ (____) _____ - _____
 HOME PHONE BUS/ CELL PHONE

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10
PLEASE CHECK WEEKS ATTENDING	June 19 - 23	June 26 - 30	July 5 - 7 (3 days)	July 10 - 14	July 17 - 21	July 24 - 28	July 31 - August 4	August 7 - 11	August 14 - 18	August 21 - 25
CAMPERS AGES 5 - 13										
PLEASE CHECK WEEKS AND TIMES	EXTENDED DAY WEEKLY RATES: \$25 AM - \$35 PM									
MORNING 7:00 - 8:30										
AFTERNOON 4:30 - 6:00										

LEADERSHIP TRAINING PROGRAM CAMPERS AGES 14 - 15
 4 Week LIT Program (Weeks 2-5) 4 Week LIT Program (Weeks 6-9) 10 Week Program _____ Signature of Leadership Participant

BUS TRANSPORTATION (\$40 per week) - PICK-UP AND DROP-OFF LOCATIONS - (Choose one)

- AUBURN St. Joseph's Catholic Church • 194 Oxford Street, Auburn, MA
- BOLTON Trinity Congregational Church • 14 Wattaquaddock Hill Road, Bolton, MA
- BOYLSTON Parking lot at intersection of Route 140 and Route 70
- CLINTON St. John's Gym • 149 Chestnut Street, Clinton, MA
- MARLBOROUGH Best Buy at Solomon Pond Mall • 769 Donald Lynch Blvd., Marlborough, MA
- MILLBURY Sam's Club • 1 Tobias Boland Way • Worcester, MA
- SHREWSBURY St. Mary's Catholic Church • 640 Main Street, Shrewsbury, MA
- STOW St. Isidore Catholic Church • 429 Great Road, Stow, MA
- WESTBOROUGH Wal-Mart • Route 9 and Otis Street, Westborough, MA
- WEST BOYLSTON Wal-Mart • 137 West Boylston Street, West Boylston, MA
- WORCESTER Forest Grove Middle School • 495 Grove Street, Worcester, MA



An authorized adult must sign the child on and off the bus according to camp policies. Camp staff will monitor the bus. Refer to the Camp Handbook for bus departure and arrival schedules.



CAMP PERMISSION AND RELEASE FORM Required for Attendance



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PICK-UP AUTHORIZATION

 I authorize Camp Woodhaven to release my child to the following individuals:
Initial

**EMERGENCY CONTACT/AUTHORIZED EMERGENCY PICK-UP
OTHER THAN PARENTS** _____ **PH: () -** **RELATIONSHIP** _____

Additional non-emergency pick-up - other than parents

Name	Phone Number	Relationship

SIGNING PARENT AGREES:

- child cannot be registered without payment in full.
- the Camp Woodhaven price schedule and accepts the program fees, tuition and terms of enrollment for all scheduled weeks with all fees paid in full or reservations are subject to cancellation. Payments must be received by April 1, 2017 to qualify for the \$20 extra-early bird registration discount OR by May 1, 2017 to qualify for the \$10 early bird discount. After July 1st, all weeks are \$270, and multi-week discounts do not apply.
- late enrollment will be accepted if openings are still available. Payments must be made in full at the time of enrollment.
- only 50% of tuition will be refunded with written notice of cancellation at least 14 days prior to the beginning of the cancelled session(s). All refunds due to cancellation will be issued only after August 25, 2017.
- their child may not attend unless a current Health form & Physician's form with current immunizations is at the camp prior to attendance.
- no child will be allowed to remain at camp without full prior payment of tuition.
- it is the parent's responsibility to bring any special concerns regarding their child to the attention of the Director at the time of registration. All children requiring an aide at school must have an aide at camp.
- the Directors reserve the right to dismiss a camper when, in their judgment, the camper's behavior interferes with safe camp operation, the rights of others, the smooth functioning of activities or groups or violates the camp's principles of conduct.
- week one may be canceled if enrollment is too low as a result of snow make-up days.
- LIT program participants pay a non-refundable \$50 deposit. Final payment due May 1, 2017.
- I agree to read the instructions in the Parent Handbook prior to May 1, 2017. If I am not willing to abide by all the Handbook rules, I will notify the Camp Director to cancel my child's reservations by May 1, 2017. By enrolling my child in camp, I am agreeing to follow the guidelines written in the Parent Handbook.

PHOTO RELEASE: I give permission for the staff of Camp Woodhaven, or their designate, to take photographs or video of my child(ren), and I do not object to those photographs or videotapes being used for publications or publicity.

RELEASE OF LIABILITY: I realize that the activities and terrain may present risks that neither I nor my child may be familiar with, and that I assume these risks on behalf of myself and/or my child, and that I agree to save and hold harmless Camp Woodhaven from any and all claims, liabilities, suits, actions, damages or losses, including without limitation all costs and attorney's fees, and from and against its activities, any condition of its property or act, omission or negligence of Camp Woodhaven.

Signature of Parent/Guardian _____ Date _____

Please print Parent Signature name here _____ Thank you!

Camp Philosophy - Camp Woodhaven is a Christian non-denominational camp. All children of all faiths and traditions are welcome to attend. Our Christian activities include a weekly chapel service and Bible story time.

OVERDAY PERMISSION FORM 2017



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On THURSDAY, we offer our Overday program from 4:30 to 8:00 P.M. for \$25. Campers have an evening program that includes hotdogs, a camp fire sing-a-long and s'mores from 7-8 pm. Parents and families are invited to attend this camp celebration from 7-8 pm. Overday will take place rain or shine. Just a reminder, our buses leave camp at 4:30 daily, so our bus riding children attending Overday will need to be picked up by you from camp by 8:00 pm. Please return or fax the attached sign-up sheet by WEDNESDAY AT 10:00 AM with your method of payment. Space is limited to 80 campers.

Please return this permission slip or complete the form in the online registration system. Thank you for getting it back to us as soon as possible. Please feel free to sign up for multiple weeks at a time, just include the dates on this form.

OVERDAY PERMISSION SLIP

I give permission for _____ to attend Overday at Camp Woodhaven on:
NAME OF CHILD

I give permission for _____ to attend Overday at Camp Woodhaven on:
NAME OF CHILD

I give permission for _____ to attend Overday at Camp Woodhaven on:
NAME OF CHILD

CHECK ALL WEEKS THAT APPLY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Thursday, June 22, 2017 | <input type="checkbox"/> Thursday, July 20, 2017 | <input type="checkbox"/> Thursday, August 17, 2017 |
| <input type="checkbox"/> Thursday, June 29, 2017 | <input type="checkbox"/> Thursday, July 27, 2017 | <input type="checkbox"/> Thursday, August 24, 2017 |
| <input type="checkbox"/> Thursday, July 6, 2017 | <input type="checkbox"/> Thursday, August 3, 2017 | |
| <input type="checkbox"/> Thursday, July 13, 2017 | <input type="checkbox"/> Thursday, August 10, 2017 | |

I understand dinner will be provided.

My child has the following dietary restrictions: _____ or None

CAMPER'S NAME: _____ GROUP _____

Parent Name _____ Parent Signature _____
PLEASE PRINT

Emergency Phone : _____

Prepaid for Overday

OVERDAY PROGRAM	# OF CHILDREN _____ X # OF DAYS _____	_____ X \$ 25	TOTAL \$ _____
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PAYMENT METHOD

___ CASH ___ CHECK ___ MC ___ VISA ___ DISCOVER

Card # _____ Exp Date _____ 3-digit Security Code _____

Billing Name _____

Signature _____

Billing Address & Phone Number _____



2017 COMBINED FAMILY PAYMENT SCHEDULE

Please complete one form only per family

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SPECIAL DISCOUNTS:

If all weekly camper fees are paid in full by April 1st, you may deduct \$20 per week per child from your bill OR
 If all weekly camper fees are paid in full by May 1st, you may deduct \$10 per week per child from your bill.

*Multi-week discounts apply when purchased by July 1st. All weeks are priced \$270 after July 1st.

** Discounts do not apply to the LIT program.

*** Price for 3-day July 4th week is \$185. Multi-week discounts still apply.

**AS LOW AS
\$230 PER
WEEK**

CAMPERS - AGES 5-13

CAMPER'S 1st Week of Camp	# OF CHILDREN _____ X \$270 =	_____ X \$ 270	TOTAL \$ _____
CAMPER'S 2nd Week of Camp	# OF CHILDREN _____ X \$260 =	_____ X \$ 260	TOTAL \$ _____
CAMPER'S 3rd Week and each Additional Week of Camp	# OF CHILDREN _____ X # OF WEEKS _____ = <small>* If booked before June 30th</small>	_____ X \$ 250	TOTAL \$ _____
BUS TRANSPORTATION	# OF CHILDREN _____ X # OF WEEKS _____ =	_____ X \$ 40	TOTAL \$ _____
MORNING EXTENDED DAY	# OF CHILDREN _____ X # OF WEEKS _____ =	_____ X \$ 25	TOTAL \$ _____
AFTERNOON EXTENDED DAY	# OF CHILDREN _____ X # OF WEEKS _____ =	_____ X \$ 35	TOTAL \$ _____
SCHOLARSHIP FUND DONATION	DONATE \$5 OR MORE TO OUR "CAMPER SCHOLARSHIP FUND"		TOTAL \$ _____
DOUBLE EARLY BIRD BY APRIL 1st DISCOUNT	# OF CHILDREN _____ X # OF WEEKS _____ =	_____ X \$ 20	SUBTRACT DISCOUNT \$ _____
EARLY BIRD BY MAY 1st DISCOUNT	# OF CHILDREN _____ X # OF WEEKS _____ =	_____ X \$ 10	SUBTRACT DISCOUNT \$ _____

SUBTOTAL \$ _____

LIT - AGES 14-15

LEADERS IN TRAINING (LIT)	# OF CHILDREN _____ X \$ 650 (4 wk program) =	_____ X \$ 650	TOTAL \$ _____
BUS TRANSPORTATION	# OF CHILDREN _____ X \$ 160 (4 weeks) =	_____ X \$ 160	TOTAL \$ _____
LEADERS IN TRAINING (LIT)	# OF CHILDREN _____ X \$1300 (10 wk program) =	_____ X \$1300	TOTAL \$ _____
BUS TRANSPORTATION	# OF CHILDREN _____ X \$ 380 (10 weeks) =	_____ X \$ 380	TOTAL \$ _____

* LIT Non-refundable deposit - \$50

SUBTOTAL \$ _____

T-SHIRT ORDER	T- SHIRT SIZE							TOTAL FOR ADDITIONAL T-SHIRTS ONLY
One free T-shirt will be given to each child attending Camp. Additional T-shirts are available for \$10 each.	YOUTH Sm 6-8	YOUTH Med 10-12	YOUTH Lg 14-16	ADULT SM	ADULT MED	ADULT LG	ADULT X LG	
Child 1 Full Name _____ Free T-Shirt Size _____								FREE
Extra Shirts \$10 each _____								\$ _____
Child 2 Full Name _____ Free T-Shirt Size _____								FREE
Extra Shirts \$10 each _____								\$ _____
Child 3 Full Name _____ Free T-Shirt Size _____								FREE
Extra Shirts \$10 each _____								\$ _____

PAYMENT METHOD

CASH CHECK MC VISA DISCOVER 3-digit Security Code _____

Card # _____ Exp Date _____

GRAND TOTAL DUE \$ _____

Billing Name _____ Signature _____

Billing Address & Phone Number _____



HEALTH HISTORY & EMERGENCY INFORMATION

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PARENTS, YOUR CHILD CANNOT ATTEND CAMP WITHOUT HEALTH HISTORY & PHYSICIANS FORM!

Camper's Name _____
(first) (middle) (last)

Age _____ Sex M F Birthdate ____/____/____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ - _____ Bus/Cell (____) _____ - _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ - _____ Bus/Cell (____) _____ - _____

Local Emergency Contact/Pick-Up other than

Parents: _____

Phone: Home (____) _____ - _____ Bus/Cell (____) _____ - _____

Relationship: _____

Health and Medications

Significant Health Concerns: _____

Medications to be administered at Camp*: _____

Medications given at home: _____

Limitations in any activities? _____

Other information: _____

* Medications must be brought to camp in the original labeled pharmacy container. Parents also must sign consent forms prior to any medication being administered.

Please check all that apply:

- Drug Allergies: _____
- Food Allergies: _____
- Foods poorly tolerated: _____
- Dietary preferences (circle): Vegetarian, No Dairy, Other _____
- Environmental Allergy: _____
- Bee Sting Allergy
- Severe Allergic Reactions to: _____
- Epinephrine pen is prescribed.
- Asthma
- Diabetes
- Seizure Disorder
- Heart Problems
- Infectious Diseases
- Bleeding/Clotting Disorders
- Bowel/Bladder Problems
- Fears/Phobias
- Attention Deficit Disorder
- Other _____

Do you carry family medical/hospital insurance: Y N

Name of Insurance Co. _____

Policy or Group #: _____

Name of Physician: _____

Phone: _____

Name of Dentist: _____

Phone: _____

Name of Orthodontist: _____

Phone: _____

Important - This MUST be signed and completed to qualify for camp

This health history is correct so far as I know, and all immunizations required for school are up to date. The person herein described has permission to engage in all prescribed activities except as noted. Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order xrays, routine tests and treatment for my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above.

I consent to have my child received Tylenol _____ Motrin _____ Benadryl _____ per standing orders. Please initial each medication the nurse may administer.

Signature of Parent or Guardian: _____ Date: ____/____/____

I also understand and agree to abide with the restrictions placed on my summer program activities.

Signature of Minor: _____

Please attach your child's latest physical & immunization form. Your child's physical form must be dated within two years of camp attendance dates.