Dear Parents,

Thank you for enrolling your child in MUSC Wellness Center Fall Thanksgiving Day Camp 2016. We look forward to working with your child so that they may have a fantastic camp experience. We want to provide you with the following details regarding camp. Please keep this page of the Parent Packet for reference.

**Camp Director- Amy LaFontaine**

During camp hours the staff can be contacted via email at kids@musc.edu or leave a message at 843-792-0767.

**FOR IMMEDIATE ASSISTANCE IN LOCATING A CAMPER OR OUR CAMP DIRECTOR PLEASE CALL 843-792-5757.**

**REGISTRATION**

Registration for Ultimate Fun Camp ages 5 to 9 (5K to 4th graders) begins November 1, 2016. A completed Parent Packet must be submitted in order to register your child(ren). You will receive email confirmation ensuring your child’s enrollment within 5 business days of receipt of parent packet and camp payment in full.

Please note: A separate registration form is required for each child.

**PARENT PACKET**

A Parent Packet includes a welcome letter, a registration form, payment and liability waiver, authorized pick-up form and camper expectations and needs to be completed in its entirety for enrollment.

**PAYMENT**

Please include camp payment in full when submitting a completed Parent Packet. It is preferred you include a check or credit card information in your Parent Packet. Camp administrators will process your payment as your paperwork is being processed. You will receive an email when your paperwork and payment have been completed.

**AFTER CAMP CARE**

We are unable to offer After Camp Care for Fall Day Camps.

**REFUND/CREDIT POLICY**

Once your child’s registration forms have been processed and payment has been received, refunds/credits will only be considered for medical reasons when submitted with a physician note.

**CAMP DROP OFF/PICK UP**

Please drop off your camper at downstairs lower lobby between 8:00 am and 8:30 am. Activities begin promptly at 8:30 am. Registration is required for early drop (7:30 am to 8:00 am). Pick up is between 12:45 pm and 1:00 pm for ½ Day campers. Full day campers pick up time is between 3:45 pm and 4:00 pm. A late charge of $10 could apply for late pick up. Please have ID ready to show at pick-up.

**WHAT TO BRING and WHAT NOT TO BRING**

Please refer to Fall Camp 2016 Camp Expectations form in your Parent Packet. Items that are left at the MUSC Wellness Center will be donated to a charitable organization.

We look forward to a fun and safe day camp,

Amy LaFontaine
Camp Director
FALL THANKSGIVING DAY CAMP 2016 REGISTRATION FORM

**CAMPER’S NAME & AGE:** First name, Last name

**AGE/GRADE**

___ Check here if there is a sibling attending camp. Sibling Name(s): ___________________________________________________

Please note: Separate registration form is required for each child.

List any relevant **medical information** (allergies, medications, special needs, etc) - attach additional paper if necessary.

**SPECIFY CAMP ENROLLMENT** *(circle Member or Nonmember)*

___ Full Day Camp (ages 5 to 9)  
____ Half Day Camp (ages 5 to 9)

<table>
<thead>
<tr>
<th>Wellness Center Member</th>
<th>Sibling</th>
<th>Nonmember</th>
<th>Sibling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Day Camp</td>
<td>$50/day</td>
<td>$30</td>
<td>$55/day</td>
</tr>
<tr>
<td>Half Day Camp</td>
<td>$40/day</td>
<td>$25</td>
<td>$45/day</td>
</tr>
</tbody>
</table>

**DAYS OF ATTENDANCE** – You will receive email confirmation ensuring your child’s enrollment within 5 business days of receipt of parent packet/payment.

<table>
<thead>
<tr>
<th>Camp Dates</th>
<th>Day Camp Cost</th>
<th>½ Day Camp Cost</th>
<th>Early Drop-off</th>
<th>ACC After Camp Care</th>
<th>Total Day Camp Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration begins November 1</td>
<td>8 am to 4 pm</td>
<td>8 am to 1 pm</td>
<td>7:30 am to 8:00 am (No charge)</td>
<td>After Camp Care 4:00 pm to 5:30 pm</td>
<td>+ Sibling, ACC (if Applicable) = Total Day Camp Cost</td>
</tr>
<tr>
<td>Space is limited.</td>
<td>please circle</td>
<td>1st child/sibling</td>
<td>please circle</td>
<td>1st child/sibling</td>
<td>Not Offered</td>
</tr>
<tr>
<td>Note: Please check your child’s school calendar before enrolling.</td>
<td>Member/Nonmember</td>
<td>1st child/sibling</td>
<td>Yes or No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday, November 21</td>
<td>$50/$30</td>
<td>$40/$25</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday November 22</td>
<td>$50/$30</td>
<td>$40/$25</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday November 23</td>
<td>$50/$30</td>
<td>$40/$25</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refund/Credit Policy:** Once your child’s registration forms have been processed and payment has been received, refunds/credits will only be considered for medical reasons when submitted with a physician note.

**Parent(s) Names and Contact Information:**

___________________________________________________________/_________________________________________

First names                                     Last name(s)                                  Best Daytime Contact Phone #

**Additional Emergency Contact:**

___________________________________________________________/_________________________________________

First name                                     Last name                                     Best Daytime Contact Phone #

**Email Address:**

___________________________________________________________/_________________________________________
Camper(s) Name: ______________________________________

Parent/Guardian Name: ________________________________

METHOD OF PAYMENT

MUSC Wellness Center Member?  Yes   or   No  If yes, please provide member # _____________

PAYMENT CHOICE: via mail, drop off, or fax (credit/debit card only)

_____ Credit/Debit Card (AMEX, MC, Discovery, VISA - please circle)    _____ Check (payable to MUSC)

CREDIT/DEBIT CARD:
Name of Cardholder____________________________________________________________________
Credit/Debit Card #                                                                                                                    EXPIRATION: month/year

**Cardholder’s Signature________________________________________________________________

PAYMENT CONFIRMATION

I, _________________________________, have included with my completed camp packet the payment of
$_____________ for payment for camp in full.

If providing a credit card #, please confirm the following:
I, _________________________________, give authorization to MUSC Wellness Center Fall Day Camp Program
administrators to charge my credit card for the day camp payment of $____________ for payment for camp in full.

CAMP PARTICIPANT WAIVER

I,___________________________________, hereby for myself, my child, my heirs, executors and administrators, waiver
and release any and all rights and claims for damages I or my child may have against the Medical University of South
Carolina and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any
activity sponsored by these groups.  I understand that I am encouraged to maintain proper insurance coverage for my
child during the duration of his/her participation and specified activities with this institution.  I hereby certify all the
above information and information on his/her registration form to be correct and true.  I have read and hereby accept
the refund and transfer information as stated in the registration details.

PARENT/GUARDIAN SIGNATURE_____________________________________________ DATE_________
MUSC Fall Thanksgiving Camp 2016 Expectations

Safety is our first priority at the MUSC Wellness Center. We have put together a set of guidelines to ensure that our Day Camp participants will be in a safe environment while being active and having fun.

Please read over these guidelines and provide your signature below.

- Campers must practice proper conduct at all times, obeying all safety rules and regulations.
- Campers are expected to follow all directions given by the camp directors and counselors.
- **Due to variety of food allergies, we ask parents and campers not to bring any peanut/nut products for lunch or snack.**
- Use of the vending machines by our campers will not be allowed during camp.
- Please do not bring money to camp.
- What to bring: Your child will need a refillable water bottle, lunch (Please make sure to not send lunch items that must be heated in microwave) and 2 snacks, swim suit, towel, goggles, tennis racquet (if don’t have one, we supply), shoes suitable for sports, and a book for early drop-off and quiet time. A plastic bag to store damp swimsuits in their book bags is also a great idea.
- What not to bring: Handheld video games, cell phones, ipods and other electronics will not be allowed at camp. Should your child have a need for cell phone access during the day, please inform the camp director at check-in.
- We ask all parents to pick up their child promptly between 12:45 pm and 1:00 pm for half day campers and between 3:45 pm and 4:00 pm for full day campers. A $10 charge could apply for late pick up.
- If you need to pick up your child before camp ends, please send a note in the morning as to the time you will need to pick up your child and who will be picking up your child. You will be asked to sign them out at the lower lobby.
- All campers will participate in swim time. If you do not want your child to swim, please notify the camp director in writing.
- If your child acts inappropriately towards a fellow camper or counselor, such as, hitting, punching, yelling, name-calling, using profanity, the camp director will notify the parent, and the camper will be immediately removed from camp.
- We want all of our campers to have a blast. If your child is not feeling well or is unhappy at camp the camp director will contact the parent.
- **Please label all belongings that your child brings to camp.**

We look forward to having a fun, active, and safe camp. Please, don’t hesitate to contact us if you have any questions or concerns at kids@musc.edu or 843-792-0767.

Camper’s Name: ______________________________________________________________________________

Parent/Guardian Signature______________________________________    Date__________
AUTHORIZED PICK-UP FORM

CAMPER(S) NAME__________________________________________________________

AUTHORIZED PICK-UP
Please list the individuals who are allowed to pick up your child from the MUSC Wellness Center including parents/guardians.

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

UNAUTHORIZED PICK-UP
Please list the individuals who are not allowed to pick up your child from the MUSC Wellness Center.

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

Name__________________________________________ Relation to child____________________

Additions or deletions may be made at any time by written notice from the parent/guardian to the Youth Programs Director. All authorized individuals must show identification to counselors and/or directors. The child will not be released to individuals listed as unauthorized or not listed at all. A signature is required before registration can be processed.

Parent/Guardian Signature______________________________ Date____________________

REVISED 8/9/2016