

Happy Hollow Day Camp



General Outdoor Co-ed Camp

Happy Hollow Day Camp consists of 25 acres of woods and streams.

Campers enjoy activities such as arts & crafts, recreational sports, swimming, archery, pony rides, nature study and many more. Our goal is to provide a complete camping experience for all our campers. The camp is operated by Friendly House Community Center.

**Dates: 9 one week sessions beginning
Monday, June 11 – August 10, 2018**

COME JOIN THE FUN!

**Open House
May 19, 2018 from 2pm-4pm**



2018 HAPPY HOLLOW DAY CAMP INFORMATION

CAMP FACILITIES & PROGRAM

The camp consists of 25 acres of woods, open fields, a stream, a pond and a swimming pool. It is located in Washington Township at 792 Hull Road. The camp has indoor plumbing, three log cabins and a central main lodge. Activities include arts & crafts, recreational sports, swimming, archery, pony rides, nature study, wood working and other special events throughout the summer. Campers **must** bring a sack lunch daily. Milk is provided.

CAMPERS

Camp is for boys and girls ages 6 to 14 years of age.

DAYS

Happy Hollow Day Camp will have nine (9) one week sessions Monday thru Friday this summer. The first session will begin on Monday, June 11th. The last session will begin on Monday, August 6th.

HOURS AND TRANSPORTATION

Campers may be taken directly to Happy Hollow Day Camp or Friendly House beginning at 7:00am. All cars must follow traffic patterns while at camp. All campers must be picked up no later than 5:30pm. If you are unable to drop-off or pick up your child or children at camp, **busing is available at a cost of \$12.00 per week, per child. If one way transportation is needed, the cost is \$6.00 per week, per child.** The Friendly House bus leaves Friendly House at 8:30am and returns between 4:15pm & 4:30pm. Bus service fees are a fixed rate. You will not receive a reduction or refund if you have requested this service on the transportation application. Friendly House is the drop off and pick up point for bus service. THE TRANSPORTATION INFORMATION MUST BE COMPLETED BY ALL CAMP APPLICANTS.

CAMP FEES

When enrolling for Happy Hollow there is a non-refundable **\$20.00 registration fee per immediate family.** Upon receipt of your \$20.00 registration fee, you will receive a parent handbook.

The camp fees are as follows: One child \$100.00 per week, two children \$155.00 per week, three children \$190.00 per week and four children \$205.00 per week. (Children must be from the same immediate family.) **Camp fees must be paid 10 days in advance of your child attending each week.** Camp fees are a fixed rate. You will not receive a reduction or refund if your child is not present the full {5} days. Financial aid is available for those who qualify. Financial aid forms are available at the Friendly House front desk. If you are receiving financial assistance through other agencies, such as Richland County Jobs and Family Services, approval must be in place **BEFORE** you can register your child.

2018 Payment Schedule

<u>Wk. attending</u>	<u>Camp fees due by</u>	<u>Wk. attending</u>	<u>Camp fees due by</u>
June 11 th	June 1 nd	July 16 th	July 6 th
June 18 th	June 8 th	July 23 rd	July 13 th
June 25 th	June 15 th	July 30 th	July 20 th
July 2 nd	June 23 rd	Aug. 6 th	July 27 th
July 9 th	June 29 th		

The week of July 3rd, will be reduced as we are closed Wednesday July 4th, 2018. Fees for the week of July 3rd are as follows: One child \$84.00 per week, two children \$139.00 per week, three children \$174.00 per week and four children \$189.00 per week. The bus fee for the week of July 3rd will be reduced to \$10.00 and \$5.00 for one way transportation.

All camp fees must be paid at or mailed to Friendly House 10 days prior to the week your child/children plan to attend.

NO PAYMENTS WILL BE ACCEPTED AT CAMP OR AFTER DUE DATES.

MEDICATION

If your child has prescription medication to take, the container must have administration directions from a licensed physician on the **ORIGINAL** bottle. Over the counter drugs must be plainly marked with specific emergency use or ordered by his or her physician. If any type of injections are required by your doctor for your child during their time at camp, an extra fee may be charged.

MISCELLANEOUS INFORMATION

- There will be an Open House for Happy Hollow on Saturday, May 19th, 2018 from 2pm to 4pm. We suggest that all campers and their families visit the camp before enrolling to ensure that our program will meet expectations.
- Parents/guardians will be notified by Happy Hollow Staff if your child is sick and vomiting, has a fever or in emergency situations. A log is kept in the office of all medications/treatments given to the campers during the summer.
- Happy Hollow is committed to each camper's success in learning, and enjoying their time within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our camp works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with campers and counselors on a daily basis. If you suspect bullying, harassing, or inappropriate behavior, we encourage you to contact Happy Hollow immediately so corrective action can be taken.
- Camp rules are read every Monday and enforced throughout the entire week. Parents are notified when their child breaks one or more of the serious rules and will be made aware of any discipline that was taken (usually removal from an activity). In rare cases, parents will be asked to come and pickup their child if he/she has continually misbehaved. This decision is solely left for the Camp Administrator and Executive Director of Friendly House.
- Weekly reminders are sent home with campers. These reminders include notices, changes to the program and other information the Camp Directors need to share with parents or guardians.

IMPORTANT INFORMATION

Happy Hollow is open to any boy or girl enrolled or able to enroll in Kindergarten between the ages of six and fourteen. No one shall be denied admission to our camp or the benefits of our United States Department of Agriculture Nutrition Program because of race, color, national origin, sex, disability or age. Affiliation: American Camp Association and United Way of Richland County.

Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or impairments. If your child will be taking medication at camp, please let us know.

We suggest that all campers and their families visit the camp before enrolling to ensure that our program will meet expectations.

Make all checks payable to: Friendly House, 380 North Mulberry Street, Mansfield, Ohio 44902.

If you have any questions before camp begins, please call the Friendly House between the hours of 9:00am and 5:00pm Monday – Friday at 419-522-0521.

Remember the Date

June 11 – 15 Welcome Week
June 18 – 22 Sports Week
June 25 – 29 Epic Heroes Week
July 2 – 6 Stars & Stripes Week

July 9 – 13
July 16 – 20
July 23 – 27
July 30 – Aug. 3
Aug. 6 – 10

Survivor Week
Mad Science Week
Holiday Week
Retro Week
Farewell

No Camp July 4th

Girls Overnight July 27th

Boys Overnight August 3rd

Dinner Dance August 9th

2018 HAPPY HOLLOW CAMP REGISTRATION

Reg. Rect# _____

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Head of Household: _____

PREFERRED PHONE #: _____ **EMERGENCY ALT. #:** _____
please circle -- home, work, cell please circle -- home, work, cell

BIRTHDATE: _____ **AGE WHILE AT CAMP:** _____ **SEX:** FEMALE ___ MALE ___

PARENT EMAIL ADDRESS: _____
(OPTIONAL. Please print email clearly. This email address will be used to confirm your child's registration. Please make note that electronic confirmation will come from a "friendlyhouseonline.com" email and may be delivered to "Junk/Spam Mail").

Please reserve a place for my child for the period(s) checked below.

WEEK	Paid By:		Paid By:
<input type="checkbox"/> June 11-15, 2018	June 1, 2018	<input type="checkbox"/> July 16-20, 2018	July 6, 2018
<input type="checkbox"/> June 18- 22, 2018	June 8, 2018	<input type="checkbox"/> July 23-27, 2018	July 13, 2018
<input type="checkbox"/> June 25- 29, 2018	June 15, 2018	<input type="checkbox"/> July 30- Aug. 3, 2018	July 20, 2018
<input type="checkbox"/> July 2- 6, 2018	June 23, 2018	<input type="checkbox"/> Aug. 6-10, 2018	July 27, 2018
<input type="checkbox"/> July 9-13, 2018	June 29, 2018		

In case of cancellation, all but \$20 will be refunded by Friendly House if given 7 days notice prior to the start of child's time at camp. Cancellations after that time or the first day of camp will result in NO REFUND OF CAMP FEES.

Please mark the location where your child will be dropped-off and picked-up. Children dropped-off and picked-up at Friendly House will be charged a \$6.00 fee each way for riding the Friendly House bus to and from Happy Hollow Day Camp.

In the morning, my child will be dropped-off at:
 ___ Friendly House ___ Happy Hollow

In the afternoon, my child will be picked-up at:
 ___ Friendly House ___ Happy Hollow

Make all checks payable to FRIENDLY HOUSE and include camper(s) name on check.

Send registration and payment to:
 FRIENDLY HOUSE
 c/o HAPPY HOLLOW CAMP
 380 N. Mulberry St.
 Mansfield, OH 44902

CHECKS ONLY.

During camp, every camper has the opportunity to participate in a supervised horse/pony ride. Children must wear long pants, closed-toed shoes that tie and will be given a helmet to wear. **By signing below, you give permission for your child to ride horses/ponies while at Happy Hollow Day Camp.**

Parent Signature

Date

HAPPY HOLLOW DAY CAMP -- Health History and Emergency Information
 Application will not be processed without this information (page 2 of 4)

Mail this form and registration to:
FRIENDLY HOUSE - c/o Happy Hollow Day Camp
 380 N. Mulberry St.
 Mansfield, Ohio 44902

This form to be filled out by parent/guardian(s) of minor who are to be contacted
 in case of illness/injury to camper while at Happy Hollow Day Camp

Full Name of Camper: _____

Home Address: _____
 (Street Address) (City) (State) (Zip)

Sex: ___ Male ___ Female Birthdate: _____ Age at Camp: _____

1 - Custodial Parent/Guardian: _____ Relationship: _____

Preferred Phone: _____ Alternate Phone: _____
 (please circle -- home, work, cell) (please circle -- home, work, cell)

Address: _____
 (if different from above) (City) (State) (Zip)

2 - Custodial Parent/Guardian: _____ Relationship: _____

Preferred Phone: _____ Alternate Phone: _____
 (please circle -- home, work, cell) (please circle -- home, work, cell)

If parent(s)/guardian(s) cannot be reached, please notify: _____
 (Name)

Phone: _____ Relationship to Camper: _____
 (please circle -- home, work, cell)

Medical/Accident Insurance Information: COPIES OF INSURANCE CARDS MAY BE SUBMITTED

This camper is covered by family medical/hospital insurance. ___ YES ___ NO (Please submit cards if accident insurance is different from medical)

This camper is covered by accident insurance. ___ YES ___ NO

Insurance Company: _____ Group # _____

Insurance Co. Address: _____

Subscriber: _____ Policy # _____

Allergies:

___ My child has no known allergies ___ Although not an allergy, please mark if your child is a vegetarian

___ My child is allergic to the following:

Please list allergies below with description of reaction and management of reaction

FOOD ALLERGIES

MEDICATION ALLERGIES

ENVIRONMENTAL ALLERGIES (insect stings, hay fever, etc.)

Below is a list of over-the-counter medications and remedies that are available at all times at Happy Hollow Day Camp. Please do not send these items with your child. Please check those you want to make available to your child.

- | | | |
|----------------------------------|---------------------------------|--|
| ___ Cleansing of minor abrasions | ___ Acetaminophen (Tylenol) | ___ Emetrol for upset stomach |
| ___ Topical antiseptic | ___ Ibuprofen (Advil) | ___ Antibiotic cream (Neosporin) |
| ___ Ice pack for fever | ___ Sudafed for sinus | ___ Calamine lotion and Hydrocortisone cream |
| ___ Splinters removed | ___ Benadryl for rash/allergies | ___ Aloe Gel |
| ___ Band-Aids | ___ Sore throat spray | ___ TUMS/Antacid tablets |

Mail this form and registration to:
FRIENDLY HOUSE - c/o Happy Hollow Day Camp
 380 N. Mulberry St.
 Mansfield, Ohio 44902

Medications:

Please list ALL medications taken routinely, including over-the-counter and non-prescription drugs. This includes vitamins and natural remedies. Keep in the original packaging and/or bottle that identifies the prescribing physician (if a prescription), the name of the medication, dosage, frequency of administration and if refrigeration is needed. Please note that Happy Hollow provides basic over-the-counter medications like Tylenol, Advil, Sudafed, etc. and your child does not need to bring these.

- My child will not be taking any medications during camp
 My child will take the following medication(s) while attending camp

Name of Medication	Date Started	Reason for Taking	Time Given	Amount or Dosage	How is it given	Is it refrigerated
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____			
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____			
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime Other _____			

Immunization History:

We must have date of last tetanus shot and/or booster. Provide the most recent month and year for each immunization. Starred (*) immunizations must be current. Copies of records for the schools from physicians, state or local government are acceptable for attachment. If your child has not been fully immunized, please sign below.

IMMUNIZATION	DOSE 1 Month/Year	DOSE 2 Month/Year	DOSE 3 Month/Year	DOSE 4 Month/Year	DOSE 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
**Tetanus Booster (dT) or (TdaP)						
Mumps, Measles, Rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae Type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox) OR Child had the Chicken Pox Date: _____						
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test	DATE: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				

If your camper has not been fully immunized, please sign below: I understand the risks to my child from not being fully immunized.

Parent/Legal Guardian Signature _____

Date _____

Health Care Providers: Please provide the name and phone numbers of your child's primary health care providers.

Name of Physician(s): _____

Phone: _____

Name of Dentist(s): _____

Phone: _____

Name of Orthodontist(s): _____

Phone: _____

Mail this form and registration to:
FRIENDLY HOUSE - c/o Happy Hollow Day Camp
 380 N. Mulberry St.
 Mansfield, Ohio 44902

Mental, Emotional and Social Health:

Check "Yes" or "No" for each statement and explain "Yes" answers below. Camp may contact you for more information.

Has the camper:

1. Ever been treated for attention-deficit and/or hyperactivity disorder (ADD or ADHD)? __ YES __ NO
2. Ever been treated for an eating disorder or emotional/behavioral difficulties? __ YES __ NO
3. During the past 12 months, seen a professional to address mental/emotional health concerns? __ YES __ NO
4. Had a significant life event that continues to affect the camper's life? __ YES __ NO
 (History of abuse, death of a loved one, family change, adoption, foster care, disaster survival, etc.)

General Health History:

Check "Yes" or "No" for each statement and explain "Yes" questions below. For travel outside US, please list dates and countries visited.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? __ Y __ N | 13. Had mono during the last 12 months? __ Y __ N |
| 2. Ever had surgery? __ Y __ N | 14. If female, have problems with periods? __ Y __ N |
| 3. Have a recurrent/chronic illness? __ Y __ N | 15. Have problems with sleepwalking? __ Y __ N |
| 4. Had a recent infectious disease? __ Y __ N | 16. Ever had back/joint problems? __ Y __ N |
| 5. Had a recent injury? __ Y __ N | 17. Have a history of bedwetting? __ Y __ N |
| 6. Had asthma/wheezing/shortness of breath? __ Y __ N | 18. Have problems with diarrhea/constipation? __ Y __ N |
| 7. Have diabetes? __ Y __ N | 19. Have any skin problems? __ Y __ N |
| 8. Had seizures? __ Y __ N | 20. Have any heart/blood pressure problems? __ Y __ N |
| 9. Had headaches/migraines? __ Y __ N | 21. Ever had a head injury? __ Y __ N |
| 10. Had fainting or dizziness? __ Y __ N | 22. Wears glasses, contacts, protective eyewear? __ Y __ N |
| 11. Ever passed out during or after exercise? __ Y __ N | 23. Traveled outside country in past 9 months? __ Y __ N |
| 12. Ever had chest pains during or after exercise? __ Y __ N | |

What have we Forgotten to Ask?: Please provide any information about your child's health that you think is important or that may affect your child's ability to fully participate in camp program and activities. This includes any disability, restrictions or adaptations that should be made.

I/We understand that when participating in Friendly House activities at Happy Hollow Day Camp, the participant may be photographed for print, video or electronic imaging for the sole purpose of promoting the Happy Hollow Day Camp image. I/We acknowledge that the image will be the sole property of The Friendly House and the programs associated with Friendly House.

Parent Signature: _____ Date: _____

We hereby make application to enroll our child in Happy Hollow Day Camp expecting that all normal precautions be taken to ensure their health, safety and well-being. This health history is correct and reflects the health status of the camper to whom it pertains. The person described has permission to participate in all Happy Hollow Day Camp activities noted within the Parent Information and on the camp website, except as noted by us and/or an examining physician. We give permission to the physician selected by the Camp Director(s) to order x-rays, routine tests, and treatment related to the health of our child in emergency situations. If we cannot be reached in emergency, we give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. We understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. We understand the camp fee does not include accident insurance and that no liability is assumed by Friendly House.

BOTH CUSTODIAL PARENTS AND/OR LEGAL GUARDIANS MUST SIGN!

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____