



Camp Auxilium

14 Old Swartswood Road, Newton, NJ 07860
Ph. (973) 383-2621 Option 3 Fax (973) 383-3214
www.campauxilium.org

Contact: **Patti Greenhalgh**
Info Email: summercamp@campauxilium.org

Office Use Only		
Group Number		BC
Registration Paid		GC
Date Received		LC
Other Payment		

CAMPER REGISTRATION 2018

Camper's Last Name:		First Name:	
Address:			
Date of Birth:	Grade Completed:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Church affiliation:		School District:	
Parent/Guardian:			
Home Phone:		Cell Phone:	
Work Phone:		Email Address:	

REQUIRED: *Emergency Contact Information*

If a child becomes sick or is injured during the camp day, parents will be notified by phone to pick up the child within 1 hour of notification. In the event you cannot be reached by phone, please provide TWO additional contacts other than yourself.

1 st —Name:		2 nd —Name:	
Relationship:	Home #:	Relationship:	Home #:
Cell #:	Work#:	Cell #:	Work #:

Registration fee and Immunization Record MUST accompany registration forms.
Please include tuition payment as indicated below—Incomplete registration forms will not be processed.
Please check the desired weekly sessions and circle choice of days below.

Week	Tuition Due Dates	Please Circle Number of Days Attending		
<input type="checkbox"/> Week 1: June 18—June 22, 2018	Due with Registration	3	4	5
<input type="checkbox"/> Week 2: June 25—June 29, 2018	Due April 9, 2018	3	4	5
<input type="checkbox"/> Week 3: July 2—July 6, 2018		3	4	
<input type="checkbox"/> Week 4: July 9—July 13, 2018	Due May 7, 2018	3	4	5
<input type="checkbox"/> Week 5: July 16—July 20, 2018		3	4	5
<input type="checkbox"/> Week 6: July 23—July 27, 2018	Due June 4, 2018	3	4	5
<input type="checkbox"/> Week 7: July 30—August 3, 2018		3	4	5

Weekly Tuition	Campers attending	3 Day Week	4 Day Week	5 Day Week	4th of July Week SPECIAL
	One camper	\$190	\$205	\$226	\$199
2 Campers (siblings only)	\$333	\$365	\$400	\$350	
3/4 Campers (siblings only)	\$480	\$525	\$575	\$510	

I am aware of the various activities that are part of the Camp Auxilium Program and allow my child(ren) to participate in these activities. If I do not want my child(ren) to take part in a particular activity, then I will notify the Camp Director in writing.

PHOTO RELEASE

- I am aware that Camp Auxilium & the Salesian Sisters may use my child's photograph(s) in its promotional materials and publicity efforts in videos, web sites, social media, flyers, posters, brochures, newspapers, ads or other forms of promotion.
- I **DO NOT** want Camp Auxilium to use my child's photograph(s) in its promotional materials and publicity efforts in videos, web sites, social media, flyers, posters, brochures, newspapers, ads or other forms of promotion.

I certify that I am the parent/guardian of the above applicant . As such, I agree to all payments, terms and regulations of Camp Auxilium and the Camp Auxilium website.

Signature: _____

Date: _____

HEALTH HISTORY for: _____

* MUST be completed for all campers (check all that apply). Please also provide a copy of Updated Immunization Record.

(PLEASE NOTE: RECORDS FROM PRIOR SEASON ARE NOT RETAINED)

Health History	Explanation or Additional Comments
<input type="checkbox"/> FOOD ALLERGIES and/or RESTRICTIONS <i>(please explain)</i> EPI PEN required? NO <input type="checkbox"/> YES <input type="checkbox"/> <i>(If yes, bring in to nurse in original package labeled with camper's name)</i>	
Allergic to: <input type="checkbox"/> Insect Stings <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Ivy, Oak, etc. EPI PEN required? NO <input type="checkbox"/> YES <input type="checkbox"/> <i>(If yes, bring in to nurse in original package labeled with camper's name)</i> Allergies to MEDICATION <i>(Please list.)</i> <i>(Please list any other diagnosed allergies.)</i>	
Diagnosed Conditions: <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> OCD <input type="checkbox"/> ODD Other diagnosed conditions? <i>(Please explain)</i>	
<input type="checkbox"/> Behavioral Issues <i>(Please explain.)</i>	
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Chronic illness or condition <i>(Please list.)</i>	
<input type="checkbox"/> Convulsions/Seizures	
<input type="checkbox"/> Special Dietary Needs or Restrictions <i>(Please list.)</i>	
<input type="checkbox"/> Ear Infection	
<input type="checkbox"/> Lyme Disease	
<input type="checkbox"/> Medications/Treatments <i>(Please list.)</i> * NOTE: ANY medications needed during camp hours MUST be in original packaging, accompanied by Dr's orders & stored in the NURSE'S OFFICE.	
<input type="checkbox"/> Operations and/or Serious Injuries <i>(Please list individually with approximate date of occurrence.)</i>	
<input type="checkbox"/> Physical Limitations <i>(Please explain.)</i>	

Name of Physician: _____ Phone Number: _____

Parents' Authorization: This Health History is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named on the reverse. I further authorize the Camp Director or designee to provide over-the-counter medication to my child in case of necessity, according to the Camp Physician's Standing Orders.

Parent Signature: _____ Date: _____

Child's Name _____ Group # _____



**CAMP AUXILIUM SUMMER CAMP
2018 PICK-UP AUTHORIZATION FORM**

The following people have my permission to pick up my child when I am unavailable to do so.

Name	Phone Number	Relationship
_____	(____)____-_____	PARENT/GUARDIAN
_____	(____)____-_____	PARENT/GUARDIAN
_____	(____)____-_____	Grandparent
_____	(____)____-_____	Grandparent
1. _____	(____)____-_____	_____
2. _____	(____)____-_____	_____
3. _____	(____)____-_____	_____
4. _____	(____)____-_____	_____
5. _____	(____)____-_____	_____

_____ Date _____
Parent/Guardian Signature

FOR THE SAFETY OF YOUR CAMPER WE ARE ASKING YOU TO COMPLETE THIS FORM. THIS FORM IS NOT VALID UNLESS SIGNED BY THE PARENT/GUARDIAN.



Summer 2018 Tuition & Fees



In order to ensure you complete the registration process, please read this page carefully before filling out the form. For questions regarding invoices, please call the Finance Office at (973) 383-2621 ext. 7 or contact them by email at billing@campauxilium.org.

Registration Fees

Number of Campers	Before May 1 st	After May 1st
<i>Current Auxilium School Student</i>	\$35	\$70
All other campers	\$45	\$80
2 Campers (siblings only)	\$85	\$135
3/4 Campers (siblings only)	\$125	\$165

- Registration fees and current immunization records **MUST** accompany registration forms. Registering before April 1st include ONE week Tuition payment; registering after April 1st include tuition according to the payment schedule on the registration form. **Registration fees are non-refundable.**
- Registration fee will be waived if payment in full is made for 6-7 weeks of camp. **If attendance is decreased to less than 6 weeks after the first day of camp, then the registration fee will be charged to your account.**
- After registration you **MAY** increase your days by calling the Billing department.
- **Incomplete registrations cannot be accepted.**

Weekly Tuition

Number of Campers	3 Day Week	4 Day Week	5 Day Week
One camper	\$190	\$205	\$226
2 Campers (siblings only)	\$333	\$365	\$400
3/4 Campers (siblings only)	\$480	\$525	\$575



**** 4th Of July Week Special Rate (4 Days) ****

\$199 -One Camper * \$350 - 2 Campers (siblings only) * \$510 - 3/4 Campers (siblings only)



- Any camper picked up after 5:30 will be charged a \$15/per 15 minute late fee.
- There will be no reimbursement for days absent from camp.
- Once camp is in session, there will be no refund for the weeks you are registered.
- No campers will be allowed to register for the 2018 season unless all previous year's financial obligations have been met.
- Checks returned by the bank due to insufficient funds, or for any other reason, must be replaced immediately by CASH or MONEY ORDER ONLY and will also incur a \$30 service fee.

Tuition payments can be made at the Camp Office or through an emailed invoice with a "Click to Pay" option, therefore your **email address MUST BE FILLED IN** on the registration form. We accept payments by credit/debit cards, cash or check. If you are writing a check, please include your child's name and the session for which you are paying in the memo line of the check.