

## 2012 Spartan Day Camp Application

Camper's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Development: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone (Mr.): \_\_\_\_\_

Work Phone (Mrs.): \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

Grade during school year just completed: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Male:  Female:

Return Camper:  New Camper:

Application should be returned with \$75 non-refundable deposit (\$50 for each additional camper) which will be applied to your child's final week's tuition to:

Tom DeMatteis, Director  
Spartan Day Camp  
Pike Creek Road  
Wilmington, DE 19808

For Further information call Mr. DeMatteis at: 302.757.8750

### CHECK OFF WEEKS OF EXPECTED ENROLLMENT:

	before care	after care
<input type="checkbox"/> June 11-15	_____	_____
<input type="checkbox"/> June 18-22	_____	_____
<input type="checkbox"/> June 24-June 29	_____	_____
<input type="checkbox"/> July 2-6*	_____	_____
<input type="checkbox"/> July 9-13	_____	_____
<input type="checkbox"/> July 16-20	_____	_____
<input type="checkbox"/> July 23 -27	_____	_____
<input type="checkbox"/> July 30- Aug 3	_____	_____

\*(NO CAMP ON JULY 4th)

Transportation needed? Yes  No

If transportation from place other than home please note.

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Camper's Name: \_\_\_\_\_

The Division of Public Health for the State of Delaware does not require day campers to furnish a report of physical examination; however, a medical history including allergies, other health conditions, and current immunizations are required and must be kept on file at the camp. Please complete the following:

### **IMMUNIZATION HISTORY**

(THIS IS A RECORD OF DATES OF BASIC IMMUNIZATIONS AND MOST RECENT BOOSTER DOSES.)

DTP SERIES \_\_\_\_\_ BOOSTER \_\_\_\_\_ BOOSTER \_\_\_\_\_  
POLIO OPV \_\_\_\_\_ BOOSTER \_\_\_\_\_ TYPHOID \_\_\_\_\_  
(SABIN)  
MEASLES VACCINE (LIVE) \_\_\_\_\_ TUBERCULIN \_\_\_\_\_  
GERMAN MEASLES \_\_\_\_\_ MUMPS VACCINE \_\_\_\_\_  
(RUBELLA)  
SMALLPOX \_\_\_\_\_ OTHER \_\_\_\_\_

### **HEALTH HISTORY**

#### **ALLERGIES DISEASES**

HAY FEVER \_\_\_\_\_ CHICKEN POX \_\_\_\_\_  
POISON IVY \_\_\_\_\_ MEASLES \_\_\_\_\_  
INSECT STINGS \_\_\_\_\_ GERMAN MEASLES \_\_\_\_\_  
PENICILLIN \_\_\_\_\_ MUMPS \_\_\_\_\_  
OTHER DRUGS \_\_\_\_\_ ASTHMA \_\_\_\_\_

OPERATIONS OR SERIOUS INJUIRES (DATES) \_\_\_\_\_

CHRONIC OR RECURRING ILLNESS \_\_\_\_\_

OTHER DISEASES OR DETAILS OF ABOVE \_\_\_\_\_

ANY SPECIFIC ACTIVIES TO BE RESTRICTED \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted by me above.

I understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.

In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the cap director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named on the reverse side.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Your signature below grants permission for your child to roller skate at Christina Roller Rink on scheduled days once a week. We have exclusive use of the rink on Tuesdays fro the younger children and Fridays for the older children. A fee of **\$3.00** is due the day of skating.

Also, the signature gives the camp permission to use any photo taken of your child while participating in camp activities in publications and on the camp website.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_