

Important Information for Teen Week Campers and their Parents

Thank you in advance for registering for Camp Arcadia's Teen Week. Please go through the following steps to complete your registration.

STEP ONE: Read the following CANCELLATION POLICY carefully:

- Reservations canceled before March 15 will be refunded the full deposit.
- Reservations canceled after March 15 will be subject to a \$50 cancellation charge.
- Reservations canceled after May 15 will be subject to a cancellation charge equal to the full minimum deposit of \$200.

STEP TWO: Parents, COMPLETE THE FOUR FORMS. Print the forms on the next four pages.

- 1) Complete the "HH" (Health History Record) form. Your signature is required at the bottom. NOTE: All immunizations are not required. Simply complete the immunization information to the best of your knowledge.
- 2) Complete the "PS" (Parent Survey) form. This is information for the counselor.
- 3) Complete the "CI" (Child Information) form. This is required by the State of Michigan. This is where you give permission for another adult to bring your teen home. All parents must complete this form, and provide their signature.
- 4) Complete the "CP" (Camper Payment) form. You must be paid in full by May 15th, and this form must accompany your payment. You must prepay your teen's spending account at the same time. (All unused money will be refunded to your credit card at the end of the week.)

STEP THREE: Mail the completed forms **BY MAY 15, 2012.** DO NOT FAX or EMAIL forms. The mailing address is:

Camp Arcadia
PO Box 229
Arcadia MI, 49613

Step Four: Parents and teens, read the following information about WHAT TO EXPECT:

- 1) Check in is between 2 PM and 5:30 PM Sunday (Eastern Time)
- 2) Pick up campers between 8:30 AM and 10 AM Saturday.
- 3) By Michigan State law you are required to turn in all medication in the original bottle (including aspirin or vitamins) to the Nurse upon arrival. This is a critical preventative safety measure for all those at camp.

- 4) Please do not bring food, snacks or soda. Campers may purchase these items in the store during daily free time. Prices range from \$0.75 to \$3.00. The store also sells t-shirts, sweatshirts and souvenirs that range in price from \$2 to \$50.
- 5) The craft shop has projects that range from \$1.00 to \$15.00.
- 6) Camp Arcadia furnishes soap, blankets, sheets, pillows, and pillowcases. Please bring your own towels.
- 7) Cell phones and electronic devices are not allowed at camp. Campers with cell phones are required to leave them at the office until Saturday morning.
- 8) All campers have access to a no-cost landline at all times for outgoing calls. Parents may send email to campers at camp-arcadia@camp-arcadia.com, or send snail mail to Camp Arcadia, PO Box 229, Arcadia, MI 49613. These messages will be delivered to your campers at lunch and dinner.
- 9) Do not bring cash to camp. Camp Arcadia is not responsible for misplaced cash. Campers use a spending account for all purchases. All spending money must be deposited into the campers spending account before May 15, 2012. Additional funds may be added to their spending account at the office.
- 10) Dress is casual, although Friday evening's meal is a "candlelight" dinner and campers may wish to dress up.
- 11) A canoe trip is part of the weekly program, weather permitting. The cost of the trip is included in the registration fee.
- 12) What to bring: Bible, towels, laundry bag, swimsuit and beach towel (no bikinis), shorts, jeans, t-shirts, jacket, sweatshirt, warm sleepwear, hiking shoes, toiletries, sunscreen.
- 13) What else to bring (optional): flashlight, alarm clock, tennis racket, insect repellent, music or skit for the camper talent show.
- 14) In case of emergency contact camp at the numbers below:

CAMP MAIN PHONE (8 AM to 6 PM daily): 231-889-4361

(non-emergency, leave a message 24 hours a day. Messages are checked at 10:00 PM and 7:30 AM daily)

CAMP CARETAKER (after hours emergency): 231-889-4741

Thank you again. We're looking forward to a great week!

Mike Pasche

Business Director

email: camp-arcadia@camp-arcadia.com

camp phone: (231) 889-4361

HEALTH HISTORY RECORD

Michigan Department of Human Services

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)	First	Middle	Sex	Date of Birth
Address (Number and Street)		City	Zip	Telephone (Home)
Authorized Person's Name (Last)	First	Middle	Telephone (Work)	
Address (Number and Street)		City	Zip	Telephone (Emergency)

Is the camper having any of the problems listed below?	Yes	No		Yes	No
1. Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble with passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>
2. Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	8. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	9. Speech problems	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10. Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11. Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Frequent colds, sore, throats, ear aches (4 or more per Year)	<input type="checkbox"/>	<input type="checkbox"/>	12. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any problem areas identified above including any current infectious diseases:

If female has she been told about menstruation (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has she menstruated (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed or Used (Including Psychiatric)			Currently Being Given	
Kind	Frequency	Dosage	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other	
	Date Initial Immunization Completed										
	Date of Most Recent Booster										

Should the camper's activity be restricted because of any physical limitation or illness? No Yes If yes, explain degree of restriction:

I give Camp Arcadia's nurse permission to give my child Tylenol as she/he deems it appropriate. No Yes.

I certify that this information is true to the best of my knowledge.	Authorized Person's Signature	Date
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The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau of Children and Adult Licensing

Date of Admission		Allergies			
Date of Discharge					
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth		Home Phone ()	City	State	Zip Code
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name		Home Phone
Home Address (if not child's address)		Cell Phone	Home Address (if not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone		Daily Work/School Times	Employer/School Phone ()		Daily Work/School Times
Name(s) of Person other than Parent or Legal Guardian to whom child may be released					

BCAL-3731 (Rev. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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Camper's Name _____

Alpha Teen Retreat

Omega Teen Retreat

Camper Payment

Secure Credit Card Processing

REQUIRED

You must be paid in full by May 15th, and this form must accompany your payment. You must prepay your teen's spending account at the same time. (All unused money will be refunded to your credit card at the end of the week.)

Balance of registration fee: \$_____ Check your confirmation email for the amount due.

Spending Account: \$_____ Generally, campers use between \$50 and \$100. All unused money will be refunded to your credit card at the end of the week.

Total of the above: \$_____ This is the amount to be charged on the credit card below.

If you prefer, you may pay by phone using your credit card: (231) 889-4361

Visa, Mastercard or Discover payment: *(This information will be securely destroyed after processing. No credit card information is stored at Camp Arcadia.)*

Card Number _____ - _____ - _____ - _____ exp date: ____ / ____ (mm/yy)

Name on Card: _____

Signature: _____

NOTE: At check-in, campers may pre-order the \$10 highlight disc. The \$10 purchase price will be deducted from the camper's initial spending account balance, and the disc will be delivered at breakfast on Saturday.