(2023 -2024) XL "School Camp" -Mount LaurelENROLLMENT PACKET



At XL School Camp we pride ourselves on being....

SAFE ACCOMMODATING AFFORDABLE ENGAGING

General Camp Information

Once you have completed your camp registration, you must complete the following Enrollment Forms. All forms must be completed prior to your child attending XL School Camp. Forms can be emailed to Wayne@xlsportsworld.com.

- Enrollment Contract (page 3)
- Health and Wellness (2 pages)
- Authorization for Child Release (one per family)
- Behavior Management Policy (one per family)
- Proof of employment for 10% discount if applicable. (1 per family) Employee must be the camper's Parent/Guardian. Proof may be a photo of work I.D. or email from your work email.

Contact Information

Wayne Murschell

Camp Phone #: 856-273-2828

Camp Email: Wayne@xlsportsworld.com Federal Tax ID Number: # 831998620

Camp Hours

XL School Camp hours are 8:00am - 5:30pm.

Camper Grades

Campers currently attending Kindergarten through 6th grade only.

Camp Rates

Full Day \$61/day per camper

Discounts

We are pleased to offer a 10% discount on camp tuition to all employees of the State of NJ, Virtua, Cooper, Lockheed, TD Bank, Penn Medicine, and active military. This is for tuition only and does not include registration.

Scheduling/Registration

To register for the XL School Camp Program, you need to create a DaySmart Recreation account on our website. To do this, go to www.xlmountlaurel.com, then scroll all the way to the bottom and click "Customer Log In". Here you will create an account and will be able to add your child and pay the \$25 registration fee** and Annual Membership Fee**. This will hold a place for your child in our program. To schedule a camp day, complete the Enrollment Contract and email to wayne@xlsportsworld.com. The deadline to enroll for a camp date is two weeks before the scheduled camp date. Payment for scheduled days is required to hold the dates.

**There will not be a Registration Fee or Annual Membership Fee for any <u>2023</u> XL Summer Campers. However, in order to attend you must send in the Enrollment Contract only, two weeks prior to the camp date.

Daily Schedule

The children will play organized games through the morning and after free time. Campers will go outside each day weather permitting. Campers will eat lunch at 11:45 am and snack time at 3 pm. All campers must bring their own lunch and snack. Activities will be planned based on the number of enrolled campers. We typically have anywhere from 30—50 campers on an average day. We do provide skates for the campers, but they can bring their own if they prefer. Campers must bring socks.

Check-in /Check-Out

Check-in will be done right inside the front door Parents will then be asked to complete the Daily Health Screening. Please have an ID when picking up your child.

Illness

Please do not send your child to camp if they are sick or displaying any of the following symptoms:

- Temperature over 99.9°F.
- Severe cold with fever, coughing, or bronchitis
- Difficultly/ rapid breathing
- Severe pain or discomfort, including ear or throat
- Vomiting or diarrhea
- Rashes that cannot be identified or have not been diagnosed by a physician
- Contagious diseases such as measles, chicken pox, mumps, roseola, pink eye, ring worm or impetigo
- Ear or throat infections
- Unusual behavior (i.e. extreme lethargy, refusing food or drink)

If any of the above symptoms occur at camp, you will be contacted to pick up your child immediately. Campers must be fever free for 24 hours prior to attending camp. Campers who have tested positive for Covid-19 cannot attend camp for 5 days after positive test and must be symptom free.

Medication

Please do not send your child to camp with medicine in their camp bag or pocket. This includes Tylenol, cough drops, inhalers and EpiPens. A Medication Form must be filled out and submitted when the medication is turned in at the camp desk. Medication must be labeled and stored in the original container.

Lunch and Snack

Campers will have lunch at 11:45. Campers must bring lunch and extra snacks. We do have water available throughout the day for the campers.

Food Allergies

On the Health and Wellness form, we ask you to list any foods that your child is allergic to. We take these allergies very seriously. Your child will be given a wristband that must be kept on all day. All campers with food allergies are seated at a separate table during lunch. Please do not feel that your child will be sitting alone as we have many campers with food allergies. This is for the safety of your child. If your child has a food allergy that requires an EpiPen, we request that you have one that we can keep on site for the day they are attending camp

(2023-2024) XL School Camp Enrollment Contract - Mt. Laurel

Childs Name:	Grade as of September 2023:
Childs Name:	
Childs Name:	
CC#	Exp: CVV:
10% Discount on tuition (State of NJ, Virtua, Lockheed include proof with the completed packet.	d, PHH, Virtua, Cooper, Active Military) **Please
days selected. To guarantee a place for your child, we camp date. All campers must be pre-registered.	(2023-2024) XL School Camp. fill out this form and submit with payment in full for all must receive this form at least two weeks prior to the Camp - Mt. Laurel - Dates:
(2023-2024) At School (camp - Mt. Ladiei - Dates.
November: 9 10 December: 27 28 29 January: 15 February: 19 April: 1 2 3 4	5
 If your child is absent for any reason, including day. Payment in the amount of \$30 will be charged reason. Campers that are removed from camp for any rewhich the incident occurred. Any photos/video footage taken while your child 	· · · · · · · · · · · · · · · · · · ·
PARENT / GUARD	IAN AGREEMENT
I, the parent/guardian of	igation to XL. I fully understand this obligation and I am indicating that I have read and agree to abide
Parent/Guardian Signature:	Date:

HEALTH AND WELLNESS — Page 1 of 2 (One form per		Please include a photo of your child for our records.
D/O/B: Grade:	,	You may also
Home Address:	City/Zip:	email a photo.
Attended 2023 Summer Camp		(PLEASE INCLUDE CAMPER'S NAME ON THE
Child Lives With:Both ParentsMotherFather	COther	BACK OF PHOTO)
If other, please explain:		
How did you hear about our camp?		<u> </u>
Parent/Guardian (1) Name:		
Home Address:	City/Zip:	
Work #: Ext.:	Cell#:	
Email:	(This email will receive all ca	ump information)
Parent/Guardian (2) Name:		
Home Address:	_ City/Zip:	
Work #: Ext.:	Cell#:	
Email:	(This email will receive all ca	mp information)
Please answer all of the questions (1-15) What does your child like to do in his/her free time?	below (Use additional pape	er if necessary)
Describe how your child interacts with his/her peers:		
Have there been any major changes in your family situation in t school, birth, etc.) If so, what effect did this have on your child?		ration, divorce, death, new
Is your child or family receiving any special help with emotional	concerns or behavior at school	or home? (Psychiatrist,
counselor, social worker, etc.) If so, please explain. (Use addition	nal sheet if necessary)	
Is there anything else you would like us to know about your chil		

HEALTH AND WELLNESS - Page 2 of 2 (One form per camper required)

6.	In the event of an emergency, please have an ambulance take my child to: Has your child been identified as needing support or supplemental services during the school year in any of the following areas?			
	Please check all that apply: Academic Behavioral (i.e. ADD/ADHD) Speech/ Language Personal/Social			
	*Please describe the nature of these services:			
8.	Does your Child have an EpiPen?YesNo			
9.	Does your child use an inhaler?No			
10.	Does your child take any daily medications?Yes No If yes, please list the medication and dosage:			
11.	Does your child have any medical/physical restrictions?YesNo If yes, please explain:			
12.	Does your child suffer from any of the following?			
lf ot	Asthma Hearing Loss Diabetes Convulsions Other ther, please explain:			
13.	ALLERGIES: Is your child allergic to any medications, animals, or insect stings? If so, please explain:			
	FOOD ALLERGIES: All campers that have food allergies will be seated at a designated table for food allergies. Please list any/all foods that your child is allergic to or that you do not want your child to have:			
	Do you give us permission to administer Tylenol to your child? *Yes No If yes, list your child's weight and dosage for Children's Tylenol: Weight Chewable TabletsLiquid *Please note we will not administer Tylenol without contacting you first, unless in the case of an extreme			
eme	ergency			
the	tify that the health history information provided on this form is correct. If I cannot be reached in an emergency, I give permission to physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp ninistrator if there are any changes to my child's medical information in writing.			
Pare	ent/Guardian Signature:			

AUTHORIZATION FOR CHILD RELEASE

Child's Name:	Grade:	
Child's Name:	Grade:	
Child's Name:	Grade:	
list of authorized persons who may on file with the Camp Office prior to children from the camp. To make chase make sure that any person (in changes/additions to this list MUST)	•	ed persons must be e permitted to pick un experiment of identification. An
	nces will we release campers to anyone who is not listed to pick up my child from XL School Camp:	below.
Name:	Relationship:	
Home/Work #1:	Cell #2:	
Name:	Relationship:	
Home/Work #1:	Cell #2:	
Name:	Relationship:	
Home/Work #1:	Cell #2:	
Name:	Relationship:	
	Cell #2:	
	Parent / Guardian Agrees To:	
	ool Camp staff may release my child at the end of the day d that no one will be permitted to pick up my child witho	-
Parent/Guardian Signature:	Date:	

BEHAVIOR MANAGEMENT POLICY (One form per camp family)

Child's Name:	Grade:				
Child's Name:	Grade:				
Child's Name:	Grade:				
The XL School Camp wants all campers to have a rewarding and memorable experience. For this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a fun, positive day at XL Mount Laurel.					
Camp Rules	:				
1. Be kind and respectful to yourself, others, and camp property.					
2. Listen and follow directions.					
 Keep hands, feet, all other body parts, and objects to yourself. Be responsible for your personal belongings always (not K campers) 					
4. Be responsible for your personal belongings always5. If you have a problem, always tell a counselor or a d					
от н. у стина с пристем, шильус сон и сониссии с	,				
Camper Consequ	uences:				
 Redirection of camper Verbal warning or time-out Visit to Camp Director and phone call home (Chil If a second phone call is necessary, the child may Parents will be notified in writing of the date the In the event of severe, consistent, or excessive fa suspended or removed from camp. Campers mus notification. There are no refunds, credits, or substitutions for from camp. If the camper severely endangers the physical, m individual, the camper will be expelled from the continuous camp. XL School Camp reserves the right to terminate and 	be suspended from camp. child will be permitted to return to camp. idure to follow the rules, the camper will be to be picked up within 1 hour of parent any days a child has been suspended ental, or emotional health of another camp.				
PARENT / GUARDIAN AGREEMENT					
I, the undersigned, have carefully read and gone over the a child. I agree with the above policy and understand that in expelled from camp for failure to follow the rules, I will not	the event my child is suspended or				

that time. My contract will be terminated at the end of the week that the camper was removed.

Parent/Guardian Signature: ______ Date: _____

I,