

**2022 - 2023 XL School Camp
Mt. Laurel
ENROLLMENT 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 Lynne@xlsportsworld.com.

- Enrollment Contract
- 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

Lynne Prairie

Camp Phone #: 856-273-2828

Camp Email: Lynne@xlsportsworld.com

Federal Tax ID Number: # 831998620

Camp Hours

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

Camp Rates

Full Day \$59/day

Discounts

We are pleased to offer a 10% discount on camp tuition to all employees of the State of NJ, Virtua, Cooper, Lockheed, PHH Mortgage 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 DASH account on our website. You will then 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 Lynne@xlsportsworld.com. The deadline to enroll for a camp date is the two weeks before the scheduled camp date. Payment for scheduled days is required to hold the date.

Camp Staff

Our staff includes college students and teachers. All staff have had background checks completed by the State of NJ.

Staff to Camper Ratios: 1:10

Camp Grades K-6th

Our camp is available for children that are currently in grades K-6th

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. Campers will have free time from 1:00—3:00. Activities will be planned based on the number of enrolled campers. We typically have anywhere from 30—80 campers on an average day. We do provide skates for the campers, but they can bring their own if they prefer.

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 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
- Difficulty/ 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 can not 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

We prefer that your child does not bring cell phones, expensive toys, or games to our camp. The XL

Camp staff will, under no circumstances, be held responsible for the loss, damage, or theft of these or any other valuable items.

2022-2023 XL School Camp Enrollment Mt. Laurel

Childs Name: _____ Grade as of September 2022: _____

Childs Name: _____ Grade as of September 2022: _____

Childs Name: _____ Grade as of September 2022: _____

CC# _____ Exp: _____ CVV: _____

_____ 10% Discount on tuition (State of NJ, Virtua, Lockheed, PHH, Virtua, Cooper, Active Military)
Please include proof with completed packet.

Listed below are the dates that we have available for 2022-2-23 XL School Camp To enroll your child for any school camp days, please fill out this form and submit with payment in full for all days selected. To guarantee a place for your child, we must receive this form at least two weeks prior to the camp date. All campers must be pre-registered.

2022-2023 Camp Dates

November: _____ 10 _____ 11

December: _____ 27 _____ 28 _____ 29 _____ 30

January 16 _____ (In our Cherry Hill Facility)

February 20 _____ (In our Cherry Hill Facility)

April: _____ 10 _____ 11 _____ 12 _____ 13 _____ 14

Camp Enrollment Policies:

- To reserve your days please email the Enrollment Form two weeks prior to the camp date.
- We are unable to hold your dates without payment in full.
- There are no refunds, cancellations, substitutions, make- up days or credits on scheduled camp dates. If your child is absent for any reason, including illness, you will not receive a refund or credit for that day.
- Payment in the amount of \$30 will be charged to your account for all checks that are returned for any reason.
- Campers that are removed from camp for any reason will not be refunded for tuition for the camp day in which the incident occurred.
- Any photos/video footage taken while your child is at camp may be used for promotional purposes in print media and/or internet promotion. No financial compensation is available should such a picture/video be used.

PARENT/GUARDIAN AGREEMENT:

I, the parent/guardian of _____ have read the above Camp Enrollment Contract which shall become my obligation to XL. I fully understand this obligation and the reasons for its implementation. By signing below, I am indicating that I have read and agree to abide by all policies listed in the Parent Handbook and Camp Enrollment Forms.

Parent/Guardian Signature: _____

Date: _____

Please include a photo of your child for our records. You may also email a photo.

(PLEASE INCLUDE CAMPER'S NAME ON THE BACK OF PHOTO)

Child's Name: _____ Boy/Girl _____
D/O/B: _____ Grade: _____
Home Address: _____ City/Zip: _____
_____ Attended 2022 Summer Camp
Child Lives With: _____ Both Parents _____ Mother _____ Father _____ Other
If other, please explain: _____
How did you hear about our camp? _____

Parent/Guardian (1) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all camp information and notices)

Parent/Guardian (2) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all camp information and notices)

Please answer all the questions (1-5) below (Use additional paper if necessary)

1. What does your child like to do in his/her free time?

2. Describe how your child interacts with his/her peers:

3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child?

4. 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 additional sheet if necessary)

5. Is there anything else you would like us to know about your child that will aide us in helping him/her have a safe and enjoyable experience? Any specific concerns about your child? (Use additional sheet if necessary)

Please Answer All Boxes (1-10) Below (Use additional paper if necessary)

1
In the event of an emergency, please have an ambulance take my child to:

2
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:

3 Does your child have an EpiPen? _____ YES _____ NO YES _____ NO	4 Does your child use an inhaler?
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5
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 table designated for food allergies. Please list any/all foods that your child is allergic to. Any items listed here will not be given to your child in any form.

Please list any foods that you do not wish your child to have:

6
Does your child take any daily medications? _____ YES _____ NO If yes, please list the medication and dosage: _____

7
Does your child have any medical/physical restrictions? _____ YES _____ NO If yes, please explain:

8
Does your child suffer from any of the following?
_____ Asthma _____ Hearing Loss _____ Diabetes _____ Convulsions _____ Other
If other, please explain:

9
Do you give us permission to administer **Tylenol** to your child? * _____ YES _____ No
If yes, please list your child's weight and correct dosage for Children's Tylenol: Weight: _____ Chewable Tablets: _____
Liquid: _____
***Please note we will not administer Tylenol without contacting you first unless in the case of an extreme emergency.**

10

I certify that the health history information provided on this form is correct. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Administrator if there are any changes to my child's medical information in writing.

Parent/Guardian Signature: _____ **Date:**

AUTHORIZATION FOR CHILD RELEASE

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

In addition to the parents listed on the Health and Wellness form, XL requires that parents/guardians provide a list of authorized persons who may pick up their child from camp; The names of all authorized persons must be on file with the Camp Office prior to your child's attendance. Only authorized persons will be permitted to pick up children from the camp. To make changes to this form you may do so by emailing the Lynne@xlsportsworld.com. Please make sure that any person (including parents) picking up your child always has proof of identification. Any changes/additions to this list MUST be done in writing.

PLEASE NOTE: Under no circumstances will we release campers to anyone who is not listed below. I authorize the following individuals to pick up my child from XL School Camp:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

Name: _____ Relationship:

Home/Work #1: _____ Cell #2:

PARENT/GUARDIAN AGREES TO:

I understand and agree that XL School Camp staff may release my child at the end of the day only to the above-named individuals. I also understand that no one will be permitted to pick up my child without identification.

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 Mt. Laurel.

Camp Rules:

1. Be kind and respectful to yourself, others, and camp property.
2. Listen and follow directions.
3. Keep hands, feet, all other body parts, and objects to yourself.
4. Be responsible for your personal belongings always (not K campers)
5. If you have a problem always tell a counselor or a director immediately.

Camper Consequences:

1. Redirection of camper
2. Verbal warning or time-out
3. Visit to Camp Director and phone call home (Child will speak to parents at that time)
4. If a second phone call is necessary, the child may be suspended from camp.
5. Parent will be notified in writing of the date the child will be permitted to return to camp.
6. In the event of severe, consistent, or excessive failure to follow the rules, the camper will be suspended or removed from camp. **Camper must be picked up within 1 hour of parent notification.**
7. There are no refunds, credits, or substitutions for any days a child has been suspended from camp.
8. If the camper severely endangers the physical, mental, or emotional health of another individual, the camper will be expelled from the camp.
9. XL School Camp reserves the right to terminate a child's enrollment at our discretion.

PARENT/GUARDIAN AGREEMENT:

I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy and understand that in the event my child is suspended or expelled from camp for failure to follow the rules, I will not receive a refund for any camp monies for that time. My contract will be terminated at the end of the week that the camper was removed.

Parent/Guardian Signature: _____ Date: _____