

# CAMP EXCEL

**Business Office**  
86 E. Water St.  
P.O. Box 373  
Toms River, NJ 08754  
Phone: 732-281-0275  
Fax: 732-281-2363

**Camp Site**  
Zion Lutheran School  
64 First Ave  
Westwood, NJ 07675

[www.CampExcel.com](http://www.CampExcel.com)

Dear Parent/Guardian:

The countdown has begun for opening day at CAMP EXCEL 2010. Camp begins Monday, July 5 and ends Friday, August 13. Camp hours are 8:30am – 3:00pm. Enclosed you will find important information about the program and forms you will need to complete and return by **May 1**.

**Program information and updates will be sent to you via email. Please be sure to include your email on the Health and Medical Record.** If you do not use email please indicate in the space provided and information will be mailed or sent home with your child.

The Camp Excel Agreement contains information regarding camp policies and your responsibilities. Tuition for Camp Excel 2010 is \$5,000.00 for the 6-week program (July 5-Aug. 13). A \$600 non-refundable deposit is required to hold a place for your child along with a signed copy of the Agreement. The balance is due by May 1. Checks should be made to *Camp Excel* and mailed to P.O. Box 373, Toms River, NJ 08754. We do not accept credit cards. If the tuition is being paid by your school district or another funding source we must receive notification in writing that states that they will be responsible for your child's tuition. **We must have this commitment letter in order to hold a place for your child.**

A Health & Medical Record must be completed. Please attach an Immunization Record from your child's physician to the Medical Record. We plan to take photographs and videos during camp activities and they may be used for promotional purposes (Photos will **not** be used on the website). You have the option of having your child included in the photos/videos or **not** and should indicate your choice on the Medical Record .

Each camper will receive one Camp Excel T-shirt. Please indicate the size on the Medical Record. The last order for T-shirts will be placed on May 7 so be sure to indicate the correct size in plenty of time. **YOUR CHILD WILL NOT RECEIVE A T-SHIRT IF THE ORDER WITH CORRECT SIZE IS NOT IN BY MAY 7.** Campers are only required to wear camp T-shirts on Friday Trip Days but are welcome to wear it any other day. Additional shirts can be order at \$10 per shirt and should be noted on the Medical form.

The Treatment Authorization Form must be completed and **NOTARIZED**. If your child will be taking medication during camp hours, have your child's physician complete the Dr. Letter. It is most important that the physician indicate medications and the dosage that need to be administered during camp hours. **THIS DR. LETTER AND MEDICATION MUST BE DELIVERED BEFORE JULY 3 OR YOUR CHILD'S START DATE WILL BE DELAYED.** Medication can be accepted at Orientation for new campers or call to make arrangements to drop off medication. All medication must be delivered and signed off by parent/guardian. **Medications must be in the original prescription container. NO EXCEPTIONS.** Medication will not be accepted from campers. Van drivers/counselors are not permitted to accept medication.

The Records Release Authorization will enable camp staff to consult with your child's physician, psychiatrist, neurologist, therapist, or school if necessary. Please include phone #s.

The Academic and Behavioral Target Form and Teacher Letter should be sent to your child's teacher. Be sure to sign the authorization on the bottom of the Teacher Letter giving permission to release this information. **If your child has an IEP please include a copy. Please do not fax IEPs.**

The above forms **MUST** be completed and returned on or before **May 1. CHILDREN WILL NOT PARTICIPATE UNTIL THE ENCLOSED FORMS ARE COMPLETED AND RETURNED AND PAYMENT AND MEDICATION RECEIVED. FORMS SHOULD NOT BE FAXED** but should be mailed to the Toms River business office.

Children should bring or purchase a lunch. No glass bottles, please. Lunches will not be refrigerated. Microwave ovens are not available to heat camper lunches. A lunch menu with instructions will be sent to you at a later date. A morning and afternoon snack will be provided. Please let us know if your child is allergic to or restricted from any particular foods (e.g. ice cream, chocolate, etc). If your child will be celebrating a birthday you may bring in a special treat for his/her group. Please call to give advance notice.

The children will be swimming Monday through Thursday at Westwood Swim Club and will usually need a swimsuit on Friday Trip Day. Please have your child bring a swimsuit to camp every day (children can change into swimsuits before swim time), a towel and sunscreen if needed. Children will have a place to keep their belongings. It is recommended that a sweatshirt and an extra swimsuit be left at camp. Extra clothing should be marked with the child's name.

Transportation will be provided from central pick-up points. Children living in close proximity to camp will not be provided transportation. Transportation notification will be sent out by June 15. Children will be picked up by our transportation the first day of camp Monday, July 5. Parents are welcome to bring children the first day however you must notify the camp in advance that your child will not be at the pick-up point.

Parent Group will be held at camp, on Thursday evenings from 6:30pm until 8:00pm. Childcare will be provided free of charge for enrolled children and their siblings.

An extended day is available from 7:30am until 5:30pm for a charge of \$7 per hour. Please call to register your child for extended hours. You may also use the extended day option as needed with one day notice.

**Orientation for first time campers** and parents will be held on Thursday, June 24th from 6:00pm to 7:00pm at the camp site at Zion Lutheran School, 64 First Ave, Westwood, NJ in the cafeteria. This is an excellent opportunity to learn more about the program, meet the staff and other families and to ask questions. Campers will meet their counselors, take a tour of the camp and go over their schedule. Orientation is not mandatory but strongly suggested.

**PAPERWORK AND MEDICATION WILL NOT BE ACCEPTED THE FIRST DAY OF CAMP. CHILDREN WILL NOT PARTICIPATE THE FIRST DAY IF FORMS, PAYMENT AND MEDICATION ARE NOT RECEIVED AND PROCESSED PRIOR TO THE FIRST DAY OF CAMP.**

We are excited about Camp Excel 2009 and are looking forward to a wonderful summer. If at any time you have questions, concerns or comments, please do not hesitate to contact me at 732-281-0275.

Sincerely,

Kathleen Cable  
Program Director

# CAMP EXCEL

## HEALTH AND MEDICAL RECORD

<b>Camper Name:</b>	<b>Date of Birth:</b>
<b>Street Address:</b>	<b>Age:</b> <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>City, State, Zip Code:</b>	<b>Home Phone Number:</b>
<b>Parent/Guardian Names:</b>	<b>Relationship:</b>
<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>EMAIL (*Required* CAMP NOTICES AND UPDATES WILL BE SENT VIA EMAIL)</b>	<b>I do NOT use email</b> <input type="checkbox"/>

**I would like to have my phone number and email added to a list to be distributed to other Camp Excel parents.**     Yes     No

### AUTHORIZATION TO PHOTOGRAPH/VIDEOTAPE

I authorize Camp Excel to photograph/videotape my child during his/her participation at the program. I understand these photographs may be used for promotional purposes and that my child will not be identified by name. I understand that I can withdraw this authorization at any time and the photographs/videos will not be used. **(This authorization does NOT include use of photographs for the Camp Excel website and that special permission will be requested for that purpose).**

.     Yes     No

### IN CASE OF EMERGENCY, PLEASE NOTIFY (*MUST PROVIDE TWO, OTHER THAN PARENT/GUARDIAN*)

1	<b>Name:</b>	<b>Relationship:</b>
	<b>Street Address:</b>	<b>Home Phone:</b>
	<b>City, State, Zip Code:</b>	<b>Cell Phone:</b>
2	<b>Name:</b>	<b>Relationship:</b>
	<b>Street Address:</b>	<b>Home Phone:</b>
	<b>City, State, Zip Code:</b>	<b>Cell Phone:</b>

### EMERGENCY MEDICAL INFORMATION

**\*Diagnosis:** \_\_\_\_\_

**Has or is subject to: (Check)**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Fainting Spells     | <input type="checkbox"/> Allergy or reaction to any medicine, food, plant, animal or insect toxin.                 |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Any other condition that may require emergency or special care, medication, or knowledge. |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Contact Lenses      | <input type="checkbox"/> Heart Trouble   |

**Explain, if necessary:**

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### OTHER HEALTH HISTORY (PAST/PRESENT)

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Date of most recent physical examination: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_

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

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

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

SHOE SIZE: \_\_\_\_\_

\* T-SHIRT SIZE: Youth S M L Adult S M L XL XXL (T-shirt size must be provided by May 7 in order to receive Camp Excel t-shirt. Only one shirt will be provided and will be the size stated above. Extra shirts can be ordered at a \$10.00 additional cost). I would like to order \_\_\_\_\_ additional T-shirts (at \$10 per shirt, payment enclosed)

**MENTAL HEALTH TREATMENT HISTORY**

Date/Length of Treatment	Location	Type of Treatment	Reason/Diagnosis

**CURRENT MEDICATIONS**

Medication	Dosage	Frequency	Adverse Reaction	To be administered at Camp
				<input type="checkbox"/> yes * <input type="checkbox"/> no
				<input type="checkbox"/> yes * <input type="checkbox"/> no
				<input type="checkbox"/> yes * <input type="checkbox"/> no

\*I authorize Camp Excel to administer the medications indicated above to my child during camp hours (medication must be labeled and stored in original prescription container). Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATIONS**

**\*PLEASE ATTACH A COPY OF YOUR CHILD’S IMMUNIZATION RECORD FROM YOUR DOCTOR\***

Please describe child’s school performance this past year and how well they liked school: (Include problematic behaviors)

Please describe child’s behavior at home: (Include problematic behaviors)

Describe child’s peer relations. \_\_\_\_\_

Is there any additional information about your child that would help us to provide a positive experience at Camp Excel?

**AUTHORIZATION**

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict applicant’s activity, and give my permission for treatment and participation in all activities except as specifically noted herein. In the event that I cannot be reached in an emergency, the Director or Supervisor in charge has my permission to use his or her discretion in securing medical aid and the physician has my permission to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is my understanding that neither the camp nor the person responsible for obtaining medical aid will be held responsible for the expense incurred.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Camp Director: \_\_\_\_\_

# CAMP EXCEL

## AGREEMENT

This agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010  
between \_\_\_\_\_ and Camp Excel, states that:  
(parent/guardian)

1. I agree to have my child, \_\_\_\_\_, participate in the Camp Excel program beginning July 5, 2010 and ending August 13, 2010.

2. I agree to the following payment schedule:

a. \$600.00 non-refundable deposit due at registration

b. The balance of \$4,400.00 due by May 1, 2009 (Total of \$5,000.00 tuition)

or

other as specified: \_\_\_\_\_

3. It is understood that enrollment in the program constitutes a commitment to attend for the entire program and that no refunds will be made.

4. I agree to provide a medical history and to sign a consent form allowing my child's physician to provide pertinent information. I also agree to sign a notarized statement allowing my child to be taken by Camp Excel staff to a local emergency room if emergency treatment is necessary.

5. I understand that my child will participate in athletic, educational, recreational and therapeutic activities as well as off-site swimming. I agree to identify any physical limitations that may preclude full participation.

6. I give permission for my child to take off-site field trips if he/she has earned them. I understand that if my child fails to earn the weekly field trip he or she will remain behind and will participate in alternative activities.

7. I understand that a Parent Group will be offered one evening per week beginning the second week for the duration of the program (optional but strongly recommended).

8. I understand that a morning and afternoon snack will be provided, but that I am responsible to purchase a lunch for my child or send my child with a lunch. I understand that lunches will not be refrigerated and that microwave ovens will not be available to heat lunches.

9. I understand that there will be consequences for certain negative behaviors such as physical aggression, destruction of property, or repeated noncompliance. I further understand that if my child exhibits behaviors that are a danger to themselves or others that the child may be removed from the situation or the area. I understand that my child may be suspended or terminated from Camp Excel for aggressive behaviors or continued non-compliance with camp rules. I agree to pick my child up from camp early if he/she is not able to control his/her behavior.

10. I understand that all information regarding my child will be kept confidential by Camp Excel and will not be released without my consent.

11. I understand that Camp Excel will provide transportation (from a central pick-up point) to and from the camp if needed. I understand that children living in close proximity to Camp Excel will

not be provided transportation and that there will be no reduction in tuition if transportation is not used. I understand that it will be the parent's responsibility to provide transportation to a designated central pick-up point if required. I understand that my child may be suspended from the transportation service for continued disruptive behavior and that I will be responsible for transporting my child to and from camp during the suspension.

12. I understand that I must be home or at the pick up point when my child is dropped off. I understand that my child will not be left alone or with anyone other than the parent/guardian unless written permission is received. I understand that the van driver will wait five minutes past the designated pick up time and then will leave. **This policy will be STRICTLY enforced.** I understand that I will be responsible for getting my child to camp if I am late for the van in the morning. I understand that if I am late for pick up in the afternoon the van will wait 5 minutes, then continue the route with the child and that I will need to pick my child up at the last van stop (please call the office for directions). The van will wait at the last stop. I understand that a fee will be charged for parent/guardian tardiness to the drop off point in the afternoon at a rate of \$15.00 for every 10 minutes past the last drop off time according to the time recorded by the camp. (This fee is charged to off-set the cost of van driver/aid overtime incurred by Camp Excel when parents are late). I understand that continued parent/guardian tardiness for transportation pick up or drop off will result in the termination of transportation services.

13. I understand that my child will not be released from the camp site to anyone other than the parent/guardian without written permission. Identification must be provided before the child will be released.

14. I understand that my child may be discharged from the program due to behavior determined by the Camp Director to be too disruptive or interferes with the progress of other participants. In the unlikely event that this happens, the fee will not be returned.

15. I understand that I am financially responsible for any damages that my child causes to the facilities used during the summer program. This includes the buildings and their contents, vehicles, program materials, and equipment. I understand that I am also financially responsible for any damages that my child causes to someone else's personal property during the summer program. I understand that Camp Excel will not assume financial responsibility for damages done to property or possessions by any child enrolled in the summer program.

The parties have caused this Agreement to be duly executed and signed as of this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

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Parent/Guardian

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Kathleen M. Cable, Program Director  
Camp Excel

**\*THIS FORM MUST BE**  
**NOTARIZED\***

**CAMP EXCEL**

**TREATMENT AUTHORIZATION FORM**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
authorize the staff of Camp Excel to obtain medical treatment for my child in the event of a medical  
emergency. It is my understanding that in the event of an emergency my child will be transported to and  
treated at Valley Hospital, Ridgewood, NJ.

My child's insurance information is as follows:

Name of Insured \_\_\_\_\_

Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Signed \_\_\_\_\_

Parent/Guardian

Sworn and subscribed before me a Notary Public of  
the State of New Jersey this \_\_\_\_\_ day of \_\_\_\_\_  
2010.

**\*Complete Bottom and send to your child's Physician  
ONLY if your child will take medication at camp**

CAMP EXCEL  
P.O. Box 373  
Toms River, New Jersey 08754  
Phone: 732-281-0275  
Fax: 732-281-2363

Dear Dr. \_\_\_\_\_;

Your patient, \_\_\_\_\_ will be participating in Camp Excel. Program hours are from 8:30am to 3:00pm. Please indicate below what medications you have prescribed for the patient, dosage, frequency, side effects, and any other cautionary information specific to this medication and the child's diagnosis. In addition, please note which medications and dosage need to be administered during program hours. The parent/guardian consent to release this information is provided below.

DX:

Date Prescribed Medication                      Dosage                      Frequency                      Side Effects

**MEDICATIONS TO BE ADMINISTERED DURING PROGRAM HOURS:**

Medication                      Dosage                      Time to be administered

Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

\*I give permission for Dr. \_\_\_\_\_ to release the information

requested above regarding my child \_\_\_\_\_.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your cooperation.

Sincerely,  
Kathleen M. Cable  
Program Director

# CAMP EXCEL

P.O. Box 373  
Toms River, NJ 08754  
Phone: 732-281-0275  
Fax: 732-281-2363

## RECORDS RELEASE AUTHORIZATION

I give Kathleen M. Cable, MA, LPC and Camp Excel staff authorization to release/obtain information to/from:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_

Neurologist \_\_\_\_\_ Phone \_\_\_\_\_

Therapist \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Regarding my child \_\_\_\_\_ . This authorization will be in effect for ninety days.

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Parent/Guardian

Date \_\_\_\_\_

**\*COMPLETE BOTTOM OF FORM AND SUBMIT THESE TWO  
FORMS TO YOUR CHILD'S TEACHER**

**Camp Excel  
PO Box 373  
Toms River, New Jersey 08754**

**Phone: 732-281-0275      Fax: 732-281-2363      www.CampExcel.com**

Dear Teacher:

Your student, \_\_\_\_\_, will be attending Camp Excel, a specialized summer program for children with ADHD and others with Social Skills Challenges. The program includes a Learning Center where children will focus on academics and appropriate classroom behavior. Attached, please find an Academic and Behavioral Target Form for you to complete. Your input would be most appreciated. The student's parent/guardian has signed the consent to disclose this information below. Please return the Academic and Behavioral Target Form to the parent or to the address above. Thank you for your cooperation.

Sincerely,

Kathleen M. Cable  
Program Director

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I give my permission for

\_\_\_\_\_  
Teacher's name

to release information regarding my child

\_\_\_\_\_  
to Camp Excel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*TO BE COMPLETED BY TEACHER**

***PARENTS: THIS FORM MUST BE COMPLETED BY TEACHERS. DO NOT RETURN  
BLANK.***

**ACADEMIC AND BEHAVIORAL TARGET FORM**

Child's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Academic Subject Area	Specific Skills for Remediation or Enrichment	Functioning Grade Level
<b>Math</b> Please elaborate beyond "at grade level"		
Computations		
Functional		
Other		
<b>Language Arts</b> Please elaborate beyond "at grade level"		
Reading		
Word Identification		
Grammar		
Handwriting		
Other		

Please list **SPECIFIC BEHAVIORS** that you would like to see targeted for improvement in the classroom setting.

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**COMMENTS AND ADDITIONAL NOTES:**

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