

Please attach a current picture to help counselors recognize campers on arrival.

**2017 CAMP STANISLAUS  
CAMPER APPLICATION**  
**“A Lifetime of Memories and Friendships”**  
**For Children Ages 8 – 15**  
 Founded 1928  
 304 South Beach Boulevard  
 Bay Saint Louis, MS 39520-4301  
 228-467-9057, Ext. 277  
 Fax: 228-466-2972  
[www.campstanislaus.com](http://www.campstanislaus.com)

Office Use Only:
Date Received:
Deposit:
Letter Sent:

**Early Registration is Advisable to Assure a Place at Camp Stanislaus**  
*(Please Type or Print Legibly)*

Camper's Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Preferred Name

New camper:  Yes  No      If he/she is a returning camper, how many years was your child at Camp Stanislaus? \_\_\_\_\_.

I hereby make application for enrollment of my child at Camp Stanislaus. Enclosed is my NON-REFUNDABLE registration fee (\$30 for each camper) and deposit (\$200 for resident campers and \$100 for day campers), the deposit will be deducted from my Childs's camp fee. I agree to pay the remaining balance of camp fees before June 1, 2016. **THOSE CAMPERS ENROLLING AFTER JUNE 1<sup>st</sup> WILL BE REQUIRED TO PAY THE ENTIRE CAMP FEE IN FULL WITH THE APPLICATION.** Campers who have unpaid balances after May 1<sup>st</sup> will be cancelled in order to enroll other campers. No deductions are made for late arrival, leaving early, or dismissal.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I WISH TO ENROLL FOR:** (Please check the amount of time for which you are registering your camper) (Ages 8 – 15)

**Resident Camp (Starts June 11, 2017)**

- |                                      |          |
|--------------------------------------|----------|
| <input type="checkbox"/> Four Weeks  | \$ 2,480 |
| <input type="checkbox"/> Three Weeks | \$ 1,885 |
| <input type="checkbox"/> Two Weeks   | \$ 1,290 |
| <input type="checkbox"/> One Week    | \$ 695   |

**Day Camp (Starts June 12, 2017 – Excludes Weekends)**

- |                                      |          |
|--------------------------------------|----------|
| <input type="checkbox"/> Four Weeks  | \$ 1,285 |
| <input type="checkbox"/> Three Weeks | \$ 970   |
| <input type="checkbox"/> Two Weeks   | \$ 655   |
| <input type="checkbox"/> One Week    | \$ 340   |

**I PREFER THE FOLLOWING WEEK(S) OF CAMP:** (Please check the dates you would like your child to attend)  
**(Day Camp Excludes Weekends)**

- |                                                |   |                       |
|------------------------------------------------|---|-----------------------|
| <input type="checkbox"/> June 11 <sup>th</sup> | — | June 17 <sup>th</sup> |
| <input type="checkbox"/> June 18 <sup>th</sup> | — | June 24 <sup>th</sup> |
| <input type="checkbox"/> June 25 <sup>th</sup> | — | July 1 <sup>st</sup>  |
| <input type="checkbox"/> July 2 <sup>nd</sup>  | — | July 8 <sup>th</sup>  |
| <input type="checkbox"/> I have no preference  |   |                       |

Are you registering the camper's sibling(s) at Camp Stanislaus for this summer?       Yes       No

Name(s) of sibling(s): \_\_\_\_\_ Session: \_\_\_\_\_

## Registration Deposit & Discounts

A non-refundable registration fee of \$30 for all campers and a non-refundable deposit of \$200 for each resident camper or \$100 for each day camper must be paid with the application to register a camper. ***This deposit is applied to the camp fee.*** There is a 5.5% early registration discount for each camper registered prior to January 31, 2017. There is a sibling discount of \$50 for each additional sibling registered for the resident camp and \$25 for each additional camper registered for the day camp.

## Camp Fees

The camp fee for each session includes all living expenses, instruction, facilities, equipment for all activities, entrance fees for special trips, services of the nurse's clinic, laundry of personal clothing, a camp T-shirt, camper secondary accident insurance, transportation in camp vehicles, and the annual camp book.

## Registration and Payment Terms

All applications must be filled out completely and mailed with the deposit. No deduction is allowed for late arrival, leaving early, or dismissal. The balance of the camp fee is due on or before June 1, 2017. Applications submitted after June 1, 2017 must include the entire camp fee. If camp fees are not paid in full by this date, a camper's spot will not be held. If a cancellation is necessary, the camp fee, less the deposit, is refundable if written notice is received prior to May 31, 2017. There is no refund of camp fees for cancellations after June 1, 2017. The deposit of an applicant on a waiting list is fully refundable if space does not become available. In case of illness requiring the attention of a physician, one-half of the unused camp fees for the unfulfilled portion of the session will be refunded. In the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause, there will be no refund of camp fee. **Please make checks payable to Camp Stanislaus.**

## Camper Information

Age (as of June 11, 2017): \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Grade he/she will finish in May 2017 \_\_\_\_\_ School Now Attending \_\_\_\_\_

**T-Shirt Size (check one):**                       Youth L     S     M     L     XL     XXL

Can your camper swim? \_\_\_\_\_ Last completed Red Cross Swimming Course: \_\_\_\_\_

Request for Roommate(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Camper's Email Address: \_\_\_\_\_ Camper Religion (optional): \_\_\_\_\_

Is there any activity in which the camper may not participate? \_\_\_\_\_

Are there any health or physical conditions which will need special attention at camp? \_\_\_\_\_  
Please attach any necessary documentation.

### **(Please check all that apply or explain)**

ADD    Allergies    Asthma    Seizures    Bedwetting    Diabetes    Heart Condition    Other \_\_\_\_\_

*If I am accepted, I promise to conform to the rules and regulations of Camp Stanislaus and to show a spirit of loyalty to and cooperation with the camp authorities and other campers.*

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent Authorization

Camp Stanislaus is committed to the fun and personal growth of its campers and recognizes its responsibility to them. To satisfy this responsibility, it is important for the camp and parents or guardians to have a common understanding about camp activities and the risks involved. It is also important for camp to have the approval of parents and guardians, as described in this document.

I have read descriptive materials, the camp registration packet, and related information about camp. I acknowledge and grant approval to Camp Stanislaus as follows:

- Campers may participate in a wide variety of on and off campus activities, such as skiing; sailing; swimming off piers, from beaches, in pools, in rivers, in lakes, and in other water bodies; fishing; boating; canoe trips; hiking; outdoor camping, water parks, amusement parks, mudslides, and other attractions; marksmanship (pellet air guns); archery; movies; barbecues and bonfires; arts and crafts; individual and group recreational games; magic shows and classroom instruction. All activities (whether on or off campus) are supervised by camp employees.
- I consent to my camper's participation in any of these activities, as well as to any other activities offered by camp, unless I have expressed a specific restriction otherwise in writing on page two of this application. I understand that all medications that are to be distributed to the camper must be in their original bottles (INCLUDING OVER-THE-COUNTER MEDICATIONS) and must have a doctor's prescription.
- Camp activities entail risks. Camp Stanislaus strives to hold these risks to a minimum, but injuries to campers can and do happen. If an injury occurs, I/we authorize camp employees to take immediate action reasonable under the circumstances, including securing emergency medical care.
- The camper does not have any physical, mental, or medical condition requiring accommodation or medication, unless I have informed the camp specifically in writing on page two of this application.
- Camp Stanislaus accepts children of good character of any race, creed, ethnic, or national origin. Every child is expected to conform to the rules and regulations of camp and to show a spirit of loyalty to and cooperation with the camp authorities. Profanity is prohibited. The use of weapons, alcohol, non-prescribed drugs or tobacco in any form is not permitted at camp. The Director may dismiss any child who violates this rule.
- The Director reserves the right to dismiss any child, or reject any application, at any time when he feels it is in the best interest of the camp community. In the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause, there will be no refund of camp fee. In case of illness requiring the attention of a physician and withdrawal from camp, one-half of the unused camp fees for the unfulfilled portion of the term will be refunded.
- I give my permission for photographs or video footage of my child to be used by the camp for promotional purposes.
- I am responsible for any medical expenses incurred beyond the scope of the camp dispensary and the camper accident insurance policy, which is secondary coverage to my family's health insurance policy.
- I agree to have my child examined by a licensed physician within three months of arrival at camp and to present by June 1, 2017, a properly completed Camp Stanislaus Health Form, Physical Form and documented required immunizations. If you son will be attending Saint Stanislaus College for school in the Fall, his health form with physical can be returned by June 7 in order to avoid unnecessary doctor's costs.
- Camp Stanislaus will try to honor group & roommate requests if grade level and age allow, and if the parents of both campers request it. It is good for a camper to be in a group with one or two friends, but we want to avoid groups made up of children all from one town. Such grouping does not allow the children to branch out and make new friends. Group requests should be made in writing on the application. All group & roommate requests must be received before June 1.
- I will provide legal documentation indicating assigned custody of my child if divorce or separation is an issue.
- If any of the consents or representations above change, I/we will immediately notify the Director of Camp Stanislaus in writing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIAL CIRCUMSTANCES

*Camp Stanislaus is committed to providing campers an opportunity for full and equal enjoyment of the camping experience. If your child appears to have any serious behavioral problems, or special circumstances involving physical, medical or psychological concerns, the Director should be notified of this now so reasonable modification can be considered. Children cannot be accepted that do not have the promise of living cooperatively, compatibly and safely with other children. Camping is designed to be a strong, positive influence in the lives of the children it serves and typical problems are usually overcome. Camp Stanislaus recognizes that many camper issues are quite normal and can be successfully addressed through a program of high expectations and positive motivation. However, children with serious behavior problems should have special guidance concerning their readiness before coming to Camp Stanislaus. These problems should be discussed with the Director and the advisability of accepting the child can be determined at that time. The Director reserves the right to decline the application of any child or to send home any child, who, in the Director's opinion, has not proven to be cooperative or a wholesome influence on the other campers. If a camper is dismissed due to behavioral/social issues, the camp fee is not refundable.*

### Parents Comments

What, in particular, do you want your child to gain from his camp experience? \_\_\_\_\_

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What information or insight about your child can you offer that will help us provide a more wholesome, worthwhile, and happy camping experience for your child? (The more information you give us about your child, the better equipped we are to give them a beneficial and memorable summer.)

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How did you hear about Camp Stanislaus? \_\_\_\_\_

Why did you choose Camp Stanislaus for your child? \_\_\_\_\_

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In the event of an emergency closing of Camp Stanislaus, I wish to choose the following mode of transportation for my child.

**(Check One)**

- New Orleans Bus     Baton Rouge Bus     Covington Bus     Parent Pick-Up     Other: \_\_\_\_\_

## Building Our Camp Stanislaus Community

Please list those family members who have been former Camp Stanislaus counselors or campers. We want to ensure that they are included in our camp community and receive our camp newsletters and invitations to camp reunions.

Counselor     Camper

Counselor     Camper

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City / State / Zip: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates at Camp: \_\_\_\_\_

Dates at Camp: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I am proud to recommend the following families to Camp Stanislaus. *Thank you for telling your family and friends about the wonderful opportunities at Camp Stanislaus. Your help allows us to grow our camp community.***

Parent's Name	Child's Name	Age	Address	City	State	Zip



## Camper Health Form

**Camp Stanislaus must have a completed health form and physical from each camper every year. The health form (pg. 1 & 2) may be completed on-line. If you have any questions please contact the camp office at 228-467-9057 Ext. 277.**

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Authorization for Medical or Emergency Care

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me(if staff)/or my child. In the event I cannot be reached in an emergency; I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp or to give to the medical provider selected by the camp director. This authorization shall remain in effect from June 1, 2017 through July 31, 2017, unless revoked sooner in writing and delivered to Camp Stanislaus.

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

Signature of Staff Member \_\_\_\_\_ Date \_\_\_\_\_

### Insurance Information

Name of Primary Policy Holder \_\_\_\_\_ Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_ Benefits/Claims Phone # \_\_\_\_\_

Address \_\_\_\_\_

Address

City

State

Zip

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child require an EpiPen? \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

Will your child require any treatments while at camp? \_\_\_\_\_

Medications A. Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

B. Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Does your child regularly take any medications that **will not** be taken at camp? \_\_\_\_\_

Is there anything the camp needs to be aware of when giving over-the-counter medications to your child? \_\_\_\_\_

Has your child experienced, or is currently experiencing any of the following conditions?							
	Yes	No	Date		Yes	No	Date
ADD/ADHD				Headaches			
Asthma/Inhaler				Hernia			
Back Pain				Homesickness			
Bedwetting				Lice			
Behavioral Issues				Mental Health Issues			
Blackouts/Fainting				Neck Pain			
Concussions				Breathing Problems			
Depression				Seizures			
Diabetes				Sleepwalking			
Ear Infections				Other			
Notes:							
Has your child had or currently has any of the following diseases?							
Chicken Pox				Mono (past year)			
Measles (German)				Rheumatic Fever			
Measles (Red)				Scarlet Fever			
Please list the date of your child's most recent vaccination.							
Tetanus Toxoid							

Has your Child had any operations? Explain. \_\_\_\_\_

Has your Child ever been hospitalized or had a serious injury? Explain. \_\_\_\_\_

Does your child have any restrictions on activity? \_\_\_\_\_

Will your child require any special assistance while at camp?

Is there anything you would like to discuss with the camp medical staff? \_\_\_\_\_





# CAMP STANISLAUS

*"a lifetime of memories and friendships"*  
Since 1928

## Physical Form

A physical form must be completed every summer for each camper/staff member in order to attend camp. This record is filed with our nurse in the camp dispensary. It is used by the nurse and by the camp physician. The following statement applies to campers only: **If your son is considering attending Saint Stanislaus for the upcoming school year, we recommend that you complete a separate health form available from the school administration office.**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	Normal	Abnormal	Comments
Heart			
Lungs			
Back & Extremities			
Throat			
Lymph Glands			
Thyroid			
Hernia			
Hearing			
Abdomen			
Neurological			

The Following is recommended:

Eye Refraction:	Audiometer Test:
Recommended Medicines	Special Care/Comments:

I have conducted a limited physical examination of the camper/staff member named above within the scope of this examination have found no obvious reason that this camper/staff member may not participate in the camp program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please mail this form along with a photo of your child and a **copy of your child's latest immunization record** to:

Camp Stanislaus  
304 South Beach Blvd.  
Bay Saint Louis, MS 39520