



**Summer Camp Registration Packet**

**Woods, wildlife and wonder...**  
**The way camp should be.**

## CAMP LION KNOLL REGISTRATION

CAMPER NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN, STATE, ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CAMPER'S AGE: (as of June 2024): \_\_\_\_\_ yrs \_\_\_\_\_ mos

CAMPER'S SCHOOL \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Full Address (if different): \_\_\_\_\_

Business \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Full Address (if different): \_\_\_\_\_

Business \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

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

**Must have a working phone number to enroll!**

**Please Circle the Weeks You Wish To Enroll Your Child:**

Week 1 (June 23-27)

Week 2 (June 30-July 3)

Week 3 (July 7-11)

Week 4 (July 14-18)

Week 5 (July 21-25)

Week 6 (July 28 – Aug.1)

Week 7 (Aug. 4 - 8 )

Week 8 (Aug 11-15)

**Closed July 4**

**EMERGENCY PICKUP INFORMATION -**

The following people are allowed to pick up my child from camp, if you cannot be reached.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Code Word: \_\_\_\_\_ PLEASE

INDICATE PEOPLE YOUR CHILD **MAY NOT** BE RELEASED TO:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Tentative Bus Schedule**

**Important Notice:** Due to a change in our camp structure, the campers can no longer have before care at The Learning Knoll. We will offer before camp at camp. Campers will be required to pick a bus stop within multiple communities unless the parent or guardian is picking up or dropping off at camp. Please select a stop below for pickup and drop-off. **The final bus schedule will be released before camp.**

- \_\_\_ Travel Kuz Bus Garage, Gill
- \_\_\_ Carol's Market, Millers Falls
- \_\_\_ Montague Fire Station
- \_\_\_ Corner of L St. & 3rd St., Turners Falls
- \_\_\_ Corner of Maple St. & High St., Greenfield
- \_\_\_ Corner of Elm St. & Forbes Court, Greenfield
- \_\_\_ Corner of Elm St. & Oak Courts, Greenfield
- \_\_\_ Davis Street Tennis Court, Greenfield
- \_\_\_ Corner of Leyden Rd & Leyden Woods, Greenfield

**T-Shirt Size**

All campers will be given a free t-shirt, water bottle, and drawstring bookbag. Please circle the size of your child's shirt below.

Youth Small    Youth Medium    Youth Large    Youth X-Large

Adult Small    Adult Medium    Adult Large    Adult X-Large    Adult XX-Large

I give permission for my child \_\_\_\_\_ to participate in all activities (including being photographed and/or videotaped) that are part of the Camp Lion Knoll, a division of The Learning Knoll summer camp program, including swimming, field trips and hikes. I understand that my child will be transported by bus to and from camp. I give permission for the camp staff to attend to any emergency that may occur during the camp session, seek medical attention and transport my child to Baystate Franklin Medical Center if necessary. I understand if I cannot be reached, the staff will contact one of the emergency names I have listed above.

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

## CAMP POLICIES

**Please take note of the following policies and procedures.**

All payments for campers must be made the week prior. Failure to make this payment will result in the loss of your child's slot for the upcoming week. Payment is **not refundable** if your child is sick or you choose not to bring her/him.

If you are planning to pick your child up during the camp day, please allow time for your child to return from outside activities. Also, you **must** go to the camp office to inform the Camp Director and sign a release form. We will only **release** your child to the people who are identified on your registration form. **Photo ID will be required for pick-up.**

When a child exhibits behavior that are incompatible with the functioning of our programming, i.e., hurting others or themselves, or an inability to participate in program activities, we begin the steps that could lead to suspension or termination from our program. ***In cases of extremely unsafe behavior, immediate suspension or termination may result.*** The remainder of that week is non-refundable.

Campers are provided with breakfast, lunch, and an afternoon snack. In the past, campers were not permitted to bring food to camp. This year, campers are allowed to bring their own lunch. Camp Lion Knoll has a strict nut free and shellfish free policy and we ask that packed lunches do not include nut-based products (i.e. peanut butter) or shellfish. In addition, we ask that campers do not bring candy or soda as we are required to follow USDA guidelines. Weekly lunch menus will be sent home with the campers and posted on The Learning Knoll website. In the event that your child does not want to eat lunch at camp, they must notify their counselor or another staff member.

**Your child must be completely toilet trained in order to attend camp.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# CERTIFICATE OF IMMUNIZATION

Name:

Date of Birth:

/ /

Gender:

Please indicate vaccine type (e.g., DTaP-Hib, etc.), not brand name.

Vaccine		Date	Vaccine Type	Vaccine		Date	Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, Hep B-CpG, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1			<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)	1		
	2				2		
	3			<b>Varicella</b> (Var, MMRV)	1		
	4				2		
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1			<b>Meningococcal Quadrivalent</b> MenACWY-Conjugate (MCV4) or Polysaccharide (MPSV4)	1		
	2				2		
	3			<b>Meningococcal Serogroup B (Men B)</b> MenB-FHbp (Trumenba) MenB-4C (Bexsero)	1		
	4				2		
	5				3		
	6			<b>Seasonal Influenza</b> Inactivated (e.g., IIV4, RIV4, cclIV4, IIV3, IIV3-HD, aIIV3, RIV3, IIV4-ID) Live Attenuated (e.g., LAIV, LAIV4)	1		
	7				2		
	8				3		
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib, DTaPIPv/Hib, Hib-MenCY)	1				4		
	2				5		
	3				6		
	4				7		
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaPIPv)	1			<b>2009 H1N1 Influenza</b> Inactivated or Live	1		
	2				2		
	3			<b>Pneumococcal Polysaccharide</b> (PPSV23)	1		
	4				2		
	5			<b>Hepatitis A</b> (HepA, HepA-HepB)	1		
<b>Pneumococcal Conjugate</b> (PCV13, PCV7)	1				2		
	2			<b>Human Papillomavirus</b> (9vHPV, 4vHPV, 2vHPV)	1		
	3				2		
	1 4				3		
<b>Rotavirus</b> (e.g., RV5: 3-dose series, RV1: 2-dose series)	1			<b>Zoster (Shingles)</b>  (RZV [Shingrix], ZVL [Zostavax])	1		
	2				2		
	3				3		

# CERTIFICATE OF IMMUNIZATION (continued)

Please indicate vaccine type (e.g., DTaP-Hib, etc.), not brand name. Other

Vaccines:

Vaccine Type	Dose No.	Date

Serologic Evidence of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

Chickenpox History	
<input type="checkbox"/>	Check the box if this person has a physician-certified reliable history of chickenpox.
Reliable history may be based on:	
<ul style="list-style-type: none"><li>• physician interpretation of parent/guardian description of chickenpox</li><li>• physical diagnosis of chickenpox, or</li><li>• serologic evidence of immunity</li></ul>	

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print):

Date: / /

Signature:

Facility name:

## CAMP LION KNOLL MEDICAL HISTORY

Completed and signed by a parent/guardian.

Camper Name\_\_\_\_\_ Sex ☐M ☐F Birth Date\_\_\_\_\_

Physician's Name\_\_\_\_\_ Phone #\_\_\_\_\_

Dentist's Name:\_\_\_\_\_ Phone #\_\_\_\_\_

**Medical Information**

**Medical Conditions** (describe any current conditions and treatment plan, including anything that might limit your child's ability to participate in all camp activities):

**Medication** (if medication is given at camp, additional paperwork is required)

**Other** (describe any other concerns you may have):

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**FOOD ALLERGIES/INTOLERANCES**

(All meals are prepared in a facility that is NOT ALLERGEN FREE)

Food Allergies/Medically Required Dietary Needs (doctor's note required): \_\_\_\_\_

Allergies/Possible Allergies (be specific)\_\_\_\_\_

Epi-Pen? ☐ Yes ☐ No

Lactose Intolerant (doctor's note required): ☐ Yes (Lactaid will be served as an alternate) ☐ No

Vegetarian: ☐ Yes (Alternative protein will be cheese/beans or nut butter/nuts/seeds) ☐ No

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

Sunscreen Permission Form

Due to the Massachusetts Department of Public Health guidelines, all campers must have the following permission form signed and dated by a parent or caregiver. Camp Lion Knoll request that sunscreen be applied to your child(ren) prior to them attending camp for the day.

However, with the permission of a parent or caregiver, the staff of Camp Lion Knoll can apply and/or assist your child with the application of sunscreen as needed throughout the day. If a parent/caregiver wants to provide sunscreen, we ask that you label the sunscreen.

Please complete the form and sign below if you would like the Camp Lion Knoll staff to apply or assist your child in applying sunscreen throughout the day.

I \_\_\_\_\_ (parent/caregiver name) give permission to the Camp Lion Knoll staff to apply and/or assist in the application of sunscreen to my child \_\_\_\_\_ as needed during the camp day.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



***A Massachusetts General Law (M.G.L.) c. 111, §127A½, commonly referred to as “Christian’s Law”, and the Massachusetts Department of Public Health’s (Department) issued guidance on Christian’s Law, the Department has promulgated regulation 105 CMR 432.000: “Minimum Requirements for Personal Flotation Devices for Minor Children at Municipal and Recreational Programs and Camps”, effective May 5, 2017.***

Camp Lion Knoll is committed to providing a safe and enjoyable aquatic experience for everyone. All participants registering for any program that will be in and around open water will be required to submit a swimming test **prior** to participating in the program. Children who cannot pass the swim test will be required to wear a USCG Approved Personal Flotation Device (PFD) will be supervised in water by an adult within arm’s reach. Thank you for your understanding and cooperation.

I understand in accordance with the regulations, swim tests shall be conducted or overseen by a trained Water Safety Instructor (WSI) that holds appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA, and testing will be conducted at camp.

☐ Yes

I understand if my child does not pass the administered swim test, s/he will be classified as an ‘at-risk swimmer’ or ‘non-swimmer’ and s/he must wear a PFD into open water of beach field trips. If s/he refuses, opts out of, or does not want to wear a PFD, s/he will not be allowed to swim.

☐ Yes

I understand Personal Flotation Devices (PFDs) provided by a parent or guardian need to be U.S. Coast Guard (USCG) certified according to type (I, II, III), size, and buoyancy, in serviceable condition and properly fitted to each individual prior to being used for the first time. The PFD provided must be labeled with the swimmer’s name and an emergency phone number. The PFD must not have inflatable parts.

☐ Yes

I understand if, at any time, the PFD provided by a parent or guardian is determined to not be properly fitting the swimmer, or is damaged or otherwise not in serviceable condition Camp Lion Knoll shall immediately notify the parent or legal guardian who provided the PFD. In such case, the minor shall not be allowed to participate in any swimming/bathing activity pending verbal permission from the parent/legal guardian for the minor to be properly fit tested for a PFD provided by the camp. Any verbal permission shall be subsequently documented in writing within 24 hours, and, at a minimum, provide the date, time, number (if applicable) and name of the parent/guardian who provided permission.

☐ Yes

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Parent/Guardian Signature

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Participant Name (Please Print)

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Date