

**HAZELWILD SUMMER CAMP 2025**

*Please Print in Black Ink and Complete All Blanks*

*Return application with Deposit*

Full Day Big Camp 7:30 – 5:30 (Grade in fall): \_\_\_\_\_ Full Day Little Camp 7:30 – 5:30 (Circle class next fall): Pre-K /K

First		Middle		Last		Nickname (optional)	
Birthday / /		Sex M / F		Home phone number ( ) -		Allergies	

Camper's street address			City		State	Zip code
Billing address if different			City		State	Zip Code

Mother's name		Place of employment		Home number if different ( ) -		Work phone ( ) -	
Address if different		City		State	Zip code	Cell phone ( ) -	

Father's name		Place of employment		Home number if different ( ) -		Work phone ( ) -	
Address if different		City		State	Zip code	Cell phone ( ) -	

**Physician's name:** \_\_\_\_\_ **Physician's phone number:** \_\_\_\_\_

Emergency contact (two local contacts **REQUIRED** other than parents)

1. Name: \_\_\_\_\_ Local phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Local phone: \_\_\_\_\_

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

Person(s) authorized to pick up child: \_\_\_\_\_

Person(s) **NOT** authorized to pick up child: \_\_\_\_\_

We DO NOT ADMINISTER any medication other than an emergency medications. Your emergency medications must be accompanied by a Medical Authorization form and Action Plan. Please refer to our website for these forms.  
\_\_\_\_\_(INT)

Previous child care / school attended: \_\_\_\_\_

Do you give permission for your child to participate in all summer activities sponsored by Hazelwild Farm Educational Foundation for the 2025 season? Yes \_\_\_\_\_ No \_\_\_\_\_

In consideration of my child's participation in any camp activity at Hazelwild, I hereby release and waive any rights to legal action against the foundation, its' employees, agent and representative for any loss, damage, injury or death to person or property sustained by my child in any camp activity by any cause whatsoever.

**If your child has not been picked up within fifteen minutes past dismissal time we will call your home, work, cell and emergency contact to arrange for pick up. If we are not able to make arrangements within one hour, we are required to call Social Services and ask a law enforcement officer to pick up your child. Please do not force us to use this procedure. Please send in a note if your child will be picked up by someone other than a parent. Phone calls will not be accepted.**

I have read and accept the conditions of the registration requirements and authorize the above application.

**This Medical Authorization must be completed:**

I hereby authorize Hazelwild Farm Educational Foundation to procure any necessary medical care for my child should an emergency occur and the listed parents cannot be located immediately.

I agree that after the camp office notifies one of the listed parents when my child becomes ill, I will arrange to have my child picked up as soon as possible.

\_\_\_\_\_  
Date                      Child's Name                      Signature of parent or guardian                      OFFICE USE ONLY:  
BIRTH CERT #

Camper's Name: \_\_\_\_\_

Full Day Little Camp (Circle class **next** fall): Pre-K / K

Big Camp (Grade **next** fall): 1<sup>st</sup>: \_\_\_\_ 2<sup>nd</sup>: \_\_\_\_ 3<sup>rd</sup>: \_\_\_\_ 4<sup>th</sup>: \_\_\_\_ 5<sup>th</sup>: \_\_\_\_ 6<sup>th</sup>: \_\_\_\_

Tuition Cost: Little Camp \$275.00(**Pro-rated @\$220**) Big Camp: \$350.00(**Pro-rated @\$280**)  
**\*\*NONREFUNDABLE DEPOSIT OF \$40.00 PER WEEK IS INCLUDED IN YOUR CHILD'S TUITION.**

Sessions: _____ :	Tuition Due: _____
<input type="checkbox"/> (1) May 27- 30(pro-rated)	\$ _____
<input type="checkbox"/> (2) June 2-6	\$ _____
<input type="checkbox"/> (3) June 9-13	\$ _____
<input type="checkbox"/> (4) June 16-18, 20(pro-rated)	\$ _____
<input type="checkbox"/> (5) June 23-27	\$ _____
<input type="checkbox"/> (6) June 30-July 3(pro-rated)	\$ _____
<input type="checkbox"/> (7) July 7-11	\$ _____
<input type="checkbox"/> (8) July 14-18	\$ _____
<input type="checkbox"/> (9) July 21-25	\$ _____
Total Tuition.....	\$ _____
DepositTotal:.....	\$ _____
Additional Children Discount \$10.00(\$10.00 discount per session).....	\$ _____
Balance:.....	\$ _____

**Your \$40 deposit per session is non-refundable. 50% OF BALANCE IS DUE BY May 6, 2025.**  
**Your account BALANCE is due on or before your child's first day of camp. Registrations received AFTER May 6, 2025 will need to be accompanied with a payment of 50% of your total. HAZELWILD DOES NOT BILL.**

**\*Late Pick-up Policy:** Hazelwild's camp day ends at **5:30 p.m.** All children **MUST** be picked up by **5:30 p.m.** **TRAFFIC WILL NOT BE TAKEN INTO CONSIDERATION.** If you are more than 5 minutes late, you will be charged a \$25.00 late fee (per child). If you are late more than once, you will be asked to disenroll your child and a **PRO-RATED REFUND WILL BE GIVEN.**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Print Parent's Name  
**\*Behavior Policy: All campers will be expected to follow the guidance of Hazelwild counselors. Disrespectful behavior will not be tolerated and may result in expulsion. If a camper is expelled due to unacceptable behavior, TUITION WILL NOT BE REFUNDED.**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Print Parent's Name  
**\*Camper Cell Phone Policy: No cell phones permitted in camp. First offense is a warning. Second offense will result in a dismissal from camp. No refunds will be given.**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Print Parent's Name  
**\*If for any reason I must withdraw my child's application, I must give 1 week notice in writing or the full camp tuition is due and no refund will be given!**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Print Parent's Name  
**Hygeine Policy: All campers must be fully and completely toilet trained to attend our summer camp program. NO EXCEPTIONS ZERO TOLERANCE AUTOMATIC DISMISSAL NO REFUNDS**

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Print Parent's Name  
**Do you give permission for your child to swim at Hazelwild? \_\_\_\_\_**  
**What is your child's level of swimming? \_\_\_\_\_ Your child's level of swimming ability will be assessed by our certified lifeguards.**  
**Do you give permission for your child's counselor to administer sunscreen and insect repellent? \_\_\_\_\_**  
**Parent agrees to inform Hazelwild of any communicable diseases contracted by any immediate family members. \_\_\_\_\_**  
**Do you allow your child's image to be used on Hazelwild's webpage only? Yes No**

**Dear Parents and Grandparents,**

**Hazelwild Farm has been providing a Summer Camp for more than 45 years! In that time, we have built a program that epitomizes the meaning of SUMMER FUN! We offer activities such as swimming, fishing, canoeing and biking—just to name a few.**

**Hazelwild Summer Camp fills up quite quickly! That being said spaces are extremely limited to ensure the proper counselor to camper ratio and to keep the quality and integrity of our program.**

**We will open our Summer Camp registration to the public on Saturday, April 5<sup>th</sup>. We will begin taking registrations at 9:00am in our main building. You must have a completed registration form, your child's original birth certificate and a completed up to date physical form and immunization record, all in hand. The registration form and the physical form can be found on our website under forms and brochures. Failure to have these items will prevent you from registering your child. If your child attended our camp in the Summer of '24, please call our office to confirm we have your child's birth certificate and a completed physical form and immunization record. Since our camp has limited space, we are requiring that you only register your child/children, grandchildren or niece/nephew. We will not accept any registrations sent by neighbors, friends, etc...**

**We are looking forward to another great summer filled with lots of fun!**