



650 Kresson Road
Cherry Hill, NJ 08034
Tel: 856-428-8588
Fax: 856-428-6075
xlcherryhill.com
Gabby@xlsportsworld.com

Dear Parents/Guardians:

Thank you for registering your child for XL Sports School's Out Camp. The attached paperwork must be filled out and submitted to XL Sports at least one week prior to your child's start date. Please make sure that you fill out and return/supply the following enclosed forms as soon as possible: Enrollment Contract, Health & Wellness, Immunization Record, Discipline Policy and the Authorization of Child Release. If your child attended the 2019 Summer Day Camp, fill out the information **ONLY** if your child has had any changes.

Each month you will receive the Enrollment Contract for you to select the days that your child will be attending XL Sports School's Out Camp. This must be returned **two weeks** to the date you would like your child to attend camp. We will not accept any campers that are not registered for that day. Please note that School's Out Camp is first come, first served for enrollment.

Our school camp is staffed with counselors from our summer camp. Camp hours are from 7:00 AM to 6:00 PM. Camp lunch will be served at 11:30 AM. The campers will select their lunch each day from the following choices: pizza, hot dogs, chicken nuggets, peanut butter and/or jelly sandwich. Snack will be served at 3:00 PM. Campers may bring in extra snacks from home. Lemonade and fruit punch are served with lunch and snack. Water is available throughout the day.

All campers must be checked in and out each day. Campers will only be released to those people listed on the child authorization release form. You will be asked for a Photo ID at the time of pick up. Any changes to this form must be done by the child's parent/guardian in person or by e-mail. This is for the safety of your child. There are no exceptions.

Please note that unlike our Summer Day Camp Program, our School's Out Camp is also open to the public from 12:00- 4:00 PM. Our campers will have free time from 12:00- 3:00 PM. We provide skates for the campers, but they can also bring their own. Your child may bring in money to play arcades or to purchase extra snacks if they desire. Please put all money in an envelope with their name on it. We will keep this envelope at the front desk. We would also ask you to discourage your child from bringing in expensive toys, video games, jewelry, etc. **XL Sports is not responsible for any lost or stolen items.**

If your child needs daily medication or has an inhaler or EpiPen, please complete a Medication Permission Form at check-in. All medicine must be in the original container.

We look forward to meeting your children and always enjoy seeing our summer campers during the school year. We are always here for any questions or concerns. Please do not hesitate to call me at 856-428-8588 or email me at gabby@xlsportsworld.com

Sincerely,

Gabby

Gabby Gratton
Camp Director

2019-2020 XL Sports School Camp Enrollment Contract

Child's Name: _____ Current Grade: _____

Child's Name: _____ Current Grade: _____

Child's Name: _____ Current Grade: _____

To enroll your child in the XL Sports School's Out Day Camp, please fill out this form and select the dates that you would like your child to attend our camp. In order to guarantee a place for your child for all the days that you have selected, we must receive this form no later than **one month prior to the date you selected**. We will still accept Enrollment Contracts after that date; however, all of the days may not be available or offered. You will be notified if any days you have selected are no longer being offered. Please put an X to indicate which days you would like to reserve.

Credit Card #: _____ Exp.: _____ CVC Code: _____

September (Place an X Here if Attending)

September 30 th	
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January (Place an X Here if Attending)

January 20 th	
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October (Place an X Here if Attending)

October 1 st	
October 9 th	

February (Place an X Here if Attending)

February 14 th	
February 17 th	

November (Place an X Here if Attending)

November 7 th	
November 8 th	

April (Place an X Here if Attending)

April 6 th	
April 7 th	
April 8 th	
April 9 th	
April 10 th	
April 13 th	

December (Place an X Here if Attending)

December 23 rd	
December 27 th	
December 30 th	

In order to reserve your days, you must include your credit card information. You have the option of paying by cash, check or we will automatically run your credit card. If you do not wish to use your credit card, you have the option of paying in full for the days you selected at the time of enrollment.

This is a contractual agreement. Please review the following information carefully before signing.

- Payment is due at the time of enrollment. We will automatically run your credit card at this time. If you prefer you can pay with a check or cash and submit payment with this form. Once your credit card has been charged, there will be no credits issued, unless we cancel the offered day.
- Parents are responsible to pay for all days that they have selected above. Once you have submitted your camp days you are responsible for the days you have selected. There are no refunds, cancellations, substitution, or credits on enrollments, unless we cancel the offered day. If your child is absent for any reason, you will not receive a credit for that day.
- You will be charged a \$25 fee for checks returned for any reason, and \$25 for all credit card payments that are denied.

PARENT/GUARDIAN AGREES TO:

I, the parent/guardian of _____ have read the above tuition responsibility agreement which shall become my obligation to XL Sports Cherry Hill. I fully understand this obligation and the reasons for its implementation.

Parent/Guardian Signature: _____ Date: _____

Health & Wellness (1 per camper)

Child's Name: _____ Grade as of September 2019: _____
D/O/B: _____ Boy/Girl _____ Returning Camper _____ New Camper
Home Address: _____ City/Zip: _____
Child Lives With: _____ Both Parents _____ Mother _____ Father _____ Other
If other, please explain: _____
How did you hear about our camp: _____?

Please include a photo of your child for our records.
You may also e-mail a photo to put into their digital file.
(PLEASE INCLUDE CAMPER'S NAME ON THE BACK OF PHOTO)

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 of the questions (1-7) 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 summer? Any specific concerns about your child? (Use additional sheet if necessary) _____

6. 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.

Has your child been identified as needing support or supplemental services during the school year in any of the following areas?

Health & Wellness (page 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)

Health (i.e. diabetes, allergy)

Speech

Personal/Social

Physical

Emotional (i.e. anxiety, fears)

Language

Please describe the nature of these services: _____

Please Circle

Does your child have an Epi Pen?	Yes	No	
If so, will your child be bringing the Epi Pen to camp?	Yes	No	
Does your child use an inhaler?	Yes	No	
If so, will your child be bringing the inhaler to camp?	Yes	No	
Is your child allergic to any medication/ animals/ insect stings?	Yes	No	If Yes, please explain:
Does your child take any daily medications?	Yes	No	If Yes, please list the medication and dosage:
Does your child have any medical/physical restrictions?	Yes	No	If Yes, please circle: Asthma Hearing Loss Diabetes Convulsions Other If Other, please explain:
Does your child have any FOOD ALLERGIES ? <small>*All campers with food allergies will be seated at a table designated for food allergies.*</small>	Yes	No	If Yes, please list the foods that your child is allergic to:
Are there foods that you do not wish your child to have?	Yes	No	Please list:
Do you give us permission to administer Tylenol* to your child?	Yes	No	If yes, please list your child's weight and correct dosage: Camper Weight _____ Chewable: _____ tablets Liquid: _____ tsp <small>*Please note we will not administer Tylenol without calling you directly first.</small>

We are required by the NJ Department of Health and Senior Services to have a current copy of each camper's Immunization Records on file. If your child attended our camp in 2019 and has not had ANY new immunizations, you may check below and we will use last year's records as long as they were new (we can only reuse immunization records once). All others MUST have this updated and returned to us prior to attending our camp or attach an updated copy from your physician's office.

No changes to the immunization records on file since from summer 2019

HEALTH AND WELLNESS AGREEMENT

I certify that the health history information provided on this form is correct. My child has permission to engage in all camp activities. In the event that I cannot be reached in an emergency, I give my 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 Director if there is a change in my child's medical information in writing.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR CHILD RELEASE

One form per family

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

In addition to the parents/guardians listed on the Health and Wellness form, XL Sports Cherry Hill requires that parents/guardians provide a list of authorized persons who may pick-up their child from XL Sports School's Out Day 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 Camp Director. Please make sure that any person (including parents/guardians) picking up your child has photo proof of identification at all times. **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 ISC School's Out Day Camp:

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

Name: _____ Relationship: _____
Ph1: _____ Ph2: _____

AUTHORIZATION FOR CHILD RELEASE AGREEMENT

I hereby give permission for the people on my authorization for child release form to pick-up my child from XL Sports School's Out Day Camp. I will inform them that proper photo identification must be presented at the time of pick up or my child will not be released in their custody.

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR MANAGEMENT POLICY

One form per family

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

Child's Name: _____ Grade as of September 2019: _____

The XL Sports School's Out Day Camp wants all of our campers to have a rewarding and memorable experience. In order 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 safe, positive and, most importantly, fun summer.

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 at all times (not PK and K campers)
5. Leave expensive toys/cell phone at home. We are not responsible for the loss or theft of these items.
6. 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. In the event that 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 Sports 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. If my child is removed from the camp for any reason, I will not receive a refund for that week or for any field/swim trips paid in advance. My contract will be terminated at the end of the week that the camper was removed.

Parent/Guardian Signature: _____ Date: _____