

# Camp Adahi 2018 SuHa Day Camp

**2018 Pricing**

**Weekly Rate**

**Day Rate**

**Hours:**

**\$160 / week** \*8 weeks or more

**\$45 / day** \*8 weeks or more

ALL EXTENDED HOUR FEES WAIVED WITH 8 WEEK CONTRACT

**\$180 / week+**

**\$50 / day+**

+ 7 weeks or less    \$5 per hour extended hour fees

**Program hours: 9 am to 4 pm    Open 6:30 am until 5:30 pm**

**Payments must be received by the Friday prior to the camp week.**

**Adahi is open from**

**Monday June 4th to Friday August 24th for  
eleven (11) one week sessions. Closed week of July 4th**

***Adahi Kids ChildCare prices as of June 07, 2018***

\* a child entering kindergarten must be registered in both child care and the summer camp program. The SuHa #1/kindergarten group will participate in daily camp activities.

Infant (6 weeks to 12 months)	\$190 / week	full weeks only
13 to 23 months	\$185 / week	\$50/day
24 to 35 months	\$180/ week	\$45/day
36 to kdg	\$175/week	\$40/day

**REGISTRATION**

**CAMP**

\$30 MEMBERSHIP  
1 WEEK SESSION FEE

**CHILDCARE**

\$30 MEMBERSHIP  
FIRST WEEK FEE  
\$15 1 TIME REGISTRATION

# Camp Adahi 2018 SuHa Day Camp

## Information

Please feel free to call our office prior to your camper's scheduled time at Adahi with any questions or concerns. 610-856-7250

### **RECOMMENDED ITEMS**

- ◇ Sturdy shoes with socks over ankles
- ◇ Clothing that may not get dirty
  - ◇ Sweatshirt or jacket
- ◇ Raincoat or poncho for liquid sunshine days
  - ◇ Swimsuit and Towel (girls—1 piece suits only)
  - ◇ Backpack
- ◇ Water Bottle (water only - no juice)
- ◇ \$\$ for afternoon snack bar ( the money will be placed in an account for your camper)
- ◇ Water shoes (for pool use)

### **RESTRICTED ITEMS**

- \* Sandals, Crocs or Open shoes
  - \* Pocket knives
  - \* Insect repellent
  - \* Hair spray, makeup, etc.
- \* Jewelry or other items of value
  - \* Electronics of any kind
- \* Any food or drink ( water only in water bottles)
  - \* NO TOYS
- \* Sunscreen - (Adahi supplies SPF 50 at pool time - please administer sunscreen prior to daily attendance)
  - \* Two-piece swimsuits
  - \* Umbrellas

**Arrival/Departure:** A sign/sign out sheet will be available at the front desk area. Parents **MUST** sign campers in and out daily. A staff member will be present at the desk to assist parents with any questions or concerns. Please note, with the exception of morning appointments, **ALL** campers must arrive at Adahi no later than 8:50 am.

**Appointments:** If a camper has an appointment during program hours, parents should leave written notice at the front desk. The camper will be waiting at the front desk at scheduled pickup time with a staff member.

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## Information Page 2

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**Fishing:** all campers may bring their own rods, reels, bait and tackle boxes to join in our fishing program. Interested campers must complete our fishing safety course. Once completed, fisherman will be accompanied by Adahi staff to our waterfront. Fishing equipment may be stored at Adahi Monday through Friday. We are NOT responsible for any damage or equipment loss while at Adahi.

**Communication:** Any upcoming and pertinent information will be posted daily at the front desk. In addition, daily schedule, menus, activity pictures , as well as news bulletins will be posted daily on our Adahi Facebook page.

**Item identification:** Please make sure your camper's items are all clearly marked with their name. There is a "lost and still lost" area at the front desk.

**Meals:** All meals are supplied by Adahi. Campers dine cafeteria style. Food of any kind may be NOT brought in. Adahi will accommodate any dietary restrictions or food allergies with a request in writing from the camper's doctor. Adahi maintains an inclusive program and mealtime is an important part of this program. Adahi serves kid's food and extra portions are always available as well as fresh fruits, vegetables and salad.

**Medications:** All prescription medications must be registered by a med-log at check-in. All medications are kept in a locked cabinet and dispensed by trained staff. Prescription medicines must be in the original bottle. Adahi will NOT give campers over-the-counter medications without written permission from the camper's doctor.

**Parking:** When parents arrive to drop off and/or pickup campers, they must use our upper parking lot. For the safety of the campers, all vehicles must be shut off while the driver is away from the vehicle. Arrangements for handicap parking are available through the director.

# Camp Adahi 2018 SuHa Day Camp

## Information page 3

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**Pool:** our pool is divided into three areas (red 1' - 3', yellow 4' - 6', blue 6' - 9'). For safety precautions, our lifeguards evaluate each camper's swimming ability on their first day at camp. Campers will be allowed in the area which fits their swimming ability. Lifeguards are on duty at all times as well as SuHa unit staff. In addition, this is the one time during program day when campers are not segregated by SuHa.

**Programs:** Adahi offers a well-balanced summer program. The programs, designed by our staff (which includes state certified teachers), are written outcome-based and allow fun and learning to co-exist. Each SuHa will participate in each program area a minimum of once weekly. SuHa programs include:

**Camp Crafts, Camp Skills, Canoeing, Hiking,  
Native American Lore, Outdoor Cooking,  
Outdoor Adventure, Ranger, Sports and Games,  
plus special presenters.**

**Teen Leadership:** A challenging program for teens involving service learning, community awareness and experience for potential staff possibility.

**PAYMENT:** Adahi accepts personal checks or money orders as valid form of payment. **NO cash** will be accepted. We do not accept credit cards. Payments not received by Friday prior to the camp week will be assessed a 10% late fee. Late fees will be assessed daily until payment is made. Campers will be removed from program if fees are over 5 days late. Checks returned for insufficient funds will be assessed a \$50 fee and parents must then pay by bank money order only.

# Camp Adahi 2018 SuHa Day Camp

## Application

Please complete the form below and return to our office. A separate form must be completed for each camper. Contracts will be sent within one week of Adahi receiving this form. Have any questions or concerns. 610 - 856 - 7250

Participant name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_

School attending: \_\_\_\_\_

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

Parent/Guardian 1: \_\_\_\_\_

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

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

(work)

Parent/Guardian 2: \_\_\_\_\_

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

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

(work)

Weeks needed: \_\_\_\_\_

total number of weeks camper will attend

Days per week: \_\_\_\_\_

Minimum three days per week

Contracted fees will be based on total number of weeks needed  
extended hour fees may apply.



## Camp Adahi – SuHa Day Camp Adahi 2018 SuHa Day Camp Contract

Date Entered \_\_\_\_\_ SuHa Group \_\_\_\_\_ New Camper \_\_\_\_\_ Returning Camper \_\_\_\_\_

Camper Name:		Date of Birth:	
Address:		City/State:	Zip:
School(Fall 2018):		Grade(Fall 2018):	Gender: Male ___ Female ___
<p>Camp Adahi's <b>Hours of Operation</b> are <b>6:30am to 5:30pm – Monday thru Friday</b>  <b>The Program Day</b> begins at <b>9:00am</b> and ends at <b>4:00pm</b>            Breakfast, Morning Snack and Lunch are included in the weekly fee. <b>Please do not bring outside meals as they are not permitted.</b> If your child has a food allergy, please bring a doctor's note and we will accommodate accordingly.</p>			

**Please put an "X" next to the weeks that your child will be in attendance**

<b>Week 1</b> 6/12 6/4 to 6/8		<b>Week 2</b> 6/11 to 6/15		<b>Week 3</b> 6/18 to 6/22		<b>Week 4</b> 6/25 to 6/29	
<b>WeCLOSED</b> 7/10 7/2 to 7/6		<b>Week 5</b> 7/9 to 7/13		<b>Week 6</b> 7/16 to 7/20		<b>Week 7</b> 7/23 to 7/27	
<b>Week 8</b> 8/7 7/30 to 8/3		<b>Week 9</b> 8/6 to 8/10		<b>Week 10</b> 8/13 to 8/17		<b>Week 11</b> 8/20 to 8/24	

Total Weeks Selected: \_\_\_\_\_ Days per Week: \_\_\_\_\_ Weekly Fee: \$ \_\_\_\_\_

Camp Adahi is closed on the week of the 4<sup>th</sup> of July 2018.

Membership Fee: \$30.00 per family, per household      Initial Deposit Due: \$ \_\_\_\_\_

**Registration:** A non-refundable deposit that includes the first week payment and family membership fee is required. **The first week payment and family membership fee must be paid by June 04, 2018.** All registration forms must be completed and on file prior to the camp start date. These include the Emergency Contact/Parental Consent Form, Medical Form and the Signed and Dated SuHa Day Camp Contract Form.

**Please make copies for your records.**

**Payments:** Payments are to be made by check or money order. Cash and credit cards are not accepted at this time. Cash can be accepted for camper store accounts or included with the weekly tuition payment. Weekly payments are due the Friday prior to the upcoming week your child will be attending camp. Late payments will be subject to at 10% late fee; late payments will not be tolerated. All Checks Returned for any reason will be assessed a \$50 return check fee.

Checks or Money Orders should be made payable to: Reading Berks County Council of Camp Fire or Camp Adahi.

**Refunds:** Deposits and tuition payments are non-refundable. Camp Adahi incurs certain non-recoverable costs; therefore no refunds will be granted regardless of the reason for withdrawal unless approved by the Executive Director.

**Late Pick-up Fees:** Camp Adahi's hours of operation are 6:30am to 5:30pm. Campers are not to be dropped off prior to the opening of the program. Campers are to be picked up no later than 5:30pm. Parent/Guardians of any child not picked by 5:30pm will be charged \$1.00 per child, per minute. After 5:45pm, you will be charged a late fee of \$5.00 per child, per minute. If you are consistently late, your child(ren) will be removed from our program. Pick-up time is determined by Camp Adahi's clock.

**Sign In/Sign Out Procedures:** The Sign In/Sign Out desk is located in front of the dining hall. Parents are required to Sign In and Sign Out their camper each day. Campers may not be dropped off or picked up without being Signed In or Signed Out. A staff member will be at the front desk to assist parents/guardians with any questions they may have.

**Holidays:** Camp Adahi will be closed on Monday, July 3 and Tuesday July 4, 2017, full weekly payment is due.

**Breakfast, Morning Snack and Lunch:** All meals are provided by Camp Adahi, served cafeteria-style. Meals from home and special accommodations are not permitted (with the exception of doctor-noted dietary restrictions or food allergies). We maintain an all-inclusive policy, and believe that meal time plays an important role in inclusion. Breakfast will only be served from 8:15am to 8:30am.

**Medications:** By rule, campers are not allowed to have medication, including over-the-counter medications. The only exceptions for this rule are inhalers and epi-Pens, due to their need in an emergency. Parents should inform staff, in writing, if a camper has an inhaler or epi-Pen. If a child requires medication, it must be sent in the original container and registered in the Camp Medical Log at check-in. Medications will be kept in a secured location.

**Illness/Injury/Emergency:** Children who have been ill, had a fever, vomited or had diarrhea during the previous 24 hours MAY NOT be brought to the program. If a child becomes ill or injured at Adahi, the parent/guardian will be notified immediately. All emergency information should be kept up-to-date.

**Camper Store Account:** Adahi's Camp Store is open daily during pool hours, 2pm to 4pm. At this time, campers may visit and purchase an afternoon snack or camp souvenir. A store account must be opened for each camper; we do not allow campers to carry money. Parents can deposit money into their campers account and notify us of any restrictions.

If you should have any additions and/or changes to your registration please submit your request to the Camp Office via fax (610)856-1487 or email [adahijudy@gmail.org](mailto:adahijudy@gmail.org) at least two weeks prior to the start of the camp session for which you want changes. We will do our best to accommodate your request.

### Agreement

I understand that by signing this contract, I am agreeing to **pay no less than \$ \_\_\_\_\_** to Camp Adahi during the 2017 summer season. This fee is equal to \_\_\_\_\_ **weeks** of day camp at a **rate of \$ \_\_\_\_\_ per week**. I understand that I will incur additional fees for days and/or weeks attended by my child over the contracted days and/or weeks. My child will be **attending \_\_\_\_\_ days per week**. I understand that my child will not be permitted into camp without the required forms and initial deposit. I understand that if my contract is not fulfilled, I will be billed retrospectively. I understand that no refunds will be given at any time. I agree that I have read and understand the information provided. I understand that the policies and information may be changed or amended at any time by Camp Adahi, with or without notice. **Please keep a copy for your records.**

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Print Name or Parent/Guardian

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Street Address

City

Zip

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Signature of Parent/Guardian

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Date

# Adahi SuHa Day Camp Health Form

(Required for "ALL" youth & adults attending camp.)

To be filled out by parent, guardian, or adult participant. Please print in ink.

## IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent(s) or guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

1st Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_

2nd Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_  
Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_

Policy # \_\_\_\_\_



I give permission for full participation in Adahi programs, subject to limitations noted herein: In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_

Signature of parent/guardian or adult \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

- ALLERGIES: Food, medicines, insects, plants, other: Yes\_\_ No \_\_ Explain:  
\_\_\_\_\_
- \_\_\_\_\_

GENERAL INFORMATION: please circle any relevant areas

ADHD		Convulsions/seizures		Hemophilia
	Asthma			Diabetes
		Kidney disease	Cancer/leukemia	
Heart trouble			Other	

Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications to be taken at camp:  
\_\_\_\_\_

(PRESCRIPTION ONLY)

\_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:  
\_\_\_\_\_

List equipment needed, such as wheelchair, braces, glasses, contact lenses, etc.:

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Immunizations: (Give date of last inoculation.)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_

Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_