

How to Register for Day Camp

Registration Process

- Fill out the entire registration form, being sure to pay close attention to dates, fees, required signatures, and grade levels (please note: this year's registration form asks for the girl's current grade). If you are registering for multiple programs, please list all program names, dates and fees. If your daughter is interested in attending more than one session of Jump In, please indicate your first session choice, second session choice, etc. In order to provide a summer camp experience to as many girls as possible, attending multiple sessions will only be accommodated if space permits.
- Please send a non-refundable deposit of \$50 per outdoor camp program and \$25 per Jump In camp requested. Deposits are only refunded if a girl cannot be placed in one of her choices, does not receive requested financial aid, or her program is cancelled by the Girl Scout Council of Vermont.
- Cookie Credits are your daughter's way of helping to pay for camp. Cookie Credits cannot be used to pay a deposit, but may be used to pay balances due. Mail Cookie Credits prior to, or with, your final payment. 2008 Cookie Credits will be mailed in early April and may be applied to the balance due. Cookie Credits will be returned if a camp balance is paid in full. We must receive the actual Cookie Credits. Photocopies are not accepted.
- Complete the attached registration form and mail, fax or deliver to the Essex Service Center of the Girl Scout Council of Vermont along with your deposit. Final payments will need to be mailed with check, credit card information, or Cookie Credits.
- If you would like to apply for financial aid, please complete the attached Financial Aid Application and mail it with your registration form and specific program deposit.

Payment and Fees

- Pay by check, Visa, MasterCard, Discover, or money order. Final balances are due two weeks before camp.
- Check and credit cards will be processed as they are received. This does not guarantee placement.
- Any overpayments of \$10.00 or less will be donated to our financial aid fund, to assist girls in coming to camp who otherwise might not be able to attend. Any larger amounts will be refunded.
- A \$20.00 fee will be assessed for returned checks.
- If a child is not a registered Girl Scout, send membership dues of \$10.00.
- If you are able to help a Girl Scout in need of financial assistance attend camp, please indicate the amount of your donation on the registration form, and include it with your deposit and registration. Donations may be made separately to the Girl Scout Council of Vermont. Thank you in advance for your generosity.
- No refunds will be made in the two weeks prior to any camp, unless cancellation is due to serious family emergency, or illness, verified in writing by doctor. If your daughter cannot attend, her registration may not be transferred to another girl. No reduction in fee will be made for girls arriving late or leaving early. All refund requests must be directed to the Girl Scout Council of Vermont offices.

Health and Safety

- Your daughter's health and safety are our primary concern. ALL of our camps meet State and Girl Scout standards for health and safety. Each camp has a certified first aid provider on duty at all times.
- Please complete the 2008 Health History form on the back side of the registration form. **ALL CAMPERS MUST HAVE SUBMITTED A COMPLETED 2008 HEALTH FORM IN ORDER TO ATTEND CAMP.**
- We do our best to accommodate all girls at camp. Our program can offer a positive experience for girls who are able to function in a group. Please call Janet Francis (1-800-639-3055, ext 101) prior to registration to discuss how we can best meet your daughter's mental, physical or emotional special needs.

Everyone is welcome: Every girl is welcome at camp. We are open to all girls and staff without regard to race, religion, socioeconomic background, creed, national origin, disability, or sexual orientation. Understanding the wealth of diversity and exhibiting tolerance for all are core values of Girl Scouting.

Registration for 2008 Day Camps

**Please use one form per girl - extra forms may be photocopied or downloaded at www.girlscoutsvt.org
REGISTRATION OPENS MARCH 14, 2008**

Girl's Name: _____ Home Phone: () _____

Address: _____

E-mail: _____ street town state zip
Current Grade (Spring 2008): _____ DOB ___/___/___

Parent/Guardian: _____ (H)Phone: _____ (W)Phone: _____ Cell/Pager: _____

Parent/Guardian address during camp: _____ Phone during camp: _____

Registered Girl Scout? Yes, Troop # _____ Girl Scout Council: _____ No (include \$10 membership fee)

Person (not living in household) to contact in case of emergency, if parent/guardian cannot be reached:

Name: _____ Relationship: _____

(H)Phone: () _____ (W)Phone: () _____ Cell/Pager: () _____

Racial Background (optional) - please check all that apply:

- American Indian or Alaskan Native Asian Black or African American
 Hawaiian or Pacific Islander White Other (specify _____)

Ethnic Background (optional) - please check one:

- Hispanic/Latino NOT Hispanic/Latino

Program Choices: When registering for multiple programs, fill in one line for each program. If your choices are full, you will be contacted about other options. Please remember to include a \$50 deposit for each outdoor day camp and a \$25 deposit for each Jump In camp.

Please answer for Outdoor Day Camps ONLY:

Camp Name	Dates	Fee	Program Aide	Attended		T-Shirt Size
				WWK	OCC	
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YS YM YL AM AL XL
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YS YM YL AM AL XL
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YS YM YL AM AL XL

PARENT/GUARDIAN PERMISSION: I give permission for my daughter to attend camp and participate in all activities except as may be noted on the Health History Form. I understand the camp and Council are not responsible for the personal property of any camper. I have read the camp information and agree to abide by all policies presented herein. Enclosed is the non-refundable deposit of \$50 each per outdoor day camp/\$25 each per Jump In Camp.

I (please check one): DO DO NOT give the Girl Scout Council of Vermont permission to use any photographs, videotapes, or voice tapes of my child taken during her camp experience to be used by the Girl Scouts in their public relations or marketing efforts.

Parent/Guardian Signature: _____ Date: _____

PAYMENT SUMMARY (Check or Money Order Payable to "GSCV" - Please no cash):

<p>Please check one (transfer fee to line 3 adjacent):</p> <p>A. <input type="checkbox"/> My daughter is currently a Girl Scout. \$ 0.00</p> <p>B. <input type="checkbox"/> Camper is not a Girl Scout please enroll her until 9/30/08 (line 3). \$ 10.00</p>	<p>1. Total of Camp Fees: \$ _____</p> <p>2. Discount for Outdoor Camp Staff/Program Aide: (50% of Camp Fees, line one above) -\$ _____</p> <p>3. Girl Scout Membership Fee (line B): +\$ _____</p> <p style="text-align: right;">TOTAL DUE: \$ _____</p> <p>Less non-refundable deposit (\$50 for Outdoor Camps/\$25 for Jump In): -\$ _____</p> <p>Less Cookie Credits (only if paying in full now): -\$ _____</p> <p>I would like to help a girl go to camp! (Donation Enclosed): +\$ _____</p> <p style="text-align: right;">Amount Enclosed: -\$ _____</p> <p style="text-align: right;">Balance Due: -\$ _____</p>
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Please charge payment of \$ _____ to my:

VISA MasterCard Discover Expiration Date: _____

Card Number: _____

Name on Card: _____

Signature: _____

Please complete form and mail with deposit to:

**Day Camp Registrar
Girl Scout Council of Vermont
79 Allen Martin Drive
Essex Junction, VT 05452**

FOR OFFICE USE ONLY:

Date Received: _____ Amount Paid: \$ _____ Check Credit Card

Balance Due: \$ _____ Receipt #: _____

Cookie Credits: Yes \$ _____ No Cookie Credits Received: Yes No

Scholarship Requested: Yes No Scholarship Awarded: \$ _____

2008 Day Camp Health History Form

Girl's Name: _____ Date of Birth: ____/____/____ Age: _____
Address: _____ Phone: _____
Child is in the custody of: Mother Only Father Only Both Parents Other _____
Parent/Guardian Name: _____ Day Phone: _____
Address (if different than girl): _____ Work Phone: _____
Email Address: _____ Cell Phone: _____

Additional Emergency Contact (individual to act on behalf of parent/guardian):

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Girl's Physician: _____ Physician's Phone: _____
Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____
Date of last health exam: ____/____/____ List any medical problems noted: _____

Date of last Tetanus shot: ____/____/____ Does camper have a 1 on 1 aide in school? No Yes
Is camper currently under physician's or psychologist's care? No Yes, please explain _____

Special Accommodations Needed: _____

Allergies (please attach additional sheet if needed):

Item: _____ Reaction: _____ Life Threatening: NO YES Next Step: _____
Item: _____ Reaction: _____ Life Threatening: NO YES Next Step: _____
Item: _____ Reaction: _____ Life Threatening: NO YES Next Step: _____

Since last health exam, has participant had (Please explain. Use additional paper as needed):

a serious injury requiring medical attention? _____ an illness lasting more than 5 days? _____
 any prescribed or over-the-counter meds? _____ restrictions of physical activities? _____
 any exposure to a contagious disease? _____ a surgical operation or fracture? _____
 treatment in hospital or emergency room? _____ Other (specify): _____

Illnesses (Chronic or Recurring) & Injuries (Check those that apply and give dates of last incident):

Ear Infection ____/____/____ Asthma ____/____/____ Seizures ____/____/____ Diabetes ____/____/____
 Bleeding/Clotting Disorders ____/____/____ Heart Defect/Disease ____/____/____ Hypertension ____/____/____
 Musculoskeletal Disorders ____/____/____ Others (specify) _____ _____
 _____ _____

Other Health Conditions (Check those that apply, explain any checked items)

Bed Wetting _____ Sleep Disturbances _____
 Special Dietary Regimen _____ Emotional Disturbances _____
 Nosebleeds _____ Menstrual Cramps _____
 Wears Glasses/Contact Lenses _____ Motion Sickness _____
 Constipation _____ Fainting _____
 Sickle Cell Trait or Immune Disease _____ Hearing Impairment _____
 Other (specify): _____

This health history is complete and accurate. I know of no reason(s), why my daughter should not participate in activities except as noted. I understand that if my child's health condition or health insurance information should change, I will notify the Council prior to camp and the Camp Director during camp. In the event I cannot be reached in an emergency, I hereby give permission to the physician indicated above or qualified personnel to secure and administer treatment, including hospitalization for my daughter.

Signature of Parent/Guardian: _____ Date: ____/____/____

2008 Financial Aid Application

Send this form only if financial aid is needed. Incomplete forms cannot be processed.

Girl's Name: _____ Current Grade: _____ Home Phone: (____) _____

Mailing Address: _____

Girl Scout Troop/Group (check one): Daisy Brownie Junior Cadette Senior Juliette

She participated in: Fall Product Sale / QSP Sale Cookie Sale # of boxes sold None, why: _____

Name of Camp Requested: _____ Dates attending camp: _____

Why does she want to attend Girl Scout Camp? _____

THIS SECTION MUST BE COMPLETED BY PARENT/GUARDIAN

Current Household Income (before taxes, medical insurance or any other deductions):

Monthly Wages/Salary \$ _____
 Monthly Child Support \$ _____
 Unemployment \$ _____
 Monthly Social Security \$ _____
 Monthly Disability \$ _____
 Workers Compensation \$ _____
 Monthly TANF/other \$ _____
TOTAL INCOME \$ _____

A. Total Camp Fee	\$ _____
Estimated Resources for Camp Fee	
B. Cookie Dough/Credits:	\$ _____
C. Deposit Enclosed:	\$ _____
D. Additional Amt family/girl can pay:	\$ _____
E. Subtotal (B+C+D)	-\$ _____
FINANCIAL AID REQUESTED (A minus E) \$ _____	

Family is eligible for: Free Lunch Reduced Fee Lunch # of Adults living in household: _____

of Children living in household: _____ Ages of Dependents living in household: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name: _____ Occupation: _____

Evening Phone: _____ Cell Phone: _____ E-mail: _____

Please explain why you need financial assistance or any extenuating circumstances (feel free to attach additional information):

Signature of Parent/Guardian (required): _____

We reserve the right to request income documentation including, but not limited to, tax returns or W2 forms.

I live in the Barre Area and am applying for funding from Sky Acres Memorial Trust.

IMPORTANT INFORMATION ABOUT APPLYING FOR FINANCIAL AID

Financial Aid from the Girl Scout Council of Vermont (GSCV) is only available to current members of the GSCV who are registered PRIOR to submitting the camp application.

This form **MUST BE COMPLETE** to be considered for financial aid. Funding and spaces are limited, so early application is recommended. Consideration for award is based on financial information, family size/dependents, and personal circumstances. Your daughter's participation in the Girl Scout cookie program is important because it gives her the opportunity to help fund her own camp experience. Our goal is to provide as much financial assistance to as many girls as possible. You will be notified of amount awarded as early as possible after consultation with the Financial Aid Selection Committee. For more information visit www.girlscoutsvt.org or contact Dannah Beauregard at dbeauregard@girlscoutsvt.org or phone: 802/878-7131 or 800/639-3055, x103.

The deadline to apply for financial aid for all GSCV Day Camps is May 1, 2008.

What you need to send:

- Financial Aid Application
- Camp Registration Form
- Deposit (***Please make your check payable to GSCV:***)
 - \$50 for each Outdoor Day Camp
 - \$25 for each Jump In Camp

Where to send it:

ATTN: Financial Aid
 Girl Scout Council of Vermont
 79 Allen Martin Drive
 Essex Junction, VT 05452