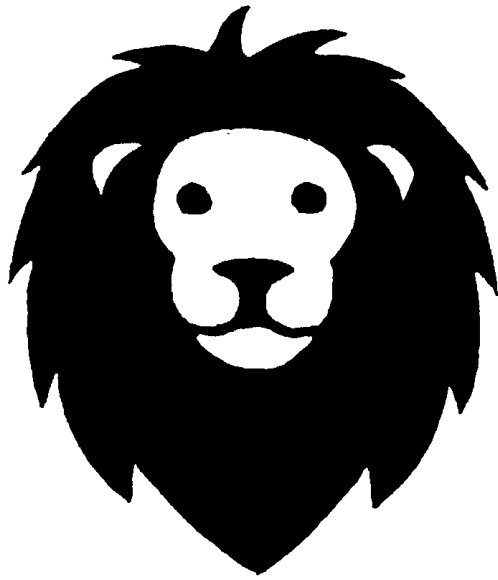


# Camp Lion Knoll



Summer 2022 Registration Packet

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

# Summer Camp Checklist

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Camp Policies

\_\_\_\_\_ Certificate of Immunization (If it is not turned in by the first day of camp, your child(ren) will not be able to attend!)

\_\_\_\_\_ Medical History

\_\_\_\_\_ Camp Financial Aid (If Requesting)

\_\_\_\_\_ Individual Health Plan (If Necessary)

\_\_\_\_\_ Medication Consent Form (Please sign the sunscreen portion!)

\_\_\_\_\_ Allergy Action Plan (If Necessary)

\_\_\_\_\_ Asthma Action Plan (If Necessary)

\_\_\_\_\_ Christian's Law Disclaimer (Must be signed by everyone!)

\_\_\_\_\_ Meal Benefit Form (Only 1 per family is required)

# CAMP LION KNOLL REGISTRATION

Summer of 2022

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

ADDRESS \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ CAMPER'S AGE: (as of June 2022): \_\_\_\_\_ 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 (Jun 27-July 1)	Week 2 (July 4-8)	Week 3 (July 11-15)	Week 4 (July 18-22)
Week 5 (July 25-29)	Week 6 (Aug 1-5)	Week 7 (Aug 8-12)	Week 8 (Aug 15-19)

**Closed July 4, 2022**

**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 Girls Club. 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
- \_\_\_ 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 Girls Club 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 Girls Club 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 \_\_\_\_\_

# 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):

\*\*\*\*\*

## **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

\*\*\*\*\*

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

## Medication Consent Form

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Please  one of the following:

Prescription (must be in original prescription container with label)

Oral/Non-Prescription

Topical Non-Prescription (Applied to open wound/broken skin)

**SUNSCREEN ONLY**

My child **has** previously taken this medication.

My child **has not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan.

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects (attach list from pharmacy): \_\_\_\_\_

Directions for storage: \_\_\_\_\_

**Discontinuation Date:** \_\_\_\_\_

I, \_\_\_\_\_, give permission to authorize the Girls Club of Greenfield teachers  
(parent/guardian name)

to administer medication to my child as indicated above.

Parent/Guardian Signature: \_\_\_\_\_

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

**For non-prescription meds only:**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Massachusetts Department of Public Health  
**CERTIFICATE OF IMMUNIZATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  female  male

Date of child's last physical \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within the past 24 months.)

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
		4			
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		<b>Measles, Mumps, Rubella</b> (MMR)	1	
	2			2	
	3			2	
	4		<b>Varicella</b> (Var)	1	
	5			2	
	6		<b>Hepatitis A</b> (HepA)	1	
	7			2	
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV)	1		<b>Pneumococcal Polysaccharide</b> (PPV23)	1	
	2			2	
	3		<b>Influenza</b> Inactivated (Intramuscular) or Live (Intranasal)	1	
	4			2	
<b>Pneumococcal Conjugate</b> (PCV7)	1		<b>Other:</b>	3	
	2				
	3				
	4				

Serologic Proof 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 proof of immunity</li> </ul>	

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

Physician's Name (please print): \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_

Facility Name: \_\_\_\_\_



**Camp Lion Knoll**  
Swim Tests and PFD Acknowledgement

**-- CHRISTIAN'S LAW DISCLAIMER---**

*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 Certified Swim Instructor (CSI) that holds appropriate certifications from a nationally recognized swim instructor program, such as the American Red Cross (ARC) or the YMCA, and testing will not be conducted by Camp Lion Knoll.

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 swimmers 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 Peabody Recreation 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 municipal or recreational program or 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

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

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Date

**INCOME ELIGIBILITY FORM FOR THE  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to:

Girls Club of Greenfield or Camp Lion Knoll \_

If you need help, call **413-774-7407**

**Follow these instructions, if your household gets SNAP, TAFDC, participates in Head Start, or is homeless:**

**Part 1:** List participant's name and a SNAP or TAFDC case number or indicate Head Start participation or homelessness.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is NOT required.

**Part 5:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions. Please Note:** Foster children are children formally placed in foster care by a State child welfare agency or a court and the state must retain legal custody of the child. It does not apply to informal arrangements with relatives or others.

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at [phone number of Sponsor]

**Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP or TAFDC case number in Part 1 and did not indicate Head Start or homelessness.

**Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.**

Names (First, Middle Initial, Last)	SNAP or TAFDC case # (if any). <b>Skip to Part 4 if you listed a case # or indicate Head Start or Homeless.</b>

**Part 2. Foster Child**

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please **contact [name of Sponsor] at [phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP or TAFDC case number or indicate Head Start or homelessness in Part 1.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List <b>everyone</b> in household, including children)  (Example) Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if <b>NO</b> income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Last four digits of Social Security Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size: \_\_\_\_\_ Categorical Eligibility: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Transitional Aid to Families with Dependent Children (TAFDC) Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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