# LML Compass Camp: Eight Weeks of WOW!



#### **Registration Form 2018**

First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Contact Ph Number:		Email:	
Additional Parent/Guardian	<u>1</u>		
First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Contact Ph Number:		Email:	
Attendee(s) — Our camp is	for children w	ho are <u>entering</u> Kindergarten thro	ugh grade 5.
First Name La	ast Name	Grade Entering	T-Shirt Size
1.			
2			
3			
Emergency Contact #1			
First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Contact Ph Number:		Email:	
Emergency Contact #2			
First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Contact Ph Number:		Email:	
<u>Allergies</u>			
Please list any allergies (food	d, mold, dust, et	c.) your child may have:	
Medicines			

### Compass Camp: Eight Weeks of WOW! Let Me Learn



Select Weeks: (please check all that apply): Week 1, June 25-29 Theme: Going Camping:					
Week 2, July 2-6	Introduction to camp & Exploring the Great Outdoo Theme: Building Your Personal Skills: Cooking Sewing and Other Skills				
Week 3, July 9-15 Week 4, July 16-22 Week 5, July 23-29 Week 6, July 30-Aug 3 Week 7, August 6-10 Week 8, August 13-17	Cooking, Sewing, and Other Skills  Theme: Working Together: Teambuilding Through Sports  Theme: Express Yourself: Exploring the Creative Arts  Theme: To Infinity and Beyond: Exploring Science  Theme: Let's Get Wild: Exploring Animals and Nature  Theme: It's a Small World After All:  Exploring Different Countries and Cultures  Theme: Under the Sea: Exploring Our Oceans				
Weekly Rates:	Ist Child: \$150	Each Siblin	g: \$135		
Rutgers (formerly Quality We accept Rutgers and Employe		<u>oted</u>			
Registration Fee and Payr					
There is a <u>non-refundable</u> per ch You can pay by check, cash, or a child's summer camp.	<del>-</del>	(or by fax 856-431-794	11) for your		
1st child weeks x \$150	= + \$25 reç	gistration fee =	total		
2nd child weeks x \$135	=+ \$25 re	gistration fee =	total		
3rd child weeks x \$135	=+ \$25 re	gistration fee =	total		
Pay in Weekly Installment	S: You can automatically pay	each week w/your cred	it or bank card.		

Submit this registration in person or by mail to: Compass Academy Charter School, c/o LML Compass Camp 23 W Chestnut Ave, Vineland, NJ 08360 Questions? Call LML directly at 856-553-6281 or email info@lmlcompasscare.org

Signature—by signing, you are allowing Let Me Learn to charge your card the weekly camp fee each Monday.

## LML COMPASS CAMP

All health records are confidential.

**To the Parents of Campers:** 

#### **MEDICAL HISTORY**

Please complete this form carefully. Information supplied will become a part of your child's health record.

Failure to return or complete information may delay your camp registration.

Street Address: City:			
City:			
	State:	Zip:	
Home Phone:	SS#:	Sex:	
Date of Birth:	Height:	Weight:	
Name of Family Physician:		Pho	ne:
Does your child have any allergion	REPORT OF MEDI           es?         Yes No		<i>7</i> :
Aspirin Penicillin	Codeine Bee Stings	Molds/Fungi	
Eggs Sulfa	Tetanus Toxoid Other		
Has your child ever had any of th	he following? Comment below on all	l "Yes" answers.	VES NO
Has your child ever had any of the	he following? Comment below on all	l "Yes" answers.	YES NO
Has your child ever had any of the YES NO Measles (Red)	he following? Comment below on all  YES NO  Hay Fever/Asthma	1 "Yes" answers.  YES NO Chest Pain / Pressure	Jaundice
Has your child ever had any of the YES NO Measles (Red) German Measles	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure	1 "Yes" answers.  YES NO Chest Pain / Pressure Chronic cough	Jaundice Mononucleosis
Has your child ever had any of the YES NO Measles (Red) German Measles Mumps	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy	1 "Yes" answers.  YES NO Chest Pain / Pressure Chronic cough Palpitation (Heart)	Jaundice Mononucleosis Gallbladder Trouble
Has your child ever had any of the YES NO Measles (Red) German Measles	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure	1 "Yes" answers.  YES NO Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers
Has your child ever had any of the YES NO Measles (Red) German Measles Mumps Chicken Pox	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy	1 "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure	Jaundice Mononucleosis Gallbladder Trouble
Has your child ever had any of the YES NO  Measles (Red) German Measles Mumps Chicken Pox Malaria	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy  Hernia repair	1 "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers Recurrent Diarrhea
Has your child ever had any of the YES NO  Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy  Hernia repair  Other Surgery (Note Below)  Insomnia  Recurrent Headache	l "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure Heart Murmur Heart Disease Joint Disease	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers Recurrent Diarrhea Recent Weight Gain Venereal Disease Dizziness, Fainting
Has your child ever had any of the YES NO  Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy  Hernia repair  Other Surgery (Note Below)  Insomnia  Recurrent Headache  Recurrent Bladder Infection	l "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure Heart Murmur Heart Disease Joint Disease Arthritis	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers Recurrent Diarrhea Recent Weight Gain Venereal Disease Dizziness, Fainting Weakness, Paralysis
Has your child ever had any of the YES NO  Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems Ear Problems	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy  Hernia repair  Other Surgery (Note Below)  Insomnia  Recurrent Headache  Recurrent Bladder Infection  Kidney Disease	l "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure Heart Murmur Heart Disease Joint Disease Arthritis Back Problems	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers Recurrent Diarrhea Recent Weight Gain Venereal Disease Dizziness, Fainting Weakness, Paralysis Diabetes
Has your child ever had any of the YES NO Measles (Red) German Measles Mumps Chicken Pox Malaria Anemia Gum / Tooth Trouble Sinusitis Eye Problems	he following? Comment below on all  YES NO  Hay Fever/Asthma  DES Exposure  Appendectomy  Tonsillectomy  Hernia repair  Other Surgery (Note Below)  Insomnia  Recurrent Headache  Recurrent Bladder Infection	l "Yes" answers.  YES NO  Chest Pain / Pressure Chronic cough Palpitation (Heart) Rheumatic Fever High Blood Pressure Heart Murmur Heart Disease Joint Disease Arthritis Back Problems	Jaundice Mononucleosis Gallbladder Trouble Stomach Ulcers Recurrent Diarrhea Recent Weight Gain Venereal Disease Dizziness, Fainting Weakness, Paralysis

Please list all medications your child is currently taking.						
Is your child presen	ntly under treatm	nent for any physical or e	motional problem?			
YES	NO	Diagnosis:				
		Parental Statemen	t and Consent / Liability Waiver			
my authorized phyjudgement of the C	ysician cannot Camp Director, I	be reached in an EME hereby grant permission	RGENCY, and immediate observa	my knowledge. In the event that I or tion or treatment is urgent in the to arrange for transport of my child ild's welfare.		
damages I may have representatives suc Compass Camp pro	ve against the LN cessors and assignment. Furthern	AL Compass Camp or Cognees, for any and all injunore, I attest and verify the	nd administrators, waive and release ompass Academy Charter School and aries which may be suffered by my chat I have full knowledge of the risks the exercised in the supervision of these	d its respective agents, child in connection with the LML associated with an activities camp		
Custodial Parent or	Guardian		Phone	Date		
Custodial Parent or	Guardian		Phone	Date		
If unable to reach t	he above signed	, in case of an emergency	please contact:			
Name		_	Phone	_		

## Please Return Health Form with a copy of each child's current immunization records to:

**LML Compass Camp** 

Relationship

23 West Chestnut Ave Vineland, NJ 08360 Phone (856) 899-5570 Fax (856) 431-7941