April 1, 2016

Dear Parents and Guardians,

It’s time to think about Serendipity Day Camp 2016! We welcome new families and hope your campers’ experiences will match those of returning campers whose families have helped Serendipity flourish throughout the years.

This year’s Director is Van Nguyen ‘10, who has been a Serendipity counselor for 5 years, and the Associate Director is Jonathan Yellets ‘16, a senior Religion major whose leadership positions on campus have ranged from Executive Board of the Black Students League to Co-Captain of the Men’s Track and Field Team. Van and Jonathan are working in close collaboration with Ms. Marilou Allen who continues to contribute her support, wisdom, and expertise to Serendipity. Ms. Patty Rawlings will continue to provide administrative support to the camp.

The dates for camp this year are **Monday, June 20th through Thursday, August 4th**. **Please note: there is no camp on Monday, July 4th.** The camp day begins at 9:00 am and runs through 3:00 pm (campers can be dropped off at 8:30 am; please do not drop your child off earlier than 8:30 am since we cannot accept responsibility for their safety). We have an Extended Day option where campers may be picked up by 4:45 pm.

**The weekly camp fee for 2016 is $200, $210 for the Extended Day** (this is an increase of $10.00 -- just over 5% -- from last year, and reflects increasing costs on campus). **T-shirts, which are mandatory for field trips, are $10** (last year’s purple shirt still works if it fits). Camp is not pro-rated; that is, whether your child comes for one day or all week, the full weekly fee applies. For Extended Day campers, there is a late charge for campers picked up after 4:45pm of $10 for the first 15 minutes after 4:45pm plus an additional $5 for every 15 minutes thereafter. Should you require financial assistance, please contact hc-serendipity@haverford.edu or Denise Allison at 610-896-2960 for the financial aid form.

**Due to renovations on campus this year, space is limited. If your child’s bunk is full, s/he will be put on a waiting list.**
Applications and deposits (the first week’s camp fees; submission of the deposit is necessary to secure your child’s space) should be mailed to:

Serendipity Day Camp  
Attn. Patty Rawlings  
Haverford College  
370 Lancaster Ave.  
Haverford, PA 19041

Please write checks to (bold)Haverford College (/bold) with "Serendipity" and the name/s of your camper/s on the memo line.

Attached, you will find all of the required forms needed to register your child for camp. Please read them carefully.

Some key points to keep in mind:

- All camp fees must be paid at drop-off on Monday of each week your child attends. Please put camp fees in a sealed envelope labeled “Serendipity” on the front, with the name of your camper, and the date.

- If someone other than the parent or guardian picks up a camper, their contact information should be included on your Pick-Up List. The staff will not release a camper if the individual’s name is not on file.

We are looking forward to a fun summer and meeting new friends as well as enjoying the old friends.

Sincerely,

Van Nguyen  
Camp Director

Jonathan Yellets  
Associate Director
REGISTRATION FORM

If registering more than one camper, please complete a form for each camper

Name_________________________________________________________

Birthdate_________________Age______Sex(M/F)____________

Address_______________________________________________________

City______________________State_____Zip________________

Select which week(s) your child will attend:

6/20____ 6/27____ 7/4____ 7/11____ 7/18____ 7/25____ 8/1_____

Regular day (9am – 3pm) $200____ or Extended Day (through 4:45 p.m.) $210____

There is no camp on Monday, July 4th. Full camp fee is charged for that week.

Swimming Ability - Serendipity Day Camp does not offer swimming instruction.

Experienced___ Minimal___ None___

Parent/Legal Guardian

Signature______________________________________Date_________
CONTACT INFORMATION*

Parent/Guardian 1 ________________________________

Work #___________________

Email __________________________________________

Home #___________________

Cell #___________________

Parent/Guardian 2 ________________________________

Work #___________________

Email __________________________________________

Home #___________________

Cell #___________________

Doctor’s Name______________________________

Phone #___________________

Health Insurance Carrier______________________________________________

Policy Number______________________________________

Child’s Name___________________ has my permission to walk home from camp.

Parent’s signature____________________________________

* Phone contacts must be in working order
CAMPER HEALTH RECORD

Please list any health condition(s) that may affect the camper's participation in activities:

1. ______________________________________________________
2. ______________________________________________________
3. _______________________________________________________

Immunizations (give date of last injection only):

1. Tuberculosis___/___/___ 2. Tetanus Toxin___/___/___ 3. Other___/___/___

Dietary Restrictions (please be specific):

__________________________________________________________________

Allergies:

1. ______________________ 2. ______________________ 3. ______________________

Asthma:___ (Y/N)

Is your child taking any medication?_____ (Y/N)

If yes, please list all medications your child is taking, and when they should be administered:

1._______________________ 2.______________________
3.________________________

Does your child have special needs? ___________ (Y/N)

If yes, please offer an overview:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Child's Physician/Medical Care:

Name: ____________________________  Phone number:_______________________
EMERGENCY CONTACTS

1. Name _______________________________
   
   Tel.# (   )___________________________  Relationship to camper: __________

2. Name _______________________________
   
   Tel.# (   )___________________________  Relationship to camper: __________

3. Name _______________________________
   
   Tel.# (   )___________________________  Relationship to camper: __________

4. Name _______________________________
   
   Tel.# (   )___________________________  Relationship to camper: __________

I hereby give permission for my son/daughter ____________________________
to receive medical treatment, if necessary, and give consent to Bryn Mawr
Hospital to start treatment until I can be contacted in case of emergency.

Signature __________________________  Date: _____ / _____ / _______

Parent ___    Guardian ___
PHOTOGRAPHIC RELEASE

Date:

I hereby agree and consent for photographs of my child to be used for publicity purposes by Serendipity Day Camp and Haverford College and I waive all claims for any compensation for such use or for damages.

Name of minor:

______________________________________________________________

Signature of parent or guardian (signing for the minor):

______________________________________________________________

Print name of above:

______________________________________________________________

Print address:

______________________________________________________________
PICK-UP LIST

Please list the names and numbers of anyone, other than a parent, who will be picking up your child/children.

If their name is not on this list, the child/children will not be released to that person.

Please make sure that the people you list for pick-up are aware that you are giving Serendipity Day Camp their information.

Name:______________________Tel.#(____)____________

Relationship to camper: ______________________________

Name:______________________Tel.#(____)____________

Relationship to camper: ______________________________

Name:______________________Tel.#(____)____________

Relationship to camper: ______________________________

Name:______________________Tel.#(____)____________

Relationship to camper: ______________________________
MEDICAL INFORMATION AND TREATMENT

The camp has directors and staff on duty to assist participants in any possible way. These individuals make arrangements for treatment of any illness or accident that might occur during the course of the camp. Should a camper become ill or injured it should be reported to camp staff immediately. In the case of a more serious illness or accident, the parent or guardian will be contacted as soon as possible. **If the situation warrants immediate attention, the camper will be taken to Bryn Mawr Hospital.** So that we can provide our participants with the best possible service, we require that each participant complete the medical information below. **Serendipity Day Camp is covered by a general liability insurance policy.** This release form must be signed (at the end of this document) by a parent or guardian and returned with the application. I do hereby grant permission for my son/daughter to attend the above-named program and certify, to the best of my knowledge and belief, that he/she is physically able to participate in the program and recreational activities of the camp subject to the special medical restrictions as listed below. I acknowledge and understand and agree that in participation in this program there is a possibility of physical illness or injury and that my son/daughter is assuming the risk of such illness or injury by his/her participation. In order that my son/daughter may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the program staff to obtain medical treatment for him/her for such injury or illness during the program, and I release Haverford College, its officers, agents, and employees from responsibility for any injury which my son/daughter may sustain arising out of participation in this program.

ACCEPTANCE OF RISKS

As parent/guardian, I realize that any camp activity has inherent risks associated with the performance of those activities. I understand that Serendipity takes time to teach safety techniques. I should only consent to my child’s participation after I have read the description of the programs in the camp brochure. If I have any questions, I will contact the camp director before giving consent. I am voluntarily giving permission, as the parent/guardian of the named camper, to participate in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

ACTIVITY RELEASE

As consideration for being permitted by Serendipity to participate in activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of
Haverford College, or their owners, employees, officers, directors, members, agents and all affiliates and parent organizations of said entities. Further, I agree to release from liability, indemnify and hold harmless said organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from the named camper’s participation in any camp activity. I further agree to release, acquit, and covenant not to sue said organizations for any and all actions, causes of action, claims or damages, damages in law, or remedies inequity of whatever kind, including negligence of said organizations. I understand “said organizations” includes their agents and employees. I have read this entire agreement and fully understand it. I also acknowledge that I have read the camp brochure including its description of the above listed programs.

STATEMENT OF AGREEMENT

I have carefully read these agreements and fully understand their contents. I am aware that these are releases of liability and contracts between myself and Serendipity Camp held at Haverford College and sign it of my own free will. As parent/guardian of the above named camper, I release Serendipity Camp held at Haverford College from liability in case of accident or illness. I, as the Parent/Guardian of said camper, hereby give my consent for said camper under 18 years of age for whom I am responsible, and whose name and birth date is listed above, to attend camp. I have read the above releases and assumption of risk agreements and agree to be bound by them.

Signature / Date:

_____________________________________________

Parent /Guardian (Circle one as applicable)

Print Parent/Guardian Name:
Supplemental Insurance Information

Haverford College provides some Supplemental Insurance Coverage in case of accidental injury to camp participants. Parents are expected to provide normal medical insurance for participating children, and claims should first be presented to your own insurance carrier.

In case of injury while participating in the program, once a claim has been considered by your carrier, please forward a copy of the benefit statement to the Camp Director. The Camp Director will send it on to the College’s Human Resources Office for a review of any outstanding balance for which you may be responsible. In many cases, the College may be able to assist with co-payments and/or deductibles.

Questions about coverage can be directed to the Director of Human Resources at Haverford College at 610-896-1250.