

# Oak Hill Day Camp Application for Enrollment\*

phone (615) 298-9583 • fax (615) 298-9565 • rec.fpcnashville.org

 Mail to: First Presbyterian Church • Oak Hill Day Camp • 4815 Franklin Pike • Nashville, TN 37220 • Only one camper per application.

**Camp Hours: 8:45 A.M. - 3:00 or 5:00 P.M. • Early Care: 7:30 A.M. (no charge)**  
**Children picked up past 5:30 P.M. charged \$2 per minute**

## Oak Hill Day Camp

4 years by May 1, 2017 - rising 5th

Until 3:00 P.M. \$250/week

Until 5:00 P.M. \$295/week

### One-week Sessions

June 5-9

July 3-7

June 12-16

July 10-14

June 19-23

July 17-21

June 25-30

July 24-28

July 31-Aug 4

## Middle School Day Camp

Until 5:00 P.M. \$325/week

Middle School rising 6th - rising 8th

June 5-9

July 3-7

June 12-16

July 10-14

June 19-23

July 17-21

June 25-30

July 24-28

July 31-Aug 4

## GAP Camp

4 yrs - rising 8th grade

\$50/day until 3:00 P.M.

\$59/day until 5:00 P.M.

May 30-June 2

August 7-11

## Basketball

Rising 1st - rising 6th

Until 3:00 P.M. \$250/week

Until 5:00 P.M. \$295/week

June 5-9

## Soccer

Rising 1st - rising 6th

Until 3:00 P.M. \$250/week

Until 5:00 P.M. \$295/week

June 12-16

## Theatre Camp (2 weeks)

Rising 1st - rising 8th

Until 3:00 P.M. \$500

Until 5:00 P.M. \$590

June 19-30

## Horse Camp

Rising 1st - rising 6th

Until 3:00 P.M.

\$100/day if not enrolled in camp that week

\$70/day if enrolled in camp that week

June 9

July 7

June 16

July 14

June 23

July 21

June 30

July 28

August 4

Name of Camper: \_\_\_\_\_ Name Used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade ('17-'18): \_\_\_\_\_ Gender: \_\_\_\_\_

Camper Home Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Shirt Size: \_\_\_\_\_ \$5 for extra shirt for tye dye day!

PARENT(S)/GUARDIAN WITH LEGAL CUSTODY TO CONTACT IN CASE OF EMERGENCY OR BILLING PURPOSES:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET ADDRESS CITY STATE ZIP

SECOND PARENT/GUARDIAN WITH LEGAL CUSTODY TO CONTACT IN CASE OF EMERGENCY OR BILLING PURPOSES:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

I approve this application and the conditions listed below. I have written any necessary and pertinent information concerning our family and our camper. In case of illness, I hereby give permission for medical care by physician and/or hospital chosen by Camp Director. I understand that every effort will be made to contact parents/guardians in case of emergency. If a child's behavior or limitations poses a threat to themselves or other children/staff, we reserve the right to make a determination if the child should continue to participate in the program. No alcohol, drugs, weapons or personal sports equipment allowed on the property. Animals may only be brought onto the property with special permission from the Director.

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Signature of Parent/Guardian:  \_\_\_\_\_ Date: \_\_\_\_\_

OHDC has my permission to apply sunscreen to my child.  YES  NO

I give permission to use my child's photo on OHDC marketing materials and website.  YES  NO

I give permission to receive communications by email.  YES  NO

I am enclosing a tax deductible contribution to Oak Hill Day Camp. \$ \_\_\_\_\_.

Each camper may request one friend to be in his/her group. Must be same grade/age: \_\_\_\_\_

**\*CONDITIONS OF APPLICATION:** Please make check(s) payable to First Presbyterian Church. All deposits per session must accompany each application and are non-refundable. Health History form (to right) MUST BE COMPLETED in full, including shot records, before child will be considered registered for camp. Faxed shot records from the doctor's office are acceptable. Balance is due on or before May 19, 2017. Deposit will be refunded in-full at end of camp if your child remains on the waiting list.

# Oak Hill Day Camp Health History

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rec.fpcnashville.org

**Only one camper per form. Forms available online at rec.fpcnashville.org**

*This form is to be filled out by the parent/guardian. You do not need a camp physical.  
This information is gathered only to assist in identifying appropriate care.*

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

School Attended: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Teacher we may call for reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have an IEP in his/her school? \_\_\_\_\_ Does your child have a behavioral plan in his/her school? \_\_\_\_\_

**DATE OF IMMUNIZATIONS (or booster dates):**

*(No child will be allowed to attend camp until immunization dates are submitted to Oak Hill Day Camp.)*

\_\_\_\_\_ Tetanus (or DPT or TD)      \_\_\_\_\_ Oral Polio (Sabin)      \_\_\_\_\_ Measles  
\_\_\_\_\_ Injectable Polio (Salk)      \_\_\_\_\_ Mumps      \_\_\_\_\_ Hoemophilus  
\_\_\_\_\_ Hepatitis B      \_\_\_\_\_ Tuberculin test given (*most recent*)      \_\_\_\_\_ Other

Pediatrician/Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant under physician's care for the following condition(s): \_\_\_\_\_

Current medications and treatments: \_\_\_\_\_

Any medically prescribed dietary restrictions: \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.): \_\_\_\_\_

Any physical limitations on activities: \_\_\_\_\_

Operations or serious injuries (include dates): \_\_\_\_\_

Chronic, recurring illness, medical condition or emotional or behavioral difficulties: \_\_\_\_\_

Give approximate dates of the following (if any): \_\_\_\_\_

Ear Infection \_\_\_\_\_  Heart Disease \_\_\_\_\_  Convulsions \_\_\_\_\_  Measles \_\_\_\_\_  
 Hay Fever \_\_\_\_\_  Diabetes \_\_\_\_\_  Asthma \_\_\_\_\_  German Measles \_\_\_\_\_  
 Mononucleosis \_\_\_\_\_  Chicken Pox \_\_\_\_\_  Hypertension \_\_\_\_\_  Mumps \_\_\_\_\_  
 Ivy Poisoning, etc. \_\_\_\_\_  Insect Sting Reaction \_\_\_\_\_  Penicillin Reaction \_\_\_\_\_  Other Drug Allergy \_\_\_\_\_  
 Bleeding/Clotting Disorder \_\_\_\_\_  ADD \_\_\_\_\_  ADHD \_\_\_\_\_  Seizures \_\_\_\_\_  
 Sight Impairment \_\_\_\_\_  Hearing Impairment \_\_\_\_\_  Autism \_\_\_\_\_  Rescue Inhaler \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Any additional health information: \_\_\_\_\_

**IMPORTANT: This box must be completed for attendance.**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.  
**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. By signing this form, I am releasing FPC and all of its employees and volunteers from any liability as a direct or indirect result of the program.

Signature of Parent or Guardian:   X   \_\_\_\_\_ Date: \_\_\_\_\_