



HORIZONS DAY CAMP

General Information Bulletin - 2017

2017 Session Dates:

Two-week sessions for Kindergarten – 7th grade graduates:

Session 1 June 26-July 7
Session 2 July 10-July 21
Session 3 July 24-August 4

One-week sessions for Kindergarten – 4th grade graduates:

Session 4 August 7-11
Session 5 August 14-18

Camp hours are from 8:45 am – 4:30 pm.

Campers being driven to camp should plan to arrive between 8:30 – 8:40 am.

2017 RATES

2-week session:	\$945.00	1-week session:	\$422.50
Deposit:	<u>\$100.00</u>	Deposit:	<u>\$100.00</u>
Total:	\$1,045.00	Total:	\$522.50

Additional sessions for same child: \$1,045.00 for 2-weeks and \$522.50 for 1-week

Bus transportation fee: \$100.00 per 2-week session and \$50.00 per 1-week session

Tuition and bus fees are due by March 1, 2017

THE ALOHA FOUNDATION, INC.

2968 Lake Morey Road, Fairlee, VT 05045

(802) 333-3400 • FAX (802) 333-3404

Christopher “Chris” Overtree

Executive Director

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Tracey McFadden

Horizons Director

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An online version of this application is available on our website: www.alohafoundation.org

MISSION STATEMENT

The Aloha Foundation is a Vermont-based non-profit that provides summer camps, family camps and education programs emphasizing simplicity, the outdoors and living in community.

Our mission is to inspire people of all ages to learn, explore, grow and be their best selves.

Program:

Our program is specifically designed for elementary school-aged children, Kindergarten through 7th grade graduates. We offer a wide variety of activities including: instructional swimming, canoeing, sailing, sports & games, archery, arts & crafts, drama & music, hiking and nature fun. Our program is an introduction to these activities: if your child would like a more in-depth experience in one area, perhaps you should consider our resident programs.

Location:

Horizons enjoys 100 acres, a beautiful waterfront and athletic fields on **Lake Fairlee** in West Fairlee, Vermont. Horizons is located on the corner of Middlebrook Road and Route 244.

Overnight Option:

Available to 3rd through 7th grade graduates. During the second week of each 2-week session, campers ready to experience an overnight at camp are invited to join us for a cookout, campfire and singing. Breakfast will be served in the morning and campers will be ready for a full day of camp.

Eligible campers will receive a form early in the first week of camp about the overnight. Please discuss this opportunity with your camper and decide together if he or she is ready to spend the night.

Please note: The 7th grade graduates leave camp for their overnight program. If, for some reason, your child does not wish to attend this trip, there is no "in camp" program for them that day.

Final Friday:

On the last Friday of each session, transportation will not be provided in the afternoon. Parents are invited to join us at 3:30 pm to meet counselors, tour the facility and share a brief program. Dismissal will be at 4:30 pm.

Deposit and Tuition Fees:

The deposit of \$100.00 per session, payable in U.S. Funds through a U.S. Bank, is due at the time of enrollment.

Camping trips are a distinctive part of the program at each of The Aloha Camps. There is no extra charge for trips.

Tuition payments should be made by check, money order or wire transfer. Please contact us if you wish to make other payment arrangements.

Financial Aid:

Families who wish to be considered for "campership" assistance may request a campership application.

Billing, Withdrawal and Refund Policy:

Statements will be sent to the parents of the camper, at the home address, unless you notify us otherwise.

The deposit is non-refundable. Families are responsible for the full tuition if withdrawal is made after March 1st. If the Camp succeeds in filling the place, which is usually impossible in the late spring, parents may be relieved of this financial obligation. The sooner any change of plans is known, the more likely it is that a vacancy can be filled.

A finance charge of 1% per month, and any collection fees incurred, will be added to all late payments.

No reduction of tuition is made for late arrival, early departure, missed days, withdrawal for emotional or medical reasons, dismissal for misconduct, or any other cause.

We reserve the right to dismiss any camper if, in our opinion, this action is in the best interest of the Camp. In this instance, no refund will be made.

Trips During Camp:

When traveling during camp, whether on a hiking or canoeing trip, or for other events, campers travel in 8, 12 or 15-passenger vans or school buses.

Travel To and From Camp:

Chaperoned transportation from and to Lebanon, Norwich, Thetford and Lyme will be available on a first-come, first-served basis. There will be no transportation available in the afternoon on July 7, July 21, August 4, August 11 and August 18 - see *Final Friday*.

There will be an additional charge per session, per child, for the bus service. Transportation fees must be paid in full by March 1.

NOTE: Our buses are normally filled to capacity. For this reason, we do not allow bus switching during the season.

Camp Photography:

The Aloha Foundation uses photographs of camp activities in its brochures, newsletters, and on our website.

Health Coverage & Immunization Policy:

Children at The Aloha Camps must be covered by a comprehensive Health and Accident policy to participate. Insurance information and policy numbers will be required prior to arrival.

A member of the Health Staff is always on campus while Camp is in session and may include RN's, EMT's, LPN's, Physicians' Assistants and Advanced First Aiders. Our Camp Physician is always on call and we have ready access to a local emergency response team and emergency room.

All campers must be up-to-date on immunizations before camp attendance. Immunization records will be required with camper health record.

Release:

By applying to send your child to Camp, you consent to his/her participation in all regular Camp activities, both on and off Camp grounds, and accept the fact that some of these involve inherent risks. By permitting your child to attend and participate in Camp activities, The Aloha Foundation and its agents, employees and volunteers are released from any and all claims for damage arising out of injury to your child while participating in any and all activities including, but not limited to: horseback riding, gymnastics, biking, hiking, rock climbing, all waterfront activities, all landsports activities - including archery, riflery, climb tower, ropes course, team and individual sports, crafts activities and fine arts programs. Such activities may occur on-site or off-site in Vermont or other states.

Medications: While at Camp, health personnel may need to administer basic medications, either over-the-counter or prescription, such as, among others, acetaminophen, ibuprofen or calamine lotion. They do so with the written authorization of our camp pediatricians and health personnel at Upper Valley Pediatrics.

Dietary Needs:

We do our best to accommodate essential dietary needs when possible. We are nut-free, and also provide dairy-free, gluten-free and vegetarian options at meals. Because we cannot guarantee there will be no cross-contamination, any serious or life-threatening allergies may not be possible to accommodate. Parents must inform us in advance of allergies or dietary restrictions so we can discuss what we can and cannot provide.

The Aloha Foundation:

The Aloha Camps are owned and operated by the Aloha Foundation, Inc. Its Board of Trustees is responsible for maintaining Aloha's traditions and high standards of personal service to all campers.

The Foundation and its Board are represented at all times by The Foundation's Executive Director.

The Aloha Foundation, Inc. does not discriminate on the basis of age, gender, race, religion, national origin, veteran status, sexual orientation, or disability with respect to: employment, volunteer participation, and the provision of services.

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2017 – Horizons Day Camp Application for Enrollment - 2017

It is essential to have all required parts of this application completed. Please print or type and mail with your \$100 deposit to: The Aloha Foundation, Inc., 2968 Lake Morey Road, Fairlee, VT 05045. Please make checks payable to **THE ALOHA FOUNDATION, INC.**

2-Week Sessions (K-7): Session 1: June 26-July 7 Session 2: July 10-21 Session 3: July 24-August 4

1-Week Sessions (K-4): Session 4: August 7-11 Session 5: August 14-18

Please tell us your camper's arrival plans.

- Camper will arrive by car (camp begins at 8:45 am)
- Champion Rink
- Marion Cross School
- Lyme Elementary School
- Thetford Elementary School

Please tell us your camper's departure plans.

- Camper will depart by car (camp ends at 4:30 pm)
- Champion Rink
- Marion Cross School
- Lyme Elementary School
- Thetford Elementary School

Please provide names of people approved to pick up your camper: _____

Camper's Full Name _____ (_____)
Child's Preferred Name

Date of Birth _____ (mm/dd/yy) _____ Male or Female
Camper Email Address

Present Grade in 2016-2017 school year _____ **Name of Camper's School** _____

PRIMARY GUARDIANS (Please list the guardians living in the camper's household in this top section.)

Mr./Mrs./Ms./Dr. _____ <i style="font-size: small;">First Name Last Name</i> () Dad () Step-Dad () Mom () Step-Mom () Grandfather () Grandmother () Other: _____	Mr./Mrs./Ms./Dr. _____ <i style="font-size: small;">First Name Last Name</i> () Dad () Step-Dad () Mom () Step-Mom () Grandfather () Grandmother () Other: _____
Employer: _____	Employer: _____
Position/Title: _____	Position/Title: _____
Work Phone: _____ Fax: _____	Work Phone: _____ Fax: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Home Phone (with area code) _____ Fax: _____	
Home Mailing Address: _____ <i style="font-size: small;">Street or P.O. Box City State ZIP Country</i>	
Summer Mailing Address: _____ <i style="font-size: small;">Street or P.O. Box City State ZIP Country</i>	
Summer Phone (with area code) _____ Fax: _____	
<input type="checkbox"/> Mail should be sent to my summer address from (dates) _____ to _____.	

OTHER LEGAL GUARDIANS, IF APPLICABLE: Check here if duplicate mailings should NOT be sent to this address.

Mr./Mrs./Ms./Dr. _____ <i style="font-size: small;">First Name Last Name</i> () Dad () Step-Dad () Mom () Step-Mom () Grandfather () Grandmother () Other: _____	Mr./Mrs./Ms./Dr. _____ <i style="font-size: small;">First Name Last Name</i> () Dad () Step-Dad () Mom () Step-Mom () Grandfather () Grandmother () Other: _____
Employer: _____	Employer: _____
Position/Title: _____	Position/Title: _____
Work Phone: _____ Fax: _____	Work Phone: _____ Fax: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Home Phone (with area code) _____ Fax: _____	
Home Mailing Address: _____ <i style="font-size: small;">Street or P.O. Box City State ZIP Country</i>	

If there are legal provisions regarding individuals authorized to visit a camper, or disqualified from visitation, please provide applicable written documentation. Subsequent to enrollment, changes in information about guardianship, camper's residence or a camper's authorized visitors must be confirmed in writing by all legal guardians and be accompanied by any applicable legal documentation.

For both new and returning campers: please enclose a recent photograph with your completed application.

Brothers, full names/ages? _____ Sisters, full names/ages? _____

How did you become interested in Horizons? _____

What other camps have you considered? _____

Name(s) and relationship of relative(s) who have attended, or are currently attending, the Alohas: _____

Has your child been to camp before? If yes, where and years? _____

- I would like to receive a campership aid application. My child **will** come with or without tuition assistance.
- I would like to receive a campership aid application. My child **will not** be able to attend without tuition assistance.

I have read and agree to the terms and policies in the accompanying General Information Bulletin.

PLEASE SIGN HERE!

_____ Date

_____ (Parent or Guardian Signature)

Please send me information on the following programs:

- Aloha for Girls 12-17 yrs. Hive for Girls 7-12 yrs. Elfin Program at Hive for Girls 1-3 grade
- Lanakila for Boys 8-14 yrs. Horizons Day Camp for Boys and Girls K-7 grade Ohana Camp on Lake Fairlee
- Hulbert Outdoor Center: Aloha Family Camp New Year's Family Camp
- Homeschool Camp Winter & Spring School Vacation Camp

Please send information on the following programs to these family members/friends/acquaintances:

- Aloha for Girls 12-17 yrs. Hive for Girls 7-12 yrs. Elfin Program at Hive for Girls 1-3 grade
- Lanakila for Boys 8-14 yrs. Horizons Day Camp for Boys and Girls K-7 grade Ohana Camp on Lake Fairlee
- Hulbert Outdoor Center: Aloha Family Camp New Year's Family Camp
- Homeschool Camp Winter & Spring School Vacation Camp

TO: Parent's Name _____

Address _____

Phone _____ Email _____

Child's name, age and grade _____

TO: Parent's Name _____

Address _____

Phone _____ Email _____

Child's name, age and grade _____

FOR MORE INFORMATION ON ALL OF THE ALOHA FOUNDATION PROGRAMS, PLEASE VISIT OUR WEBSITE:

www.alohafoundation.org

TO ALL HORIZONS APPLICANTS: The following information is very important to ensure a successful experience for your child.

Applications can not be considered complete until the following information is completed and returned.

Horizons Applicant Name: _____

Height: _____ **Weight:** _____

Name of parent filling out form: _____

1. General Health (especially restrictions, current medications and allergies we should be aware of): _____

2. Does your child have special dietary requirements? _____

3. Temperament/Personality: _____

4. What special interests does your child have? _____

5. How do you anticipate your child's transition to camp life will be? _____

6. Does your child require assistance during the school day? Yes No If yes, please explain: _____

7. Have there been any difficult life situations in the past twelve months that may still have relevance for our working with your child this summer? Was there therapy or counseling involved in the process? Please explain: _____

8. Is there any other information you think would be helpful for us to know about your child to help us provide a wonderful summer? _____

For statistical purposes, is your child: Black or African American Asian White Hispanic or Latino

Native American or Alaska Native Native Hawaiian or Other Pacific Islander Other _____

Please return to: The Aloha Foundation, Inc. 2968 Lake Morey Road, Fairlee, VT 05045