

# Privacy and Camp



## A Note Regarding Personal Information

We know that some parents are concerned about providing information about personal aspects of their child's behavior, past experience, or medical history. As camp directors, we appreciate these concerns. We also know how valuable having camper histories and knowing parent concerns up-front can be to us in helping your child have the safest, most rewarding summer possible.

Our commitment is to never misuse personal information or release it to unauthorized persons. Only the camp leaders and your child's counselor will read the Personal Profile, and emergency contact and medical information are kept on file in the Health Center or carried by directors or division heads on off-site trips. While much of the information may appear redundant, please understand that different forms are for different people who are entrusted with the care of your child, so please take the time to carefully complete each form. Also, because having consistent information is important, please have the same parent complete all the forms.

**We take privacy very seriously and we carefully regulate who has access to sensitive information.** However, if you have a specific concern that you would rather not write down, feel free to contact us by telephone or in person to discuss your child's needs. The information will never be used at camp unless necessary, and then only with the greatest discretion. And we will, of course, let you know if your child is having any difficulty.

Again, thanks for taking the time to complete the enclosed forms. All of the information that you provide us with is invaluable in helping your child make a smooth and happy adjustment to camp.

Warm regards,

*Jeff & Cindy*



## 2011 Forms Checklist

Use this checklist to help you track which forms you have completed and when they were sent.

All forms, except medical forms, **must be completed and returned by April 15<sup>th</sup>**. The Physician's Report, Meningitis Form, and Standing Orders are due by **June 1<sup>st</sup>**.

<b>FORMS</b>	Camper: _____ Completed/Date Sent	Camper: _____ Completed/Date Sent	Camper: _____ Completed/Date Sent
Personal Profile			
Health Form			
Aquatic Profile			
Off-Site Swim Form			
Face Place			
Physician's Form			
Standing Orders			
Meningitis Immunization Form			
Camper Account (one per family)			
Register with Camp Meds (if take meds at camp)			
Luggage Transportation Form (available in April)			

# Personal Profile

Summer of 2011



P.O. Box 1143  
Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002

Please complete and return this form to the camp office by April 15. The contents of this form will be held in the strictest confidence and will be used only as a guide and reference for your child's counselor. Please provide as much information as possible so that we may provide the most appropriate environment in which your child can thrive. Failure to disclose any physical, psychological, or medical condition or required medication may result in the dismissal of your child from camp.

Please make sure your camper's name appears on each page. This helps us in case pages become separated from each other.

Child's name..... Age as of July 1, 2011 .....

Nickname child prefers friends to use (if any) .....

Date of birth ..... School grade entering in September 2011 .....

Parents' marital status ..... Child resides with .....  
(mother, father, stepparents, siblings [give number of siblings], etc.)

If divorced or legally separated, who has custody?.....

To whom may your child be released? .....

Court papers on file with Camp Echo?  Yes  No

We can only honor visitation restrictions if a copy of the court order is on file in the camp office.

Camps child attended last year:

(Check all that apply)  Camp Echo – This will be his/her \_\_\_ year  Other

.....

Sibling(s) at Camp Echo and ages.....

Sibling(s) not at Camp Echo camps and ages .....  
(specify camp[s])

Does your child have any sleeping habits of which we should be aware (sleepwalking, sleep difficulties, nightmares, restlessness, bedwetting, etc?)

.....

Does your child have his or her own bedroom?  Yes  No

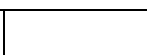
Does your child have his or her own bathroom?  Yes  No

Has camper been away from home more than 5 consecutive days? ..... Did he/she adjust well? .....

If no, please explain .....

**Please complete all four pages of this form.**

Office Use Only. Please do not place any marks inside this box.



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**Child's Name** .....

Activity restrictions (if any) .....

.....

Hobbies and interests .....

.....

Sports preferences or favorite camp activities .....

.....

What specific responsibilities (household duties, part-time job, etc.) does your child have to the home and family? Please describe: .....

.....

What are some of your child's recent successes? .....

.....

Allergies .....

.....

Special dietary instructions / eating habits .....

.....

Any eating disorder or concern about one? .....

.....

Chronic or recurring injuries or illnesses .....

.....

Special developmental needs or learning disabilities .....

.....

Daily medication, excluding vitamins .....

This information is for the counselor only and does not replace information given on the Medical Form and Physician's Report.

Anticipated changes in medication for the summer?.....

(It is strongly recommended that medication changes be avoided during the camp stay.)

**Child's Name** .....

Has your child had psychological counseling?  Yes  No How long? ..... Currently? .....

If yes, please explain .....

.....

Does your child have any expectations or concerns about camp? .....

.....

Do you have any expectations or concerns about camp? .....

.....

Is there a recent or anticipated family change that might affect your child? .....

.....

What kinds of difficulties, if any, are counselors most likely to have with your child and how should they be handled?

.....

.....

Please identify your specific goals for your child this summer. Goals may include physical skill areas such as swimming, horseback riding, or arts and crafts, as well as emotional skill areas like self-confidence, cooperation, and resilience.

.....

.....

What are your child's goals for her/himself? .....

.....

What consequences do you use when it is necessary to discipline your child? .....

.....

.....



**Child's Name** .....

Is your child modest (prefers privacy while dressing, etc.)? Explain. ....

.....

Does your child have any fears of which we should be aware? (storms, the dark, noises, roller coasters, etc.)

.....

.....

Are there social and/or behavioral issues that will help us know your child better?

.....

.....

Is there anything else you'd like your child's counselor to know about him or her?

.....

.....

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.....

Form completed by .....

Name

Relationship to camper ..... Date.....

**For Camp Echo staff use only:**

Director has reviewed this profile

Counselor has reviewed this profile

Counselor's signature ..... Date.....

Child's name.....

Sex:  M  F D.O.B. ....

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Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002



# Health Form Summer of 2011

## To be completed by parent.

Please complete and return this form to the camp office by April 15. The information you provide here will be held in the strictest confidence. It will be kept on file in our camp Health Center or carried by the camp directors or group leaders when your child travels with one of our camp groups. This information will be shared with other key camp staff only on a "need-to-know" basis. Because this is our first resource in the event of an emergency, it is important that you be as specific as possible.

Please be sure to complete the "Child's name" blank at the top of *each* page. This helps us in case pages become separated from each other.

Age as of July 1, 2011 ..... School grade entering in September 2011 .....

Names and ages of siblings in camp: .....

### Emergency Contact Information

Parent's Name .....	Home Phone .....
Home Address .....	Cell Phone .....
Place of Business .....	Work Phone .....
Occupation .....	Days/Hours of Work .....

Parent's Name .....	Home Phone .....
Home Address .....	Cell Phone .....
Place of Business .....	Work Phone .....
Occupation .....	Days/Hours of Work .....

Parents' marital status ..... Child resides with .....  
(Mother, father, stepparents, siblings [give number of siblings], etc.)

If divorced or legally separated, who has custody? ..... Papers on file with camp?  Yes  No

If parents can't be reached in an emergency, notify...

Name..... Relationship ..... Phone .....

Name..... Relationship ..... Phone .....

Name..... Relationship ..... Phone .....

Child's Physician..... Address ..... Phone.....

Dentist/Orthodontist ..... Address ..... Phone.....

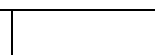
Ophthalmologist ..... Address ..... Phone.....

Where else can parents be reached during the day? (Include locations, phone numbers, and most common times of day)

.....  
.....

*Please complete all pages of this form.*

**Office Use Only.** Please do not place any marks inside this box.



**Allergies**

Camper is allergic to the following foods: .....

Describe the reaction (anaphylaxis, etc.) if this food is consumed and what is done to manage it: .....

.....

Camper is allergic to the following medications:.....

.....

Camper is allergic to the following substances:.....

Describe the allergic reaction:.....

.....

**Diet**

Please check one:

- Camper eats a regular and varied diet.
- Camper eats a limited diet (Please be specific): .....

Is camper lactose-intolerant?  Yes  No

- If yes, please check one:
- Camper uses a product like Lactaid and/or can self-manage the intolerance.
  - Camper requires a lactose-free diet

Other dietary restrictions: .....

**Chronic Concerns**

Camper has the following chronic health concerns:

- Asthma
- Menstrual cramps
- Headaches
- Frequent ear infections
- Diabetes
- Frequent colds
- Sleepwalking
- Bedwetting
- Other (please be specific):.....

Please provide information about supportive health care needed for each checked item:.....

.....

**Medications**

If your child must take medication while at camp, please note that here. Do not give your camper's medication to him or her to bring to camp; adhere to the Camp Meds guidelines.

All medication (excluding vitamins) is packaged prior to the first day of camp by *CampMeds* — please see the *CampMeds* information sheet for their guidelines and to sign up for this service. **The only medications allowed on the bus to camp are Epi Pens, Inhalers, Insulin and Growth Hormone.** These medications must be accompanied by a Doctor's order. The prescription label is not an order and is not acceptable. The Growth Hormone must be packaged in an individual cooler.

Camper takes the following routine medications (including vitamins).

Name of medication: .....	Name of medication: .....
Reason for Taking: .....	Reason for Taking: .....
Dosage: .....	Dosage: .....
How often/what times: .....	How often/what times: .....

*Please attach and sign additional pages as necessary.*

**General History**

- Has the camper had chicken pox or been immunized for chicken pox? .....  Yes  No
- Has the camper had mononucleosis in the past 12 months?.....  Yes  No
- Is the camper's hearing within normal ranges? .....  Yes  No
- Does the camper use glasses or contact lenses to correct vision?.....  Yes  No
- Is the camper free of illness, injury, or other condition which would affect program participation? .....  Yes  No
- Is the camper prepared to fall asleep at night without supports such as reading or listening to music? .....  Yes  No
- Does the camper typically make noises while sleeping (snoring, talking in sleep, etc.)? .....  Yes  No
- Does the camper usually get up at night to use the bathroom? .....  Yes  No
- Does the camper share his or her bathroom at home with at least one other person? .....  Yes  No
- For girls: Has this camper menstruated?.....  Yes  No
  - If yes, is the camper's menstrual history normal? .....  Yes  No
  - If no, has the camper been spoken to about menstruation? .....  Yes  No

**Mental and Emotional History**

- Has the camper been diagnosed with Attention Deficit Disorder (ADD or ADHD)?.....  Yes  No
- Has the camper received a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder?.....  Yes  No
- Does the camper have an emotional health concern? .....  Yes  No
- Does the camper have a learning disability?.....  Yes  No
- Has the camper seen or is the camper currently seeing a professional to address mental and/or emotional health concerns?.....  Yes  No

If "Yes" was answered to any of the five questions above, please attach a statement from your physician or psychiatrist which describes the concern and the camper's management plan, describes the behaviors which would indicate to our staff that your camper may need a professional referral, and provides a recommendation for participation in the camp program.

**Additional Information**

What have we forgotten to ask? Please provide any other information that would be useful to us in caring for your child.

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If you are planning a trip during the summer, please note dates, itinerary, and phone numbers. Please inform the camp office in writing of who the child's caretaker will be.

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**Health Insurance**

It is essential for us to have your child's insurance coverage information on file. There is generally no charge for health care received from camp medical staff. In the event that outside diagnostic or treatment services are required while your camper is at camp, the family's insurance plan will be primary.

Name & Birthdate of parent through whom your insurance plan is written: .....

Name of Insurance Company: .....

Plan Name: ..... Type: ..... Card Number: .....

If this plan is a group plan provided through an employer...

Employer's name:..... Group number: .....

Type: .....

Card Number:.....

Are prescriptions covered by this insurance plan?  Yes  No

(If prescriptions are not covered, the cost of prescriptions and/or co-pay will be charged to your tuition account or camper account.)

**Please include a photocopy of *both sides* of your insurance card.**

**Parent's Authorization**

The health information provided here and in other related documentation is correct and complete as far as I know. This camper has permission to participate in all camp activities except as otherwise noted in writing.

I give permission to the camp to provide routine health care, administer prescribed medications, and seek outside medical treatment, including x-rays and routine tests. I agree to the release of any records necessary for insurance or treatment purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form and other information may be photocopied or faxed and those copies should be considered as valid as the original.

Signature of Parent.....

Printed Name ..... Date .....

**For Camp Use Only**

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# Aquatic Profile

Summer of 2011



P.O. Box 1143  
Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002

This form will be given to our swim staff in order to design the appropriate aquatic program for your child. Please complete all sections of this form even if information is repeated from the Personal Profile.

Child's name..... Age as of July 1, 2011.....

School grade entering in September..... Camp(s) attended last summer.....

If your child was a Camp Echo camper last summer, we have his or her swim level on file. For new campers, if you know your child's last earned American Red Cross card, please fill that in here; otherwise, indicate the level that best represents your child's ability to the best of your knowledge:

- American Red Cross card level:..... or Camper's swim level:
- Non-swimmer
  - Beginner
  - Intermediate
  - Advanced

Our swim instructors are professionals who are certified and trained to teach swimming. While they will never force a camper, there is a range of encouragement that an instructor can provide. Please check the statement below that most closely represents your feelings:

- My child truly enjoys swimming and water sports. I support full participation and anticipate no need for special consideration.
- My child usually needs extra encouragement to get over a hurdle, especially if he or she perceives there is a risk involved. Please be gentle but firm. I expect to see some real progress in my child's swimming skills this summer.
- My main objective is for my child to feel comfortable at camp; skill acquisition is not one of my highest priorities. Although he or she is always required to go to the pool, please do not use a lot of pressure during swim instruction, even if it means that progress will be slow.

Additional comments regarding swim .....

.....

.....

Form completed by ..... Relationship to camper ..... Date .....

Signature

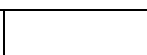
**For Camp Echo staff use only:**

- Counselor has reviewed this profile
- Swim Director has reviewed this profile

Counselor's signature ..... Date.....

Swim Director's Signature..... Group/Cabin .....

Office Use Only. Please do not place any marks inside this box.



# Off-Site Swimming

## Summer of 2011



The New York State Department of Health requires that we have a signed permission slip before we can allow campers to participate in water activities like swimming and boating at off-campus locations.

All campers must have this permission in order to attend camp.

As you know, we take camper safety very seriously. You can expect the same level of water safety when camp groups visit off-site locations as when they're swimming in our own pools and lake. We comply with the regulations of the New York State Department of Health and with the guidelines of the American Camp Association. We use and teach established boating and waterfront safety guidelines, including the use of Personal Flotation Devices. Campers traveling off site are always accompanied by at least one staff member certified in First Aid and, where appropriate, a member of our water safety staff.

Most of the sites our campers visit are inspected and certified by the New York State Department of Health or the local health departments in the states in which they are located. Some sites may not be regulated by governmental health departments, but they are assessed by our directors and trip staff and determined to be up to the same standards as well as our own standards, which are frequently higher. In addition, many of the places our camp groups visit are sites that we have used many times in the past.

**Please complete the permission form below and return this sheet to us by April 15.** If you have any questions, please feel free to contact the camp office at 201.251.0414 .

### Camper Off-Site Swimming Permission

Camper's Name..... Date of Birth.....

I give permission for my child to participate in water-related activities when traveling off campus, including those that are not inspected by the New York State Department of Health. I understand that the camp directors have selected sites and activities which they have determined to be suitable and safe for campers and that camp staff will verify the safety of each site at the time that the camp group visits.

Parent's Signature ..... Date .....

Parent's Name.....

Office Use Only. Please do not place any marks inside this box.

# Face Place

Summer of 2011

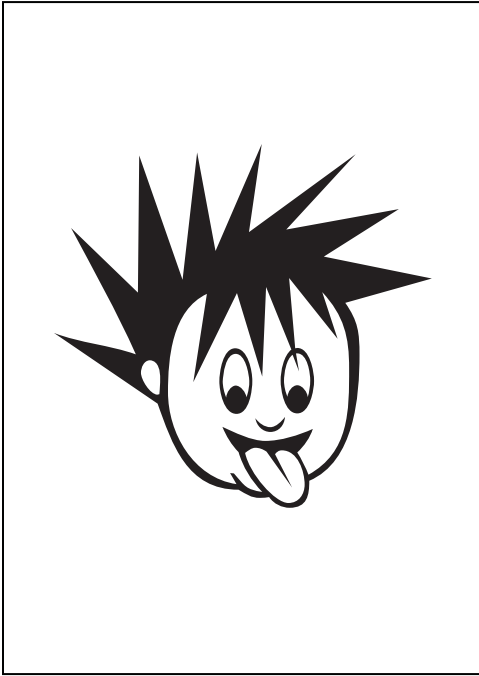
Please provide a photo of your camper

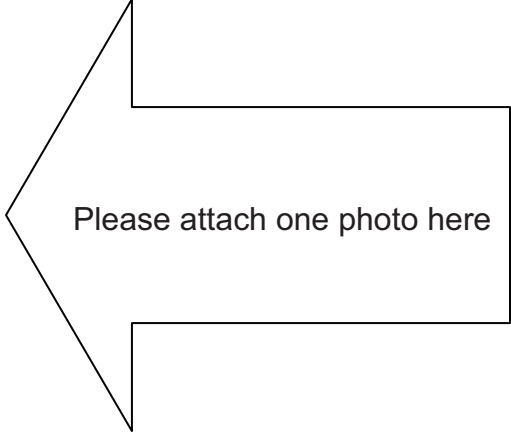


We require a photograph of all of our campers for safety purposes. If you do not have a head shot (such as a school or camp photo) available, you can provide another photo as long as your child is clearly identified. **Please return this form to the camp office or upload a picture using the following link by April 15th:** <http://www.formstack.com/forms/?1056271-yidk8ylRWF>

Child's name .....

Birthdate .....





Please attach one photo here

**Please attach photo using one staple or tape in one corner.**

# Physician's Report

## Summer of 2011



P.O. Box 1143  
Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002

The camper's physician must complete both sides of this form and the accompanying Standing Orders sheet. Please return to the camp office by June 1. All information will be held in the strictest confidence; please be as thorough as possible.

Child's name ..... Date of Birth .....

Date ..... Weight ..... Height .....

Blood Pressure ..... Urine ..... Hematocrit .....

### Health Care Recommendations by Licensed Physician

I have examined the child within the past year. Date examined .....

The NY Department of Health requires that a physical exam was completed no more than a year prior to the last day of camp, August 15.

Is the camper able to participate in an active camp program?  Yes  No

Camper is under the care of a physician for the following condition(s): .....

.....

Current treatment (include current medications): .....

.....

Explanation of any reported loss of consciousness, convulsion, or concussion: .....

.....

### Are there any...

Allergies (food, drugs, plants, insects, etc.)? .....

If yes, should exposure occur, how should the allergic reaction be treated? If this is an anaphylactic response, will this child's parents supply an epinephrine device?

.....

Cardiovascular conditions? .....

Respiratory conditions? .....

Middle ear conditions? .....

Gastrointestinal conditions? .....

**Please complete both sides of this form.**

Office Use Only. Please do not place any marks inside this box.

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**Are there any...**

Neurological conditions? .....

Orthopedic conditions? .....

Activity restrictions? .....

Special diet? .....

Treatment(s) to be continued at camp? .....

Medication(s) to be administered at camp? .....

    Same as during the school year? .....

Additional medical or psychological conditions not listed which we should be aware of? .....

**Camper Immunization History**

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
DPT Series, Diphtheria, Pertussis, Tetanus <b>OR</b>	1 2 3	1 2 3
TD Series, Tetanus, Diphtheria <b>OR</b>		
Tetanus		
Polio Series		
MMR Series		
HIB Series		
Hepatitis B Series		
Chicken Pox (illness or vaccine)		
Meningitis		
Other		

*We may have neglected to ask something you feel is needed to adequately address the health needs of this child. If that is the case, please add your comments. Thank you for helping us to provide a successful summer experience for this camper!*

**Licensed Physician's Signature**.....

Physician's Printed Name.....

Physician's Address .....  
Street
City, State, Zip
Phone.....  
Area Code/Number

Date of Form Completion ..... \*By .....  
\*Initial if completed by nurse or physician's assistant.

# Standing Orders

## Summer of 2011



P.O. Box 1143  
 Ridgewood, NJ 07451  
 201.251.0414  
 Fax 201.652.7002

**The camper's physician must complete both sides of this form. Please return to the camp office by June 1.**

**Parents, please read:** Your child's physician must complete both sides of this form by checking "yes" or "no" on each line and signing at the bottom. By New York state law, we cannot accept a camper at our camps unless both this form and the Physician's Report are properly completed and signed by your camper's physician. A doctor's order of "no" with no alternative listed alongside it means that we cannot administer that medication to your child, no matter how badly it is needed, so please ask your doctor to take the time to complete this form completely. If necessary, you can complete the form and ask your doctor to verify and sign off on it, but we must have this permission from your child's doctor in order to care for your camper.

**Child's name** ..... **Date of Birth**.....

### Standing Orders for Administration of Over-The-Counter Medication to Child

#### Standard Over-the-Counter/PRN Medications

The following medications can be administered by camp medical personnel if approval is indicated by the camper's healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to a specific generic or name-brand drug.

Drug Name	Doctor's Order	Special Instructions for Administration or Alternate Medication
Aleve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Midol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dimetapp	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Robitussin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sudafed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Triaminic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please complete both pages of this form.

**Office Use Only.** Please do not place any marks inside this box.

Standard Over-the-Counter/PRN Medications (continued)

Drug Name	Doctor's Order	Special Instructions for Administration or Alternate Medication
Cepacol Lozenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chloraseptic Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mylanta / Tums	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pepto Bismol / Immodium	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hydrocortisone Cream/Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neosporin / Bacitracin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dramamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nix Lice Shampoo	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anbesol / Oragel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Saline / Eye Wash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aloe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epsom Salt	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licensed Physician's Signature.....

Physician's Printed Name.....

Physician's Address .....  
*Street*
*City, State, Zip*
*Phone*.....  
*Area Code/Number*

Date of Form Completion .....  
\*By .....  
\*Initial if completed by nurse or physician's assistant.

# Meningitis Immunization

## Summer of 2011



New York State Public Health Law requires that we have a completed copy of this form for every camper who attends Camp Echo. **Please review and complete the form below and return this sheet to us by June 1, 2011.** If you have any questions\*, please feel free to contact the camp office at 201.251.0414.

### Camper Meningococcal Meningitis Vaccination Response Form

Camper's Name..... Date of Birth.....

Please check one box and sign below:

- My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: .....

*(Note: The vaccine's protection lasts for approximately 3 to 5 years.  
Revaccination may be considered within 3 to 5 years.)*

- I have read (or have had explained to me) the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Parent's Signature ..... Date.....

Parent's Name (please print).....

For information regarding meningococcal meningitis vaccine and disease, you can visit [www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf) and [www.health.state.ny.us](http://www.health.state.ny.us)

\* Parents sometimes ask our opinion about meningitis immunization. We suggest that you speak with your child's doctor. We do know, however, that the Center for Disease Control [CDC] does recommend this immunization for those who are living in a "closed" community, such as camp or college.

Office Use Only. Please do not place any marks inside this box.

# Camper Account

Camp Echo Summer of 2011



**Please complete and mail this form to Camp Echo with a check by June 15.**

A Camper Account is a debit account against which we charge camp store purchases and small amounts of spending money for campers to purchase souvenirs on off-campus trips. Some possible items to purchase from the camp store are: shampoo, batteries, water bottles, stationary, stamps, disposable cameras, and much more. If it is necessary for our Health Center staff to fill a prescription for your child, the cost of that prescription (or your co-pay charge) will also be charged against this account.

**Please note that campers should never carry or store cash at camp.**

**We recommend starting with \$125 for campers in 2nd through 6<sup>th</sup> grades and \$175 for campers in 7<sup>th</sup> grade and up (or half the amount for 3 or 4 week campers). CIT's should add an additional \$35 to cover the cost of their 7 CIT shirts (unless you ordered more).**

You can add value to this account at any time by contacting the camp office, or you can recharge on Visiting Day. Please check balances for 10<sup>th</sup> & 11<sup>th</sup> grade campers traveling to Florida & the Bahamas and the West Coast. Unless you request otherwise, any unspent money will be applied to your 2012 tuition.

	<b>Camper's Name</b>	<b>Date of Birth</b>	<b>Amount</b>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
			<b>Total enclosed for all campers: \$ _____</b>

**Please include a check for the total amount payable to Camp Echo and note "Camper Account" and your child's name(s) on the check .  
Send to Camp Echo, PO Box 1143, Ridgewood, NJ 07451**