



HAPPY HOLLOW CHILDREN'S CAMP

FOUNDED IN 1951



615 N. Alabama Street, Suite 134, Indianapolis, IN 46204 – (317) 638-3849 FAX (317) 686-0195
e-mail: info@happyhollowcamp.net website: www.happyhollowcamp.net

“A hundred years from now it may not matter what my bank account was, or the sort of house I lived in, or the kind of car I drove, but the world may be different because I was important in the life of a child” – Anonymous

Happy Hollow Camp 2023

Dear Parent/Guardian,

Thank you for your interest in Happy Hollow Children's Camp, Inc. For 70 years we have served the lower-income families of Marion, Boone, Hamilton, Hancock, Hendricks, and Morgan counties. The camp experience combines recreational and educational programming centered on nature and the outdoors for children between 7 and 14. Our camp in Brown County is 850-acres and includes a private lake for swimming, boating, and fishing. Children are housed in cabins with two staff and between 6 to 9 campers.

KEEP THIS INFORMATION FOLDER

Registration Packet Includes:

Every Child needs the following

- Application Form**
- Summer Food Service Form**
- Scope Forms
- Health History Form (Parent's information)**
- Green Physician Form**
- Parent Contract**
- Bully Prevention Contract (One per Child)
- Behavior Expectations Contract (One per Child)

****Required to fully register your child for camp.**

Qualification for scholarship rate is based upon the Summer Food Service Program (SFSP) form (The School Free or Reduced Lunch Program). For those who financially qualify:

<u>Pricing for Summer Camp</u>	<u>Prices</u>
Rate Per Session For Qualifying Campers	\$70.00
Rate Per Session For Non qualifying Campers	Please Contact Camp Office for Pricing

****For those who do not qualify, please contact our office for further pricing.**

Once a completed registration packet and payment is received the child will have a reserved spot. Please note that some campers with special needs may be referred to other camps.

For further information or questions please call (317) 638-3849

***Campers will be enrolled in camp on a first come, first serve basis. Happy Hollow Camp is limited, in the number of campers it can serve. When all the camp sessions are full, all other applicants will be placed on a waiting list.**

INFORMATION TO KEEP IN MIND:

1) Campers will be enrolled in the camp first come, first served. Happy Hollow Camp is limited to 84 campers per session (42 males and 42 females). When all the camp sessions are full, all other applicants will be placed on a waiting list. To reserve a place for your child this summer, you must return application forms along with the **PAYMENT** to our Indianapolis office. **YOUR CHILD'S NAME WILL NOT BE ADDED TO THE CAMP ROSTER UNTIL THE COMPLETED APPLICATION FORM, SUMMER FOOD SERVICE FORM, HEALTH HISTORY FORM, GREEN PHYSICIAN FORM, PARENT CONTRACT AND THE CAMP FEE IS RECEIVED. NO APPLICATIONS WILL BE ACCEPTED ONE WEEK PRIOR TO DEPARTURE.**

MAKE YOUR APPOINTMENT NOW WITH YOUR FAMILY DOCTOR.

- 2) Due to the actual physical size of the camp and the outdoor emphasis, it is important to realize that a lot of hiking and strenuous activity can take place. A physical examination by a licensed medical practitioner is **required prior** to attendance at camp: the green physical form included in this application must be used for the physical. **The insert page of the green physical form must be completed by a doctor.** Be sure to complete the first three pages of the physical form including immunization record.
- 3) **Prescription Medications must be in original containers** (no substitute bottles, no combined medications in the same bottle, no baggies, etc.). The label on the bottle or box must match the orders by the physician on the green Health Form.
- 4) Transportation

Indianapolis Check IN

Check In	Check Out
Opening Day 1pm-2:00pm	Closing Day 12pm

*****TRANSPORATION MAY NOT BE AVAILBLE FOR THOSE WHO ARRIVE AT CHECKIN AFTER 2PM!!!**

5.) **NO NIT POLICY: Head lice is a communicable disease and can spread to others:** The no nit policy is a public health standard intended to keep children lice free, nit free, in school, in camp, and other areas where children gather. On opening day at check-in all campers will be screened for head lice. Any camper found with head lice or nits will not be able to go to camp. The camper will be temporarily moved to another session and the child's guardian must treat or have the child treated by medical personnel for this condition. Also, the child's bedding and clothing must be treated. After treatment and an examination of the child, if no lice or nits are found the child may attend camp. For more information and proper treatment procedures for head lice please visit www.ridlice.com or call 1-800-RID-LICE.

6) Mail is always a great thing to receive at Camp. Please keep it positive and uplifting. It does take a few days to reach camp - you may want to mail any letters prior to your child's departure for camp. *Mail clearly marked with the camper's name may be sent to:*

Attn.: *Camper's Name*
Happy Hollow Camp
3049 Happy Hollow Rd. Nashville, IN 47448

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WHAT TO BRING TO CAMP

Prescription Medications in ORIGINAL CONTAINERS (turned in at Check-in)

<ul style="list-style-type: none">• Clothing (shorts, shirts, underwear, socks) for 6 days• Swimsuits• Athletic Shoes• Jeans or Long Pants• Jacket or Raincoat• Toiletries (soap, toothbrush, toothpaste, shampoo, deodorant, Hairbrush/comb)	<ul style="list-style-type: none">• Bug Spray• Towels (for swimming & shower) & washcloth• Sleeping bag or bedroll (sheets & blankets)• Pillow• Flashlight & batteries• Pajamas• Water Bottle (with name on it)
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***** Please remember this is camp - what is brought may get dirty, ruined, broken, or lost.**

WHAT NOT TO BRING TO CAMP

<ul style="list-style-type: none">• Negative attitude• Electronic games/MP3 Players• Alcohol, Tobacco, Other Drugs• Personal Sports Equipment	<ul style="list-style-type: none">• Weapons (Including Pocket-knives)• Food or Snacks• Gang Apparel• Cell Phones
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Due to limited phone lines, campers may not call home.

If you need to reach your child in an emergency, please contact the office at (812) 988-4900 and we will relay the message.

In Accordance with Federal Law and U.S. Department of Agricultural policy, this institution is prohibited from discriminating based on race, national origin, sex, age, or disability.

REFUND POLICY FOR HAPPY HOLLOW CAMP

If the parent/guardian chooses to withdraw a camper from a camp session after being enrolled, a refund will be made LESS a \$25.00 administrative fee if the parent/guardian notifies Happy Hollow Camps Indy Office within no less than one week (7 days) in advance.

NO REFUNDS WILL BE MADE IF THE CAMPER IS WITHDRAWN IN LESS THAN SEVEN DAYS OF OPENING DAY OR IF THE CAMPER DOES NOT SHOW UP ON OPENING DAY.

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GENERAL INFORMATION

Happy Hollow Camp is accredited by the American Camp Association - a national organization that assesses program and property safety and the effectiveness of camps. All activities are conducted under the guidance of camp staff trained in conducting the activity. Certified lifeguards are on duty during all activities at the lake; lifejackets are worn during all boating activities. Staff are trained in First Aid and CPR, and a nurse is available in the camp during each session. Activities include one waterfront activity each day (swimming or boating). Other activities include; Arts & Crafts, Nature Study, Campouts/Sleep outs, Picnic Lunches, Archery, Gaga Ball, Campfires, Cooking Outdoors, Horseback Riding, Challenge Course, High Ropes Course, etc. Some activities may be limited to older groups due to scheduling or other reasons. Each camper is expected to hike with his/her group to and from activities as needed on our 900-acre property (the lake is not near the group cabins); *those not wishing to be in the outdoors or hike with the group will need to discuss this with camp staff prior to applying for camp.* A week at Happy Hollow Camp is fun and educational; we hope that you will join us this summer.

HAPPY HOLLOW CAMP GOALS

The goals for growth of each camper are achieved through:

- Learning about and enjoying the out-of-doors
- Educating participants for safe and healthful living
- Modeling the constructive use of leisure time
- Developing the unique personality of each person • Practicing democratic group living
- Exploring values and meanings.
- Strengthening family values by experiencing a cooperative living environment

Send or bring applications to:

Happy Hollow Children's Camp
615 N. Alabama St. Suite 134
Indianapolis, IN 46204

Thank you to our camp sponsors

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CAMP REGISTRATION FORM
HAPPY HOLLOW CHILDREN'S CAMP, INC.
615 N. ALABAMA ST. GROUND FLOOR SUITE 134
INDIANAPOLIS, IN 46204
(317)638-3849 FAX:(317)686-0195
Website: www.happyhollowcamp.net

2023
Office Use Only: Date Received _____
Amount Received _____

Complete **both** sides of this form and return along with the enclosed SCOPE form, Summer Food Program Form, and the Camp Fee to reserve a spot for your child at camp.

PLEASE PRINT THE ANSWERS TO **ALL** OF THE QUESTIONS.

***Each child is only allowed to sign up attend ONE Session**

SESSION PREFERENCE (please number 1-5):

I – June 18 – 23 ____ **II – June 25 –30** ____ **III – July 2-7** ____ **IV – July 9 – 14** ____ **V – July 16 – 21** ____

*If your #1 session preference is full, your child will be placed in the next available session according to your preferences.

CAMPER'S NAME _____ MALE _____ FEMALE _____
DATE OF BIRTH _____ AGE _____ COUNTY _____
ADDRESS, APT. # _____
CITY _____ STATE _____ ZIP _____

PLEASE CIRCLE ONE (ethnicity optional):

AFRICAN AMERICAN | ASIAN AMERICAN | CAUCASIAN | HISPANIC | NATIVE AMERICAN | OTHER

CAMPER LIVES WITH:

2 PARENTS FEMALE PARENT MALE PARENT GRANDPARENT
OTHER _____ IS CAMPER A FOSTER CHILD _____

PARENT/GUARDIAN _____ PHONE _____
CELL PHONE _____ EMAIL _____
EMPLOYER _____ PHONE _____

OTHER PARENT/GUARDIAN _____ PHONE _____

OTHER EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT'S RELATIONSHIP TO CAMPER _____

HAS ATTENDED HAPPY HOLLOW CAMP: NO YES If yes what year(s)? _____

WHAT SCHOOL DOES THE CAMPER ATTEND _____

***CAMPER PICK-UP RELEASE:**

When my child returns to Indianapolis from Happy Hollow Camp, I give permission for the following person/persons to pick him/her up.

Name Relationship Phone

Name Relationship Phone

Parent/Guardian Signature Date Phone

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Happy Hollow Asthma Camp Asthma Symptom Information

In addition to the regular Happy Hollow Camp Application and Health Form, please complete this information too. It will allow our medical staff to understand your child's asthma.

1. Does your child try and hide their asthma attacks and/or deny symptoms?

_____ Always _____ Sometimes _____ Never

2. Does your child spend nights with friends, grandparents, or other relatives?

_____ Yes _____ No

3. Does your child have a fear of a particular situation? _____ Yes _____ No

If yes, please explain:

4. Asthma History

- How long has your child had asthma: _____ years
- Do you think your child's asthma is well controlled? _____ Yes _____ No
Explain, if yes: _____

- WITH IN THE LAST 3 MONTHS (ON THE AVERAGE):

- A. How many times a week does your child wake up wheezing/coughing: _____ nights/week
- B. How many days per week does your child use their reliever (rescue) inhaler? _____ days/week
- C. How much does your child's asthma interfere with exercise: **NONE SOME A LOT**

- WITH IN THE PAST YEAR

- A. How many days of school has your child missed due to asthma? _____ Days
- B. Went to their doctor's office because of asthma? _____ Times
- C. Been to the emergency room or urgent care center because of asthma? _____ Times
- D. Been on oral steroids (Prednisone, Prelone, Prediapred) because of asthma: _____ Times

- WITH IN THE LAST 5 YEARS

- A. Admitted to the hospital for asthma: Yes No How many times? _____ Most recent _____
- B. In an intensive care for asthma: Yes No How many times? _____ Most recent _____
- C. Incubated for asthma? Yes No How many times? _____ Most recent _____

AUTHORIZATION TO RELEASER MEDICAL DATA

I hear by allow Happy Hollow Children's Camp to release medical data to compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

Name: _____ Relationship to child: _____

Signature: _____ Phone: _____ Work Phone: _____