

# Camp Heritage

3802 Spring Avenue, SW  
Decatur, Alabama 35603  
256-351-4275 / 256-260-3314  
camheritage@dhca.org



Dear Parents,

Camp Heritage 2024 is almost here! We look forward to spending the summer with your children. Our hours of operation are 7:00am – 5:30pm each day, running from June 3rd through July 31st. Here are a few highlights:

- **Exciting field trips\*\*** – Cook’s Science Museum, Stars & Strikes, Cathedral Caverns, Cullman Wellness Center, Family Lanes, Insanity Complex, AMC 12, and more!
- **Interesting visitors\*\*** – Camp visitors TBA!
- **Fun activities\*\*** - Crafts, STEM activities, Music, CHRISTmas In July, Dirty Santa, Birthday Party and more!

We will be enjoying all this and much more. Campers will be accepted on a first-come basis, meaning that if your camper meets camp requirements, registration forms have been filled out and turned in with the registration fee paid in full.

***Space is very limited!***

Registration packets are available in the lower school office and on our school web site:  
[www.dhca.org](http://www.dhca.org)

**Registration begins:**

- **April 8th-12<sup>th</sup>:** Returning Campers
- **April 15<sup>th</sup>-19<sup>th</sup>:** DHCA Students
- **April 22:** Open Registration

Looking forward to seeing you this summer,

Mrs. Hall & Mrs. Helms

***\*\*All field trips, visitors and activities are subject to change according to availability, weather, and many other factors.***

**Camp Heritage 2024**  
**June 3rd – July 31st**  
**3802 Spring Avenue, SW**  
**Decatur, Alabama 35603**  
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**campheritage@dhca.org**

Welcome to Camp Heritage 2024!! We are so excited about the activities we have planned for this summer! Please read over the following information concerning our fees and regulations.

**Registration Requirements:**

- Registration fee per camper: \$175.00 (*Non-refundable*)
- Campers must have completed a structured 4-K program and reached his/her 5th birthday by June 1, 2024
- Completed Registration Form
- Completed Field Trip Form
- Liability Release Form
- Attend Camp Heritage Parent Orientation (TBA)
- Tuition includes afternoon snack

Full - Time	Part - Time
5 Days	3 Days or less
\$660.00/mo.	\$520.00/mo.

**Hours of Operation:** 7:00 am – 5:30 pm each day. **If you arrive after 5:30 a late fee of \$2.00 for every minute that you are late will be due upon arrival.**

**Tuition:** Due by June 3rd and July 1<sup>st</sup>. Tuition is considered late after those dates, at which time a late fee of \$20.00 will be added. There is a \$35.00 fee charged for all returned checks. Make checks out to DHCA. There are no refunds for absences. Camp Heritage is an 8-week program. We offer an early payment option. You may begin making payments on tuition when all registration forms have been completed and registration fees have been received.

**Early withdrawal: Camp Heritage is a 2-month program, which means tuition for 2 months is expected. If the need arises for early withdrawal, a two-week notice is required and tuition will be due. Additionally, there will be a fee of \$150.00 per camper for early withdrawal.**

**Dress Code:** Your camper may wear shorts and t-shirts, but they must be modest. We reserve the right to send a camper home to change if he/she is not dressed appropriately. On "water days," your camper may wear his/her swimsuit to day camp **but only with a cover-up. No bikinis!** Please be sure to send dry clothes and a towel, **labeled** with your

camper's name. Please apply sunscreen to your camper before arriving at camp. Each camper will need to bring his/her own-labeled sunscreen to be left at camp for reapplication. (***Spray on only***)

**Lunches:** Campers will be required to bring a sack lunch each day unless it is provided on a field trip.

**Snacks:** Afternoon snack will be provided; you will need to send a morning snack for your camper. The "Snack Shack" will have food available to purchase for breakfast. Granola bars, Pop-tarts, cereal, milk, doughnuts, chips, and fruit snacks will be available. We have juices, Gatorade, Yoo-Hoo, bottled water and soda. All items will be \$3. or less.

**Field Trips:** Your camper will go on many fun and exciting field trips during their time at Camp Heritage. Please note that your camper will need to bring a sack lunch for all trips unless we do lunch on a trip. You will be well informed on where and when each field trip will be. **Your camper will be required to wear his/her camp T-shirt on all field trips with Camp Heritage.** There will be no exceptions! This is very important so that the counselors and chaperones can keep up with the campers. Please keep in mind that if a camper refuses to follow the rules and procedures of Camp Heritage...**field trip privileges will be taken away.**

**\*\*All field trips, visitors and activities are subject to change due to availability, weather, and many other factors.**

**Sickness:** Camp Heritage has a sickness policy that is strictly enforced. A camper who is ill upon arrival to camp will not be allowed to stay. If the camper becomes ill during camp, the parent or guardian will be expected to pick up the camper as soon as possible. If a camper displays any of the following symptoms, he/she must be kept at home:

- Fever (100 degrees or above)
- Diarrhea
- Nasal secretions that is thick, yellow or green, and accompanied by a fever
- Sore throat with fever or throat spots
- Cough accompanied by fever, chills, and/or coughing up of green or yellow mucus, vomiting, or nausea
- Eye drainage of any type should be checked by a doctor to rule out infection
- Unusual rashes should be checked by a doctor to rule out bacterial infection
- Campers not feeling well, such as lethargic behavior and/or crying

The camper may return to camp after illness when;

- Fever has been broken for 24 hours (**without fever reducing medicine**)
- Nausea, vomiting, or diarrhea has subsided for 24 hours
- At least 4 doses of antibiotic have been given over a 24-hour period for any type of strep or bacterial infection
- Camper is feeling well again and normal behavior has returned

The giving or application of medication shall be given only with written order or a prescription from a physician to the camper's parents or guardian. All prescription medications must be in their original container. Parents or guardians must sign the Medicine Form stating what the medication is, the quantity to be given, the last time a dose was given, and when to give the next dose. We do not give over-the counter medications such as cough syrup, Tylenol or Ibuprofen.

# Camp Heritage 2024 Registration Form

Child's Name \_\_\_\_\_

T – Shirt Size \*Circle one YS, YM, YL, YXL AS, AM, AL, AXL

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age as of June 1<sup>st</sup> 2024 \_\_\_\_\_

**Which days will your child attend Camp Heritage? M\_\_T\_\_W\_\_T\_\_F\_\_ \*Part-time days must be set here!**

**What time will your camper arrive at Camp Heritage? \_\_\_\_\_ What time will your camper depart camp? \_\_\_\_\_**

Father \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Does child reside with father? Yes \_\_\_\_\_ No \_\_\_\_\_

Mother \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Does child reside with mother? Yes \_\_\_\_\_ No \_\_\_\_\_

## Local Emergency Contact # 1

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child \_\_\_\_\_ Work phone \_\_\_\_\_

## Local Emergency Contact # 2

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child \_\_\_\_\_ Work phone \_\_\_\_\_

List all persons authorized to pick up your child. If they are not on this list they will not be allowed to pick your child up without written or verbal consent from the custodial parent(s). **Please be prepared to show ID.**

_____	_____
_____	_____
_____	_____

List any important medical information, including food and drug allergies: \_\_\_\_\_

\_\_\_\_\_

**I have read, understand and agree to the Camp Heritage 2024 procedures.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Heritage 2024  
Health Information and  
Permanent Field Trip Permission Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address, City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency name and phone of person if you cannot be reached \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy ID # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group # \_\_\_\_\_

Does the camper have any known medical conditions or problems that Camp Heritage administration, counselors, substitutes or chaperones should be made aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

Does the camper have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

Does the camper take any type of medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list \_\_\_\_\_

I give permission to Camp Heritage administration, counselors, substitutes, and chaperones to provide or secure immediate medical attention if needed. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

I give permission for Camp Heritage personnel to administer Benadryl in the case of an allergic reaction that is deemed an emergency by the Camp Heritage administration, counselors, substitutes or chaperones.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

I/We the undersigned parent(s) or legal guardian(s) of the child named above, a minor child, hereby give my/our permission and consent for him/her to accompany the administrators, counselors, substitutes or chaperones on field trips during Camp Heritage 2024 and participate in any activities therein. The administrators, counselors, substitutes or chaperones are hereby authorized to seek medical treatment and to incur medical expenses he/she deems necessary for the above named child. The administrators, counselors, substitutes or chaperones are to phone me, collect if necessary, at the earliest possible time after the student receives any such treatment or is admitted to a medical facility. I understand that my insurance will be primary insurance.

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

# Camp Heritage 2024

## Consent to Medical Care And Treatment Of Minor Child

I, \_\_\_\_\_, hereby give permission that my child \_\_\_\_\_ may be given emergency treatment, to include first aid and CPR by a qualified staff member of Camp Heritage. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or car to an emergency center for treatment. I agree that I will pay all physicians and hospital bills.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Liability Release

My child has permission to take part in all activities in the Camp Heritage (unless otherwise specified). I understand and support the regulations of Camp Heritage, and release the camp from any liability regarding the physical well being of my child while in the camper's care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photograph Release

I release Camp Heritage to photograph and/or videotape my child while participating in daily activities, and to use the photographs and/or videos in photograph displays or other publications showing these daily activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Heritage 2024  
EXTRA  
FIELDTRIP T - SHIRT Order Form**

**COST: \$22.00**

**SIZE: YS, YM, YL, YXL AS, AM, AL, AXL**

**NUMBER OF EXTRA SHIRTS: \_\_\_\_\_**

**TOTAL AMOUNT Paid: \_\_\_\_\_**

**CAMPERS NAME: \_\_\_\_\_**