

# 2026 CAMP APPLICATION FOR ENROLLMENT



Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 15, 2026 \_\_\_\_\_

Grade Completed as of June 15, 2026 \_\_\_\_\_ Year of first summer at Windmill? \_\_\_\_\_

Telephone # \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

School Attending \_\_\_\_\_ Sex \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Are parents (check one, please) Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Living Together \_\_\_\_\_

Other Family Members (names and ages):  
\_\_\_\_\_  
\_\_\_\_\_

Person to notify in Case of Illness (other than Parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Health Insurance coverage for child under family insurance policy or medical assistance if applicable:

PROVIDER: \_\_\_\_\_ **POLICY #(REQUIRED)** \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Any additional information or special needs of the child that may require special attention (re: allergies, unusual health considerations or child custody considerations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*office use only:* reg fee \_\_\_\_\_ dep \_\_\_\_\_ med \_\_\_\_\_ rdexed \_\_\_\_\_ emer cntct \_\_\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	BIRTHDATE	
Address		
PARENT NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
PARENT NAME/LEGAL GUARDIAN		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
<b>Emergency Contact Person(s)</b>		<b>Address (REQUIRED)</b>
<b>Person(s) To Whom The Child May Be Released</b>		<b>Address (REQUIRED)</b>
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
Address		
Special Disabilities (If Any)		
Medical or Dietary Information Necessary In An Emergency		Allergies (Including Medication Reaction)
Additional Information On Special Needs Of Child		Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S (ACTUAL) SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT (ALL 7 BOXES PLEASE!!)</b>		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES
Walks And Trips		Swimming
Transportation By The Facility		Wading
Administration of WDC Approved Sunscreen SPF 30 or Higher)		<b>DID YOU INCLUDE YOUR POLICY NUMBER? SIGN ALL 7 BOXES ABOVE? SIGN AND DATE BELOW????</b>

Signature Of Parent or Guardian

Date

Signature Of Parent or Guardian

Date

# 2026 CAMP APPLICATION FOR ENROLLMENT

Our camp day is from **9:00 AM – 4:00 PM**, however, your tuition allows you to take advantage of extended hours (8:30 AM until 4:30 PM). Tuition also includes an AM and PM snack, beverages and **1 WDC FRIDAY tee shirt!** Registration fees are not included in your tuition and must be paid with your completed 2026 camp application and security deposit. Applications will not be processed without the applicable registration fee which applies to all campers, CITs and JCs.

## Registration fees schedule as follows:

Jan 1 - March 25, 2026	\$100.00/registration fee
March 26 - April 25, 2026	\$200.00/ registration fee
April 26 - and After	\$300.00/registration fee

**Registration options include 3, 4 or 5 day weeks.**

**A 3 Week Camp Minimum applies ONLY to Full Time Campers.**

**A 4 Week Camp Minimum applies to all Part Time Campers.**

**C.I.T.s & J.C.s have a 5 Week Camp Minimum.**

**FULL TIME CAMPER (3 WK MINIMUM @ \$695/WK)=\$2,085 ADD'L WEEKS (WEEKS 4-10) @ \$645/WEEK\*\*\***  
\*\*\*Special discounted week: June 30-July 2 @ \$445. This week does NOT count toward your minimum.

**PART TIME CAMPERS PLEASE CHOOSE FROM A 4 OR 3 DAY WEEK AND CIRCLE DESIRED DAYS OF THE WEEK BELOW**  
(Part Time options are for campers who have completed Kindergarten and above.)

<input type="checkbox"/> <b>PART TIME CAMPER 4 DAYS/WEEK=\$585/WEEK</b>	M	T	W	TH	F
<input type="checkbox"/> <b>PART TIME CAMPER 3 DAYS/WEEK=\$465/WEEK</b>	M	T	W	TH	F

We cannot allow “make-up days” for any reason or allow part-time campers to switch their days for any reason. However, PER DIEM DAYS may be added based on availability (once camp minimums have been met) @ \$185/day.

**C.I.T. PROGRAM (5 WK MINIMUM @ \$495/WK)=\$2,475 ADD'L WEEKS (WEEKS 6-10) @ \$445/WEEK**  
Counselor In Training (C.I.T.) Program is offered for returning Windmill campers aged 13 (by June 15, 2025) to 15 years of age.  
\*\*\*Special discounted week: June 30-July 2 @ \$395. This week does NOT count toward your minimum.

**J.C PROGRAM (5 WEEK MINIMUM @ \$100)= \$500 ADD'L WEEKS ARE ALSO @ \$100/WEEK**  
Junior Counselor (J.C.) Program is offered for returning Windmill campers aged 15 (by June 15, 2025) to 17 years of age.  
Both the CIT and JC program is contingent upon an interview with Camp Director.

## register below:

By registering, you are financially obligated for all weeks for which you have registered regardless of actual attendance. Changes to your camp schedule are highly discouraged due to our limited availability and will incur a \$100/week/camper/change fee after 4:30 PM on May 1, 2026. After 4:30 PM on May 1, 2026 you may not reduce the number of weeks for which you have registered.

## AVAILABLE CAMP WEEKS FOR 2026

<b>June 15 - 19</b>	_____	<b>July 6 - 10</b>	_____	<b>August 3 - 7</b>	_____
<b>June 22 - 26</b>	_____	<b>July 13 - 17</b>	_____	<b>August 10 - 14</b>	_____
<b>*June 29 - July 2</b>	_____	<b>July 20 - 24</b>	_____	<b>**August 17 - 21</b>	_____

**\*WDC will be closed on Friday, July 3 in observance of Independence Day.**

**Modified Pricing for this week is \$445 and does NOT count toward camp minimums.**

**\*\*Modified schedules may apply.**

**SIGNATURE OF PERSON RESPONSIBLE FOR TUITION**

**DATE**

# 2026 CAMP APPLICATION FOR ENROLLMENT

## **tuition:**

Windmill Day Camp will be closed on Friday July 3, 2026 in observance of Independence Day. Modified pricing will apply based on a partial week. This week does **not** count toward your camp week minimum.

In order to secure a spot for enrollment, a registration fee must be paid along with 25% of your child(ren)'s total camp tuition. Keep in mind that the camp registration fee is not included in your camp tuition. Another 25% is due no later than April 25, 2026. The remaining camp tuition balance (50%) shall be paid no later than May 25, 2026.

There is a late charge of \$3.00 per minute, per camper, picked up after 4:30 P.M.

There is a \$20.00 charge for each returned check.

In order to secure a spot in our 2026 Camp Enrollment, you must have had a personal camp tour and the following items must be received:

**Completed 2026 Camp Application  
Registration Fee  
25% of Your Child(ren)'s Total Camp Tuition**

## **discounts:**

There is a **one-time \$100.00** discount per additional sibling enrolled in our Camp or Toddle House Program. This discount does not apply to any campers who are enrolled in our CIT and JC program.

**refer a friend:** \$75 per camper. If you refer a first-time Windmill camper, you will receive a \$75 credit for each registered camper.

## **absences:**

Full tuition is due even when your camper is absent from camp. There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of absence, withdrawal, illness or dismissal. Sorry, but we cannot allow "make-up days" for any reason or allow part-time campers to switch their days for any reason after the May 1st deadline. Full tuition is due for all registered weeks and any weather related emergency closings and/or delays.

## **illness:**

It is our policy to require all parents to keep home any camper who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the camper picked up if he/she exhibits any of the following symptoms): diarrhea, severe coughing, difficult or rapid breathing, yellowish skin or eyes, pinkeye/conjunctivitis, vomiting, contagious rashes, unidentifiable rashes, fever (if the camper's tympanic temperature is over 100.4 degrees) and head lice (Windmill maintains a "nit free" policy). We also ask that any campers who require more than a reasonable accommodation (to be determined by Windmill Day Camp) make alternative arrangements, or if already at camp, be picked up by a parent/guardian or emergency contact. Windmill Day School & Camp also utilizes a "24 hour fever free policy." This policy mandates that any child sent home with a fever (see above) will not be readmitted to camp within 24 hours of a fever WITHOUT medication. Campers with vomiting and/or diarrhea will be sent home and/or need to stay home for 24 hours until free of vomiting and/or diarrhea for 24 hours WITHOUT medication. **In addition, if prescribed medication by a health provider for any reason, your child is required to be on the medication for a period of 24 hours before returning to camp.**

**SIGNATURE OF PERSON RESPONSIBLE FOR TUITION**

**DATE**

# 2026 CAMP APPLICATION FOR ENROLLMENT

## **dismissal policy:**

Windmill Day School & Camp reserves the right to cancel any enrollment or dismiss a camper whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the camp.

## **relationships:**

Windmill Day School & Camp engages staff to provide services at the camp during the camp day. Windmill does not recommend, sponsor, encourage or condone any arrangements whereby counselors and/or other staff provide child tutoring, baby-sitting, or other out-of-camp services to parents of children enrolled in the camp. Parent(s) hereby acknowledge that if any such out-of-camp relationship exists, or develops in the future, the camp is not responsible and any involved counselor or staff is not acting within the framework or scope of his/her employment with Windmill Day School & Camp.

## **photo/video release:**

I hereby authorize Windmill Day School & Camp to use any photograph or representation of my child in any advertisement, brochure, video, press release, social media post, email blast and/or news story.

## **windmill wear:**

All Windmill campers are required to wear Windmill camp shirts on a **daily** basis. Windmill wear will be for sale before camp begins and during our camping season. Please see the attached Windmill Wear Order Form for our deadline to ensure your camper gets their color/size preferences.

## **medications:**

You acknowledge that it is the policy of Windmill Day School & Camp to only administer medications brought from home during lunch (12:00 PM-1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). If medication is to be administered for a period of time longer than five consecutive days, it will be necessary for a doctor's note to accompany the medication. All medications/containers will be sent home daily.

**\*\*\*"As needed" medications to be kept at Windmill (ie inhalers, Epi Pens) must include a current prescription AND be received by Windmill a MINIMUM of THREE (3) working days prior to camper's actual attendance.**

## **lunch:**

Windmill campers will be required to pack a lunch each day. Lunches must be free of allergens (see policy below). Please provide a nutritious lunch that will sustain your camper throughout our active camp day! Note: Camp lunches will be kept in an air conditioned space. Lunch bags/boxes will go home at the end of every camp day. Windmill will provide daily morning and afternoon snacks and all beverages.

## **note:**

**You must have participated in a personal tour of Windmill before enrolling your camper(s).**

Name of your tour guide: \_\_\_\_\_

**SIGNATURE OF PERSON RESPONSIBLE FOR TUITION**

**DATE**

# 2026 CAMP APPLICATION FOR ENROLLMENT

## **allergen policy:**

Windmill Day School & Camp ("Windmill") recognizes that campers may suffer from potentially life-threatening allergies or intolerances to certain foods. Windmill is committed to an approach to the care and management of those campers. Windmill's policy is **not a guarantee** of a completely allergen free environment, rather is a policy to minimize the risk of exposure. Windmill is an allergen aware facility.

In order to best facilitate this policy, Windmill strives to prohibit all products containing any nuts, including peanuts and tree nuts. This applies to all manufactured food products and homemade food products. However, this is **not a guarantee** that any food prepared, served or purchased by Windmill or provided by staff, volunteers or families does **not** include any allergens. If any non-compliant food item is discovered, it will be discarded immediately. Any foods that contain a label providing they "may" contain nuts, will be discarded if found on the premises. However, labels that provide a "product was manufactured in a facility that also processes food containing nuts", or similar wording, **are permissible**. Windmill has also been made aware of food labels that contain the phrase "may contain allergens" and/or "may contain other allergens due to shared production areas", but do not identify any specific allergen. Food items containing this label, provided they do not contain nuts or tree nuts in the list of ingredients, **are permissible**. Windmill also prohibits any **fish, shellfish and eggs** from being brought onto the premises. **However**, this does **not** include products that may contain these items as part of its ingredients (ie cake, icing, mayonnaise, salad dressing, etc). Eggs may be used as part of cooking/baking lessons. Windmill requires that **all** food items to be shared (ie birthday treats) contain a detailed ingredient list attached to the packaging. This applies to both store-bought AND home-made items. Parents of a camper that has not yet been exposed to nut products, as well as a camper that has a food allergy, are required to notify management prior to enrollment.

In the event your camper **has** a food allergy, but you have made the decision that you **want** them to eat **all snacks** provided by Windmill, you are required to have your physician sign below acknowledging they have reviewed and approve this policy for your camper.

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S SIGNATURE/DATE: \_\_\_\_\_

## **FOOD ALLERGY POLICY:**

If your camper is not able to eat **ALL** of the food items that Windmill Day School & Camp serves daily due to food related allergies, we require that you pack **ALL** food items for your camper each day. In addition to your camper's daily lunch, this will include a morning and afternoon snack. Snacks should come in a labeled (disposable) bag **SEPARATE** from your camper's daily lunch as they will be stored in different spaces.

## **signatures:**

I (We) have read, understand and agree to this policy sheet and have affixed my (our) signature(s) hereto. I also understand that I am financially obligated for all weeks for which I have registered my camper(s) without exception. All questions, if any, have been answered to my (our) satisfaction and that my (our) signature(s) signify agreement to abide by these policies:

**SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION**

**DATE**

**SIGNATURE OF CAMP DIRECTOR / ADMINISTRATOR**

**DATE**

## **CIVIL RIGHTS COMPLIANCE PARENT AWARENESS**

**IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIREMENTS, YOU AS A RESIDENT OF THIS AGENCY, HAVE THE RIGHT:**

-to be provided services at this agency and to be referred for services of other agencies without regard to your race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, Limited English Proficiency (LEP), age (40 and over) or sex (to include pregnancy status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex) and retaliation.

-to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin, Limited English Proficiency (LEP), age (40 and over) or sex (to include pregnancy status, breastfeeding status, sex assigned at birth, gender identity or expression, affectional or sexual orientation, and differences in sex) and retaliation

**COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH ANY OF THE FOLLOWING:**

**Windmill Day School & Camp  
36 North Chapman Road  
Doylestown, Pa 18901**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF EQUAL OPPORTUNITY  
ROOM 225, HEALTH & WELFARE BUILDING  
PO BOX 2675 HARRISBURG, PA 17120  
INQUIRIES: (717) 787-1127  
EMAIL: RA-PWBEAO@PA.GOV

PENNSYLVANIA HUMAN RELATIONS COMMISSION  
333 MARKET STREET, 8TH FLOOR  
HARRISBURG, PA 17101  
[HTTPS://WWW.PHRC.PA.GOV/COMPLAINTS/PAGES/HOW-TO-FILE-A-COMPLAINT.ASPX](https://www.phrc.pa.gov/complaints/pages/how-to-file-a-complaint.aspx)  
INQUIRIES: (717) 787-4410  
TTY USERS ONLY: (717) 787-7279

OFFICE FOR CIVIL RIGHTS  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTRALIZED CASE MANAGEMENT OPERATIONS  
200 INDEPENDENCE AVENUE, S.W.  
ROOM 509 HHH BLDG  
WASHINGTON, D.C. 20201  
CUSTOMER RESPONSE CENTER: (800) 368-1019  
TDD: (800) 537-7697  
[HTTPS://WWW.HHS.GOV/OCR/COMPLAINTS](https://www.hhs.gov/ocr/complaints)  
EMAIL: OCRCOMPLAINT@HHS.GOV

U.S. EQUAL EMPLOYMENT OPPORTUNITY  
801 MARKET STREET, SUITE 1000  
PHILADELPHIA, PA 19107  
INQUIRIES: (800) 669-4000  
TTY USERS ONLY: (800) 669-6820  
[HTTPS://WWW.EEOC.GOV/FILING-CHARGE-DISCRIMINATION](https://www.eeoc.gov/filing-charge-discrimination)  
EMAIL: PDOCONTACT@EEOC.GOV

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**PARENT/GUARDIAN SIGNATURE** **DATE**

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**STAFF SIGNATURE** **DATE**

WINDMILL DAY SCHOOL & CAMP IS BOTH AN EQUAL OPPORTUNITY CARE PROVIDER AND EMPLOYER

# WINDMILL WEAR ORDER FORM - 2026



CAMPER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

YOUTH SIZES ARE AS FOLLOWS: SMALL (6-8), MEDIUM (10-12), AND LARGE (14-16).

ADULT SIZES ARE SMALL, MEDIUM, LARGE. ORDER FORM AND TOTAL AMOUNT IS DUE PRIOR TO APRIL 25TH FOR AVAILABILITY OF MOST COLORS & SIZES. AFTER WHICH TIME, ALL SIZES AND STYLES MAY BECOME UNAVAILABLE.

CAMPERS ARE REQUIRED TO WEAR CAMP T-SHIRTS EVERY DAY...SO ORDER ACCORDINGLY!!

ALL SHIRTS ARE \$25.00/PER SHIRT WITH THE EXCEPTION OF THE UV RASH GUARD OPTIONS THAT MAY BE WORN AS A REGULAR CAMP SHIRT! SHORT SLEEVE (S/S) STYLE IS \$30 PER SHIRT AND LONG SLEEVE (L/S) STYLE IS \$35/PER SHIRT

\*\*PLEASE MAKE ALL WINDMILL WEAR CHECKS OUT TO "LISA SILVERSTEIN".

PLEASE INCLUDE CHECK OR MONEY WITH THIS ORDER FORM. DO NOT INCLUDE IN YOUR TUITION CHECK.

ITEM	COLOR	SIZE	QTY
<u>GREEN SHIRTS</u>	<u>GREEN</u> (xs & s only)		
<u>YELLOW SHIRTS</u>	<u>YELLOW</u> (xs & s only)		
<u>YOUTH TEE SHIRT</u>	<u>BLUE</u>		
<u>YOUTH TEE SHIRT</u>	<u>WHITE</u> (limited availability)		
<u>ADULT TEE SHIRT</u>	<u>BLUE</u>		
<u>ADULT TEE SHIRT</u>	<u>WHITE</u> (limited availability)		
<u>YOUTH "URBAN CAMO" TEE</u>	<u>PINK</u> OR <u>BLUE</u>		
<u>ADULT "URBAN CAMO" TEE</u>	<u>PINK</u> OR <u>BLUE</u>		
<u>YOUTH "OLD SCHOOL" TEE</u>	<u>NAVY</u>		
<u>ADULT "OLD SCHOOL" TEE</u>	<u>NAVY</u>		
<u>YOUTH S/S "UV RASH GUARD"</u>	<u>COLOR TBD</u>		
<u>ADULT S/S "UV RASH GUARD"</u>	<u>COLOR TBD</u>		
<u>YOUTH L/S "UV RASH GUARD"</u>	<u>COLOR TBD</u>		
<u>ADULT L/S "UV RASH GUARD"</u>	<u>COLOR TBD</u>		
<u>ADULT (ONLY) 2026 "SMACKDOWN" TEES</u>	<u>LT OR DARK PURPLE</u> <b>(WHILE SUPPLIES LAST!)</b>		
<u>YOUTH FRIDAY TEE</u>	<u>TBD</u>	1ST ONE FREE FOR YOUR CAMPER(S) WITH YOUR CAMP APPLICATION	
<u>ADULT FRIDAY TEE</u>	<u>TBD</u>	1ST ONE FREE FOR YOUR CAMPER(S) WITH YOUR CAMP APPLICATION	
<u>C.I.T.TEE SHIRT</u>	<u>ORANGE W/NAVY</u>		
<u>J.C. TEE SHIRT</u>	<u>LT BLUE &amp; WHITE</u>		

TOTAL ENCLOSED: \_\_\_\_\_

# THIS SUMMER WDC WILL BE HOSTING OUR WDC BATTLE EVERY WEEK!!!!

WHAT DOES THIS MEAN... EXACTLY? YOUR CAMPER WILL NEED A  
**WDC FRIDAY TEE SHIRT**

FOR FRIDAYS & FOR SPECIAL EVENT DAYS  
(AND YES, IT MAY BE WORN AS A REGULAR CAMP T-SHIRT ON "OFF" DAYS!)  
YOUR CAMPER'S FRIDAY TEE IS

**FREE WITH YOUR CAMP APPLICATION**

PLEASE EMAIL US YOUR CAMPER'S SIZE BY APRIL 25,  
SO THAT WE CAN ORDER ACCORDINGLY!!!

**FRIDAY TEE SHIRT ORDERS!!!**

**FRIDAY YOUTH TEE:** SIZE      X SMALL      SMALL      MEDIUM      LARGE  
(CIRCLE ONE)

**FRIDAY ADULT TEE:** SIZE      SMALL      MEDIUM      LARGE  
(CIRCLE ONE)

**CAMPER'S NAME(S):** \_\_\_\_\_  
(ONE FREE FRIDAY TEE PER CAMPER!)

**PLEASE EMAIL THIS PAGE WITH YOUR CAMPER(S) **FREE** FRIDAY TEE ORDERS BY  
APRIL 25,2026 SO THAT WE MAY ORDER YOUR DESIRED SIZE.  
ANY SIZES/ORDERS SENT AFTER APRIL 25 MAY **NOT** GET FIRST CHOICE SIZING.  
SO DROP US A LINE ON TIME!!!! [WDCAMP@HOTMAIL.COM](mailto:WDCAMP@HOTMAIL.COM)**

**IN SUNSCREEN NEWS;)**

**ALL CAMP FAMILIES WILL BE REQUIRED  
TO SUPPLY 2 BOTTLES/PER CAMPER  
OF THIS STUFF;)  
SPF 30 OR HIGHER PLEASE!**



# **WINDMILL DAY CAMP HOODIES FOR SALE**

**What:** **Athletic Gray or Navy Blue Champion Hooded Sweatshirt - no zippers or strings!**

**Logo:** **All Embroidered**  
**Windmill Logo**  
**WDC on right sleeve**  
**Personal name on edge of hood**

**How Much:** **\$55.00 for youth sizes / \$65.00 for adult sizes**

**SIZES: YOUTH SIZES ONLY: XS, S, M, L, XL**

**\*\*\*PLEASE BE SURE OF SIZES- ONCE EMBROIDERED THEY CANNOT BE RETURNED!!**

**1ST GROUP ORDER WILL BE PLACED ON APRIL 25, 2026 PLEASE ALLOW 4 WEEKS FOR DELIVERY!**

**CAMPER'S NAME** \_\_\_\_\_

**COLOR/SIZE** \_\_\_\_\_

**NAME TO APPEAR ON HOOD**  
(YOU CAN CHOOSE FIRST NAME, LAST NAME OR NO NAME AT ALL!...CAMP APPROPRIATE PLEASE!!)

**\*\*AGAIN, PLEASE MAKE CHECKS PAYABLE TO LISA SILVERSTEIN AND  
DO NOT INCLUDE IN YOUR TUITION. THANK YOU!!**

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

## DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTOP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:					SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT	
ADDRESS:					TITLE:	
		PHONE:			LICENSE NUMBER:	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.