



Sharon Country Day Camp

Walpole, MA

Business Office:
438 So. Main Street, P.O. Box 429 • Sharon, MA 02067-0429
Telephone (781) 784-3057
Fax (781) 784-4139 • Fax (508) 668-1619 (camp season only)
Website: www.sharoncountryday.com • Email: sdcc@aol.com



“We Are Family”

Dear Parents,

Sharon Country Day Camp, established in 1963, founded, owned, and operated by the Hershman family, is located in Walpole, Massachusetts, on the Sharon/Walpole line, in a scenic north country environment with 30 acres of woodlands, nature trails, fields, streams, and a beautiful spring fed pond. Our families reside in all of the surrounding communities which includes Sharon, Walpole, Mansfield, Canton, Norwood, Foxboro, Franklin, & Stoughton.

We have every facility, activity and sport to make your child's summer an enjoyable, healthy, safe, & instructive experience. We provide a full, five day a week program for boys and girls ages 5-14, & a full or half day/part time program for preschoolers, ages 4 – young 5, that promotes new interests and builds skill and self reliance through fun and adventure. Dates for this summer are 6/27th -8/19th, with flexible options available for 2-8 weeks. Aftercare is available each day until 5:30 pm.

We are especially proud to be accredited by the American Camp Association. This nationally recognized accreditation process, developed exclusively for camps, focuses on program quality, health & safety issues, and requires us to review every facet of our operation. Sharon Country Day voluntarily submits to this independent appraisal done by experts, which has earned us this mark of distinction.

We are also proud to have been voted the #1 day camp in the area by the readers of The Walpole Times.

Our reputation for providing an excellent swim program for children of all ages is also a source of great pride. Personal, individual instruction by experienced, certified Red Cross Water Safety Instructors, insures progress and success.

We encourage new families to get in touch with us personally to answer any questions & to discuss what Sharon Country Day has to offer. We also provide a comprehensive brochure, with pictorial inserts, that can be mailed to you. We feel these pictures, in addition to those on our website, “tell it all” – happy, active children involved in a variety of activities including swimming, sports, creative arts, theatre arts, Project Adventure Ropes Course, overnights, and much, much more, all under the personal supervision of a mature and competent staff, many of whom have been with us for years & are former campers themselves. The maximum ratio is 5 campers to 1 staff member in the older groupings, and 4 to 1 with our younger campers.

We will begin accepting new enrollments November 1. To register for the “big” camp, please complete the forms that follow this welcoming letter, and send back to us, along with a deposit, to ensure a spot in the proper grouping. Information & registration forms for preschoolers/pre K can be found on this website under Kiddie Camp. At Sharon Country Day we truly are FAMILY and be assured that your youngster's well-being and accomplishments are of the utmost importance to us.

We have a very *special place* here for children. Join us for this, our 48th year, and become a part of the Sharon Country Day experience. We look forward to hearing from you.

Sincerely,

Charlie & Corrine Hershman

Charlie & Corrine Hershman, Owner/Co-Directors

Stuart Hershman, Craig Hershman, Rhonda Hershman Jermyn, Associate Directors



Medical Consent
SHARON COUNTRY DAY CAMP

Part 4 Registration Packet

Camper's Name Sex: Birthdate Bunk # (if known)

Address Town Zip

Home Telephone Work Telephone Cell

Other persons to contact if parent/guardian is unavailable:

Name Home phone Cell

AS AN ACCREDITED DAY CAMP, WE ARE REQUIRED BY THE AMERICAN CAMP ASSOCIATION TO OBTAIN THE FOLLOWING INFORMATION. YOU MUST SIGN, DATE AND RETURN THIS FORM PRIOR TO THE CAMP SEASON, EVEN IF THERE IS NO INFORMATION TO PROVIDE. IN ADDITION, NO YOUNGSTER WILL BE ALLOWED TO ATTEND CAMP WITHOUT AN UPDATED IMMUNIZATION/PHYSICAL FORM.

1. Please list any over the counter medications your child is currently using.

2. Known allergies

3. Description of any current mental/psychological conditions requiring any medication, treatments, or special Restrictions or considerations while at camp.

Parent/Guardian Signature Date

MEDICAL CONSENT

1. I give permission to have the Camp Nurse or camp personnel designated by the Camp Nurse, to give the following medicine prescribed by Dr. to (camper).

2. I give permission for my child to have over the counter medication ie: Tylenol, cough medicines, etc., as needed, to be administered by the Camp Nurse. Campers are not allowed to keep medicines in their cabins or on their person They must be brought to the infirmary where they will be dispensed.

I understand that I may retrieve the medicine from the camp at any time and that the medicine will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of camp.

Parent/Guardian Signature Relationship to Camper Date

Suggestions for Protection from the Sun: Please be sure sunscreen (spf at least 15, waterproof) has been applied to exposed body BEFORE coming to camp. Send along child's own sunscreen, labeled with name, to be kept in cubby. It will be reapplied in the afternoon -counselors supervise & help when necessary. We encourage the wearing of hats.

Sharon Country Day - Camper Information Pg 2 of Registration Packet

Business Office: P.O. Box 429 Sharon, MA Year round phone: 781-784-3057

camp season fax/phone: 508-668-1619 off season fax.781-784-4139

scdcc@aol.com Camp Address: 691 Common Street, WALPOLE

FAMILY/GUARDIAN INFORMATION: Last Name _____ Home Phone _____

Street _____ City _____ State _____ Zip Code _____

Mother/Guardian: First Name _____ Cell Phone _____ Business ph. _____

Father/Guardian : First Name _____ Cell Phone _____ Business ph _____

Please circle which phone number above you want contacted first in an emergency

Occupation: _____ Primary E mail: _____ **(please write clearly)**

FIRST CHILD: _____ (Bunk # office use only)

Last Name _____ First Name _____ Grade Entering Fall 2011 _____

Date of Birth: _____ Age _____ Boy/Girl _____ Session/Wks Attending _____

SECOND CHILD: _____ (Bunk # office use only)

Last Name _____ First Name _____ Grade Entering Fall 2011 _____

Date of Birth _____ Age _____ Boy/Girl _____ Session/Wks Attending _____

THIRD CHILD: _____ (Bunk # office use only)

Last Name _____ First Name _____ Grade Entering Fall 2011 _____

Date of Birth _____ Age _____ Boy/Girl _____ Session/Wks Attending _____

EMERGENCY CONTACTS : Other than Parents- Please list **two** contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of Physician _____ Telephone # _____

Insurance Coverage Information (Company name/Policy #) _____

SHARON COUNTRY DAY CAMP

P.O. Box 429, Sharon, MA 02067

The following information will help us to understand your child's needs. Please take the time to answer all questions thoroughly & individually for each child.

CAMPER NAME: _____

General Health/Allergies _____

Does your child have any special concerns? If so, please describe. _____

Is your child restricted in any activities? _____

Behavior characteristics/Personality _____

Previous camp experience _____

What are his/her needs & what skills (physical, social etc.) do you hope to see your child develop?

Comments: _____

New Families only: How did you hear of us? _____

AUTHORIZATION-signature indicates agreement

I authorize Sharon Country Day to have, use, publish, reproduce photographs of my child as may be necessary for its records, public relations material or website. No personal information will be provided.

Signature of Parent/Guardian _____ Date _____