

Disclosure of Special Needs

Mountaintop aims to provide positive camp experiences for children with various needs whenever possible. We will work with you to determine if the program is able to appropriately meet the needs of your child. Please provide timely information regarding your child, including any disabilities, disorders or medical needs at the time that you submit this form. The information will be treated as confidential and should be submitted to Camp Director, Mary Reitsma, at mreitsma@mountaintopmontessori.org.

Sprout Campers

Sprout campers must be able to use the toilet independently prior to beginning camp. Any Sprout camper age 3 or 4 during the week of camp must attend a designated rest period in the afternoon, per state regulations. Students currently enrolled at Mountaintop will continue with their typical afternoon placement.

COVID Daily Health Screening

Do not send your child to camp with symptoms of illness, including COVID-19. A symptomatic or positive camper should isolate at home for five days and follow their physician's advice about returning to camp. Families may present a return-to-school/camp note from a physician to Thérèse Benzinger at tbenzinger@mountaintopmontessori.org or fax to 434-979-6258. If your child is required to isolate at home due to circumstances outside of the school, the school will not offer a refund for days missed.

Required Documents

If your child is not a current Mountaintop student, prior to the first day of camp, proof of identity must be shown and verified by Mountaintop. The forms of acceptable proof of identity are listed on the final page of these forms. In addition, a recent copy of the camper's School Entrance Health Form signed by the healthcare provider, showing immunization records are up-to-date, needs to be provided to Mountaintop.

Waiver

As a parent or guardian of a camper, I understand that Mountaintop takes reasonable precautions to ensure that programs and activities are conducted by qualified personnel in a safe and responsible manner. However, in consideration of my child's participation in activities, including but not limited to swimming, water sports, land sports, canoeing, bicycling, or hiking, I acknowledge that there are risks inherent in any activity such as, but not limited to, the injury or death of a participant, hazards of surface/subsurface conditions whether known or unknown, weather conditions, the experience level of a participant, a known or unknown health condition of a participant, or the condition/manufacture of any equipment. I assume all of the foregoing risks, and any other risks of recreational activities, by allowing my child to attend Mountaintop.

I further assume all risk of, and hold harmless and do hereby release, discharge and agree to indemnify Mountaintop, its directors, officers, agents and employees from all liability for loss, damage, injury or illness to the camper or his/her property relating to or deriving from his/her presence at Mountaintop and/or participation in/ travel to/from Mountaintop by whatever cause, including any act or omission, negligent or otherwise, on the part of Mountaintop staff.

I understand that programs, and/or the destinations/locations of trips, as advertised/promoted, may vary due to weather conditions, camper's needs, the health/safety precautions that directly affect a particular program/activity, or other unforeseen conditions. I also understand that Mountaintop reserves the right to transfer a camper from one program to another at any time.

Parent/Guardian _____

Date _____

Camps at Mountaintop

Child	Name Child Goes by Daily	Gender	Date of Birth
Parent or Guardian	Place Employed	Business Phone	
Home Address	City	State	Zip Code
Home Phone			
E-mail Address	Cell Phone		
Parent or Guardian	Place Employed	Business Phone	
Home Address (if different)	Home Phone		
E-mail Address	Cell Phone		

Emergency & Medical Information

Allergies or Intolerance to Food, Medication, Dietary Restrictions; Other Concerns (i.e. Separation Anxiety, Toileting Issues)		
Child's Physician	Phone	Preferred Hospital
Health Insurance Company	Policy Number	

Local Name/Addresses (REQUIRED) of 2 emergency contacts if parents cannot be reached

1.	Name	VA	Phone
Address (REQUIRED)			
2.	Name	VA	Phone
Address (REQUIRED)			

(over)

General Permission Slip

Please read the information below and sign where indicated.

Field Trips: I give permission to Mountaintop to allow my child to leave the camp site for educational and social reasons when his/her teacher considers it appropriate. I understand that my child will always be accompanied by his/her teacher, an adult assistant, or a parent of another Mountaintop child. I further understand that Mountaintop is not liable for my child's welfare to any greater extent than a parent normally would be under similar circumstances. I release Mountaintop and its personnel from liability for injury, loss, or any other harm which occurs to my child despite Mountaintop's exercise of due care.

Photo Release: I grant permission for Mountaintop or photographers to use any photographs/video/voice/testimonials of the camper taken during the camping session in newspapers, magazines, brochures, web sites, or other media for promotional purposes.

Sick Child: The School agrees to notify the parent/guardian whenever the child becomes ill, and parent/guardian agrees to pick up the child thereafter as soon as possible. Parent/guardian agrees to notify Mountaintop within 24 hours (or next business day) if child or immediate household member has developed a communicable disease as defined by the Board of Health, except for life threatening diseases which must be reported immediately.

Medication: The parent/guardian authorizes Mountaintop to obtain immediate medical care if any emergency occurs when parent/guardian cannot be located immediately, or if Mountaintop judges such medical care to be urgently needed (in which case every effort will be made to contact the parent/guardian simultaneously).

PERSON(S) AUTHORIZED TO PICK UP CHILD (without the need for prior notification)

PERSONS(S) **NOT** AUTHORIZED TO VISIT OR PICK UP CHILD (Attach appropriate paperwork such as divorce decree if a parent is not allowed to pick up child.)

Parent/Guardian Signature

Date

IDENTITY VERIFICATION - OFFICE USE ONLY

Place of Birth

DOB

Birth Certificate Number

Date Issued

Other Form of Proof of Identity

Proof of the child's identity and age may include a **certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented.** While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Administrator's Signature

Date