



## Camp Devereux Reservation and Camper Information Packet 2025

**Note: A non-refundable registration fee of \$100.00 MUST accompany completed forms. Please mail or drop application forms and fee to:  
Devereux School, 44 Smith Street, Marblehead, MA 01945**

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

Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Please check boxes for weeks you would like your child to attend.:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/23- 6/27	6/30-7/3 No Camp 7/4	7/7-7/11	7/14-7/18	7/21-7/25	7/28-8/1	8/4-8/8	8/11-8/15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**\*If you prefer to email forms please send to [elizabeth@devereuxschool.org](mailto:elizabeth@devereuxschool.org) and we will add the \$100 application fee to your child's account.**

**Please Note:**

**Current medical forms showing a physical within the last year and up-to-date immunizations must accompany this application.**

No child will be admitted to camp until their medical form is on file per order of Massachusetts State Camp Regulation.

This camp must comply with regulations of Mass. Dept. of Public Health and be licensed by the local board of health.

## **Marblehead's Premier Swimming Camp Since 1932**

Devereux School is pleased to offer Camp Devereux, a summer program for children aged three to nine.

For decades, our young campers have enjoyed the serenity of our large playground surrounded by trees offering natural shade.

Our campus is a wonderful summertime environment ideal for traditional summer activities such as designing a sandcastle, relaxing on a blanket, making gimp and bead jewelry, learning to play chess and other board games, or organizing a basketball, soccer, or baseball game with friends.

This summer, as in years past, participants in our camp will enjoy the use of our fully renovated and heated pool located on the grounds of our private playground and will receive daily swim instruction under the guidance of our two full time certified lifeguards.

Throughout the summer we will also provide activities that express Devereux School's appreciation of the arts, music, nature, and French.

## **Information and Tuition for the Summer of 2025**

**Please note there will be no camp on Friday, July 4th**

- Camp opens on Monday, June 23<sup>rd</sup>, 2025
- Camp closes on Friday, August 15<sup>th</sup>, 2025
- Camp hours are 9:00 am - 4:00 pm (drop off after 8:30 am/ pick up after 3:30PM)
- Camp tuition: \$525 per week, sign up for all 8 weeks at \$475 per week.

## **Payment policy**

Camp Devereux admissions are accepted on a **first come, first served basis**. A **non-refundable** deposit of 50% of the total camp tuition is due on or before April, 15<sup>th</sup>, 2025 to reserve the requested dates.

- For applications received after April 15<sup>th</sup>, 2025 a **non-refundable** deposit of 50% of the total camp tuition must be submitted with the application to reserve the requested dates.
- **Payment for the remainder of all camp tuition, regardless of which weeks your child is attending, must be received on or before the first day of camp, Monday June 23<sup>rd</sup>, 2025.**
- There are no refunds or make-up days available for absences.
- We are unable to offer/combine sibling discounts

**Camp Payments can be made through Brightwheel once your child is registered**

# Devereux School

## First Aid and Emergency Medical Consent Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

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

Physician's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

### Emergency Contacts (in order to be contacted)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for child to be released to this person? YES NO

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for child to be released to this person? YES NO

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for child to be released to this person? YES NO

4. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for child to be released to this person? YES NO

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date



## HEALTH HISTORY FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Please complete this form and return it to the camp with all other registration information. Please attach your child's complete immunization record and a record of a physical exam within the last 2 years. This information will offer considerable assistance to the camp in dealing with acute, chronic or emergency health problems should they arise during the camp session.

CIRCLE ONE ANSWER

1. Has your child been in good health in the past year? YES NO  
If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any of the following in the past three years?

a.) seizures	Yes	No
b.) severe injuries or accidents	Yes	No
c.) fractures or broken bones	Yes	No
d.) hospitalizations	Yes	No
e.) operations	Yes	No
f.) history of a heart murmur	Yes	No
g.) medicines or treatments prescribed by a physician or clinic	Yes	No
h.) history of chickenpox	Yes	No

If yes to any of the above please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have a primary care physician? Yes No  
Physician name and phone number:

\_\_\_\_\_

4. Is your child currently taking any medications? Yes No  
If yes, please list your child's medications:

\_\_\_\_\_  
\_\_\_\_\_

5. Is your child currently receiving any type of treatment? Yes No  
If yes, please explain: (i.e.: asthma)

\_\_\_\_\_  
\_\_\_\_\_



## Photo Release / Sunscreen Permission

**Child's Name:** \_\_\_\_\_

**Photo Release Request:** As we update our website we will be selecting photos from our archives to create a visual of the Devereux experience. We also submit photos of our special events the newspaper on occasion.

I give Devereux School permission to photograph or videotape my child and use for the above mentioned purposes.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

I do **not** give Devereux School permission to use photographs of my child.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

**Sunscreen / Insect Repellent Permission:** I give Camp Devereux permission to apply sunscreen, hand sanitizer and/or insect repellent to my child. I will provide sunscreen / insect repellent clearly labeled with my child's name. Hand sanitizer will be provided by Camp Devereux.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date