



Pepperhill Farm

PRESCHOOL AND SUMMER DAY CAMP



2024 Seasonal Registration



Please complete the entire form. One form per child

Campers Name _____ Nickname _____
 Birth date ___ / ___ / ___ Age _____ Sex _____ Grade this Fall _____ Bus Stop _____
 Home Address _____ Family Email Address _____
 City _____ State _____ Zip _____ Home Phone _____
 How did you hear about Pepperhill? _____ Our family was referred by _____
 School camper attends _____ Number of years at Pepperhill _____
 (Enter new for new campers)
 Who should be contacted during camp, if necessary? _____

List any camp placement request in order of preference. We will do our best to honor **ONE REQUEST**.

(This must be with mutual consent by both parties, same school grade as of August 1st)

My child would like to be placed in a group with (Full names)

- 1) _____ 2) _____ 3) _____

PARENT CONTACT FORM

Father	Mother
Name:	Name:
Place of Employment:	Place of Employment:
Work Telephone:	Work Telephone:
Cell Telephone:	Cell Telephone:
Email Address:	Email Address:
With whom does this child reside?	

E-Mail address will be used for individual correspondence as well as periodic e-mail announcements. We do not share any enrollment information with unaffiliated organizations.

Pepperhill is a summer day camp and early childhood learning center (preschool). The Pepperhill experience is for boys and girls 2-14 years of age. Our program is a balance between structured educational and agricultural activities along with the child having a free choice period each day. During the school year, preschoolers are nurtured by experienced and degreed teachers. Our classrooms are filled with academics, art, music, and movement. When school ends, its time to continue learning at summer camp!

We are more than Friends... We are Family here!





MEMBERSHIP REGISTRATION FOR THE 2024 CAMP SESSION



*2 week minimum for
Jr, Sr, Grad Campers

Circle the Desired Weeks for :
(Childs Name) _____

Tuition Due
Dates

Kinder Campers
(2-5 Years)

Junior Campers
(6-8 Years)

Senior Campers
(9-11 Years)

Travel Trips for Grads Only
Camp Overnights for ages 12-14

Camp dates are subject to
change due to school calander.

Session 1

June 3-7
June 10-14
June 17-21

Dollywood
Pigeon Forge, Tennessee

Total Due: May 20

Session 2

June 24-28
July 1-5*
July 8-12

Tree Top Adventures
London, Kentucky

Total Due: June 10

Session 3

July 15-19
July 22-26
July 29- August 2

Sheltowee Trace Whitewater Rafting
Corbin, Kentucky

Total Due: July 1

Post Week

August 5-9

Travel Trips for Grads Only
Camp Overnights for ages 12-14

Total Due: July 22

Circled dates are the late nights *Camp will be closed Thursday, July 4th in honor of Independence Day

REGISTRATION AGREEMENT (Please sign indicating your agreement.)

I would like to enroll my child _____ for each week circled. I have enclosed a \$100.00 registration fee along with \$100.00 deposit for each week. I understand the deposits apply toward the camp tuition and that I am financially responsible for the weeks circled. My camp registration fee covers my camper's excess insurance, arts and crafts materials, and my choice of one of the free items listed. I also understand that camp tuition for each session, must be paid in full two weeks prior to my child attending camp. If my tuition is late, the fee must be paid in cash or by money order. Additional weeks may be added anytime, providing weeks are available. All additions and session changes must be put in writing 48 hours prior to the change. There are NO REFUNDS after May 1.

I understand in order for my child to participate in the horseback program, I must sign a hold harmless agreement. I hereby give permission for photographs and videos to be taken of my child and Pepperhill Farm Day Camp has the right to utilize these in camp brochures, electronic video, print display, social media, and other materials.

No, I do not want my child to be photographed.

Important Information: Registration is on a first come first serve basis. **New Campers must register for two consecutive weeks before splitting sessions.** *Kinder Camper enrollment is for a minimum of three weeks.* Junior and Senior campers attending any two weeks of a session may attend the session late night without an additional charge. There is a charge for the late night if the camper has not been enrolled for two weeks during the session. The late nights are \$50. **A JUMP HEAD EDUCATIONAL TUTORING PROGRAM IS AVAILABLE UPON REQUEST.**

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date



TRANSPORTATION INFORMATION



Every child receives round-trip transportation from your selected point of pick-up, except Kinder Campers. **All Kinder Campers will be transported to and from camp by their parents.** Morning Drop Off for Kinder Camp: 7:30-9:00 a.m. Afternoon Pick Up: 4:30-5:30 p.m. Junior, Senior and Grad Counselors will arrive at all points of pickup each morning at 8 a.m., buses leave at 8:30 a.m. Campers must be picked up between 5:00 - 5:30 p.m. Early Arrival is only available at the Southland Bus Stop located at Pepperhill Day School on Eastway Drive. Pepperhill bus drivers are CDL licensed.

AM	PM	Please Check a.m. and p.m. box:
<input type="checkbox"/>	<input type="checkbox"/>	Southland Drive: Pepperhill Day School Drop Off 7:30 am - 8:30 am Pick Up 5:00 pm - 5:30 pm
<input type="checkbox"/>	<input type="checkbox"/>	Richmond Road: Southland Christain Church Drop Off 8:00 am - 8:30 am Pick Up 5:00 pm - 5:30 p.m.
<input type="checkbox"/>	<input type="checkbox"/>	Winthrop at Man O War: Anchor Baptist Church Drop Off 8:00 am - 8:30 am Pick Up 5:00 pm - 5:30 pm
<input type="checkbox"/>	<input type="checkbox"/>	The Summit at Fritz Farm: The Offices at Fritz Farm Drop Off 8:00 am - 8:30 am Pick Up 5:00 pm - 5:30 pm
<input type="checkbox"/>	<input type="checkbox"/>	I will provide transportation to and from camp by permit only (Drop off between 7:30 - 9:00 am Pick Up between 4:30 pm - 5:30 pm)

FYI A late fee applies after 5:30 p.m. at all points of pick- up.

The late fee is to be paid directly to the counselor that is taking care of your child when this occurs.

This fee is 1-15 minutes late = \$10

16-30 minutes late = \$20 etc.

◆ **Pepperhill reserves the right to close a bus stop when necessary; therefore, bus stops are subject to change** ◆

REGISTRATION FEES COVERS

The registration fee of \$100 plus all deposits are to be paid upon enrollment

The 2024 registration fee covers your child's individual accident excess insurance, arts and crafts materials and your choice of the following camp items. *Please check one.*

All items are also available for purchase from the Pepperhill Canteen.

The registration fee and camp deposits must be included with the enrollment form in order to be registered for camp. A confirmation packet will be mailed and/or emailed to you upon receipt of the enrollment information and camp fees.

<input type="checkbox"/> Camp Shirt	Child's S M L Adult's S M L
<input type="checkbox"/> Backpack	<input type="checkbox"/> Key Chain and Wristband
<input type="checkbox"/> Lunch Bag	<input type="checkbox"/> Autograph Pillow Case
<input type="checkbox"/> Camp Bucket Hat	<input type="checkbox"/> Insulated Water Bottle Carrier

FOR OFFICE USE ONLY
Date: _____
Check #: _____
Registration Fee: _____
Deposits: _____
Total: _____



Preschool and Summer Camp Tuition and Fees

Preschool enrollment for the Fall begins June 1

Preschool and Kinder Camp

Ages 2-6

\$235.00 per week for year-round children (September thru May) and Kinder Camp (June- August)

Students/Campers bring their lunch and drink daily

\$275.00 per week for Kinder Campers that are attending for the summer only.

3 week minimum for all Kinder Campers

Junior and Senior Camp

Ages 6-8

Ages 9-11

\$275.00 Per Week

\$305.00 Per Week with lunch

(A 10% discount applies to the second child's tuition for all programs)

Campers must attend two weeks of camp each session in order to qualify for the late night without an additional charge. The late night fee is \$50.00

(Five-year-old campers must have completed kindergarten and/or submitted a copy of their birth certificate)

Grad Camp Tuition and Camp Fees

Ages 12-14

Grad tuition includes admission fees and travel. Tuition does not include food and spending money.

\$285.00 per week for three weeks (\$855 Total)

\$310.00 per week for two weeks (\$620 Total)

\$410.00 for the travel week if splitting weeks during the sessions

(Grad Campers must attend 1st and 3rd or 2nd and 3rd week of a session to participate in the travel week.)

Grad's 1st week is a Late Night at camp until 7:00 PM.

2nd week is a Late Night; Information to a place and time is stated on a paper memo and the Remind app

3rd week is the offsite Travel Trips listed under Grad Travel.

Lunch Service and Canteen

Jr. Sr. Grad

Pepperhill campers are encouraged to bring a packed lunch and beverage from home. The lunch should not require heating or refrigeration. Parents are asked to put a cold pack inside an insulated lunch bag for food safety. Should you prefer to purchase lunch at camp, the cost is \$35.00 per week or \$7 per day. The lunch includes an entree, fruit cup or pudding, chips, beverage and dessert snack. **Campers are to order their lunch at the bus stop in the morning.** The counselor will take the entrée order in the a.m. and campers will pick up their lunch and choose the other items from the canteen.

Parents are welcome to use the lunch services or send campers lunch from home. It's your choice!

KINDER CAMPERS DO NOT PARTICIPATE IN LUCNH OR CANTEEN

Mail to: **2104 EASTWAY DR., LEXINGTON, KY 40503**

School: 859-277-6813 | pepperhillkidz.windstream.net

Camp: 859-885-6215 | www.pepperhilldkidz.com

MEDICAL INFORMATION

Immunization Certificate is required along with this medical information (See following example on next page)

Child's Name: _____

Boy Girl

Drug Allergies	Name of Medication: _____	<input type="checkbox"/> None Known
Food Allergies	Name of Food: _____	<input type="checkbox"/> None Known
Is your child allergic to Bee/Insect Stings?	<input type="checkbox"/> Yes <input type="checkbox"/> No My child is allergic to _____	<input type="checkbox"/> None Known
What type of reaction do they have?	<input type="checkbox"/> Severe Swelling, difficulty breathing <input type="checkbox"/> Moderate Swelling <input type="checkbox"/> Mild Swelling	<input type="checkbox"/> EpiPen will be supplied by parent <input type="checkbox"/> Ice applied and Benadryl Elixir administered <input type="checkbox"/> Ice applied to reduce swelling at site

The school/camp personnel have my permission to administer the following over the counter medication(s) according to label directions at his/her discretion. Please check either "yes" or "no" for each item. If your child is allergic to any of these medications, the school requires an alternative remedy (labeled with your child's name) to the school for the child's use.

7-UP	Upset stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen (non aspirin)	Fever and Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl Elixir	Allergic reaction to bite/sting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl Topical Spray	Itching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaper Ointment	Diaper Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sun Block	Sun Burn	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information relating to the medical care of your child that our school/camp personnel need to know, such as daily medications, difficulty in swallowing pills, motion sickness, use of earplugs or glasses.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

PICK UP AND EMERGENCY CONTACT LIST

Camper/Student Name: _____
(First) (Middle) (Last)

Authorized Person to Pick up Child

Name	Phone Number	Driver's License Number
1.		
2.		
3.		
4.		

Emergency Medical Care and Procedure

I hereby grant permission for the director to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps may include, but not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician (please include physician's name & phone number.)
3. Attempt to contact you through any of the persons listed on the Emergency Contact List.
4. If we cannot contact your child's physician, we will do any of the following:
 - a. Call another physician.
 - b. Call an ambulance
 - c. Have the child taken to the emergency hospital in the company of a staff member.
5. Any expenses incurred under Item 4 (above) will be borne by the child's family.
6. The camp/school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The camp/school will not assume responsibility for a child who has not had all the necessary forms filed with the camp/school.

Physician Name _____ Phone _____

Emergency Hospital Preference _____

Health Insurance _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

2104 EASTWAY DR., LEXINGTON, KY 40503

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HORSEBACK HOLD HARMLESS AGREEMENT



Whereas _____ and _____
 (Parent) (Parent)
 are parents or legal guardians
 of _____ who is
 participating in the summer camp of Pepperhill Farm, Inc.

WHEREAS, said parents recognize the difficulty and cost in obtaining liability insurance covering injuries sustained while horseback riding, and

WHEREAS, said parents are aware of the risks inherent in horseback riding but desire that their child participates in said activity.

NOW THEREFORE THIS CONTRACT AND INDEMNITY AGREEMENT made and entered into this

_____ day of _____, 20_____
 (date) (month) (year)

parties of the first part, and **PEPPERHILL FARM DAY SCHOOL & CAMP** (herein known as Pepperhill Farm, Inc.) party of the second part

WITNESSETH: for and in consideration of the premises aforesaid, their mutual promises and the covenants to be performed as hereinafter set out, the parties agree as follows:

1. The parties of the first part hereby consent to and specifically request that their child be permitted to participate in horseback riding during summer camp provided by the party of the second part.
2. In the consideration of the foregoing, the parties of the first part agree to indemnify and hold the party of the second part harmless on account of any loss cost or damage incurred by the party of the second part on account of injury sustained by their child while horseback riding including specifically, but not by way of limitation, damages for pain and suffering, physical disability, medical expenses attorney's fees, court costs and all other expenses of litigation.

WITNESS the hands of the parties hereto on the date first above written

 Parent or Guardian Signature

 Parent or Guardian Signature

PEPPERHILL DAY SCHOOL & CAMP

ATTEST:

Barbara W. Stephens

DIRECTOR

Check here if you do not wish for your child to participate in the Pepperhill Horseback Riding Program.

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Pepperhill Farm

PRESCHOOL AND SUMMER DAY CAMP



RETURNING CAMPER TO COUNSELOR LETTER



Dear Camper,

Please fill out the following information below so that your counselor can get to know you better and help prepare for your camp experience.

While at camp the previous summers, the things that helped me grow the most were _____.

I have decided to return to camp because _____.

What concerns do you have about returning to camp for another year? _____
_____.

What was the best part about your summer at camp? _____
_____.

What was your least favorite part about your last summer at camp?
_____.

What I hope to gain in my experience at Pepperhill this summer.

_____.

Thank you for taking the time to provide your counselors with this information.
Please mail your letter back to the below address.

Camper Signature _____

Date _____

This is my _____ years at Pepperhill Farm Day Camp this summer.

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Pepperhill Farm

PRESCHOOL AND SUMMER DAY CAMP



NEW CAMPER TO COUNSELOR LETTER



This letter to your camp counselor will help him/her get ready for your arrival to camp. Your counselor will use this information to get to know you better and help prepare for your camp experience. Your input will help him/her to plan afternoon activities that you will enjoy! (Younger campers may need help in completing this letter.) Please mail your letter back to the below address.

Dear Counselor,

My name is _____, but my friends just call me _____.

The things I like to do most with my friend are _____.

What I most like about school is _____.

What I like least about school is _____.

Most of my friends would probably describe me as someone who is _____.

If you were to ask my friends about me, they would say _____.

The qualities I like most in people are _____.

My best friends are people who _____.

I am coming to Pepperhill Day Camp because _____.

The kind of counselor that I would like to have is one that _____.

As my counselor, I want you to know _____.

When I get to Pepperhill Camp, the thing that I want most to achieve or accomplish is _____.

I understand that I am coming to Pepperhill Farm Day Camp to develop new skills, be a good sport and have fun. I understand that there are camp guidelines that I follow in order for everyone to have a good time and be safe. I agree to abide and cooperate with my counselors. I also agree not to have any illegal drugs, firearms, weapons or alcohol while participating in the Pepperhill Farm Day Camp Programs.

Camper Signature _____

Date _____

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COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ **Birthdate:** _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street) (City) (State) (Zip Code)

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	//	//	//	//	
Alt. Adult Hepatitis B1	//	//			//
DTaP/DTP/DT2	//	//	//	//	
Hib3	//	//	//	//	
Pneumococcal (PCV13)	//	//	//		//
Polio	//	//	//	//	
Influenza	//	//			
MMR	//	//			
Varicella	//	//			//
Hepatitis A	//	//			
Meningococcal	//	//			
Td	//	//			
Tdap	//	//	//		
Rotavirus	//	//	//		
HPV	//	//	//		
Men B	//	//			
Pneumococcal (PPSV23)	//	//			

Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. 2DTaP, DTP, or DT. 3Hib not required at 5 years of age or more.

This child is current for immunizations until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

This child is not up-to-date at this time. This certificate is valid until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

Provisional Status - Child is behind on required immunizations.

Medical Exemption - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? **No:** _____ **Yes:** _____ **Date:** ___/___/___

Religious Objection

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee)

(Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.