

Summer 2026
Camper Application Form



Camp Exclamation Point (CAMP!) is a week-long residential summer camp for underserved rural Vermont kids. We offer a core program of experiences and activities in art, music, environmental science, physical activity, water safety, nutrition, self-care, and literacy. It is a safe and welcoming environment for kids to be kids, where good citizenship is modeled and encouraged, and we empower children to make meaningful personal decisions, learn responsibility and build self-esteem. We strive to provide a stable and rewarding experience that our campers enjoy returning for each summer, and to make this experience available to their brothers and sisters. CAMP! is located at Camp Farnsworth in Thetford, VT, a lovely facility including the private 50-acre Lake Abenaki, owned by the Girl Scouts of the Green and White Mountains.

To apply for your child/children to attend camp, please read the following information carefully.

The dates for camp are **Sunday, August 9 to Saturday, August 15.**

Application Deadlines:

- Returning Campers and Siblings: **March 31, 2026**
- New Campers: **April 30, 2026**

Campers must be currently enrolled in **grades 2 through 7** (as of March 2026) in order to attend. Each camper must have their own application and health form.

The factors for determining **camper eligibility** are 1) financial need, 2) rural (geographic) isolation, 3) disruption of life and education due to frequent moves, and 4) family (parent or guardian) involved in agricultural work. It is not necessary for applicants to meet all criteria.

All campers (and staff) may be asked to take a COVID-19 test prior to arriving at camp. Being current with a COVID-19 vaccination/booster is not required but is strongly recommended.

Important: Applications for new campers must include a **letter of introduction** from a teacher or school counselor. This letter should refer to the eligibility criteria noted above, as well as be a general introduction to the child. Please reference any behavioral concerns that we should be aware of or that might cause a challenge in a residential camp setting; it is essential for us to know this information in advance so we can provide the best experience for the child and for all our campers.

There is a **\$30 deposit per camper**. The check should be made payable to CAMP!; do not send cash.

For each camper, please submit:

- Application Letter of Introduction (new campers) Health Information Form Check for \$30

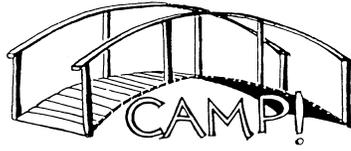
Mail completed forms and a check for the deposit(s) to: CAMP!, P.O. Box 91, Richmond, VT 05477

If you have questions about the registration process, or about camp in general, please contact me by e-mail at campexclamationpoint@gmail.com, or by phone at 855-802-CAMP.

Scott Moore, Managing Director

Camper Application

(Please print clearly.)



Return completed application to:

CAMP!

P.O. Box 91

Richmond, VT 05477

Date of Application: _____

Camper's Name: _____ Identified Gender: _____

Preferred Name/Nickname: _____ Pronouns: _____

Date of Birth: ____/____/____ Current Grade (as of 1/1/26): _____

School Name/Town: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Street & Number

City

State

ZIP

Phone:

Home _____ Mobile _____ Work _____

E-mail: _____

Best contact(s): Home Mobile Work E-mail

Does this child and/or the family have a connection to agriculture? _____

Has this child attended summer camp before? Yes, CAMP! Yes, other camp(s) (see below) No

Which other camp(s) and year(s) did they attend? _____

What is your child's primary spoken language? _____

Does your child need assistance with communicating in English? Yes_____ No_____

If yes, please describe: _____

Is this child or family currently receiving any of the following government services or support:

VT Migrant Education Program Department of Children and Families Foster Care

Reach Up 3 Squares VT Medicaid Housing Subsidy Financial Assistance

What was the camper's family's total household income in 2025? _____

How many individuals are in the camper's household, including the camper? _____

T-shirt Size (circle): Youth: S M L XL **Adult:** S M L XL Other_____

CAMP! has an all-volunteer staff with diverse backgrounds and careers, but most do not have professional experience working with children. Campers must be able to transition between activities on their own, and they have an hour of “free time” every day. Our camp includes natural features that could be dangerous to a camper who is unable to manage their impulses or follow directions, including a lake, a ravine, acres of forest, and roads. We appreciate any information and guidance that you can give our volunteers in helping your child have a successful and fun week at camp.

Please share anything you think we should know so that we can best support your child, including:

- Have there been any difficult life situations which may be relevant to your child’s experience this summer, including those involving counseling?
- Does your child have any behavioral patterns that might pose a challenge at a residential camp with the natural features noted above? Could they be a danger to themselves or to others? If so, how do you and your child’s school manage those situations?
- Does your child require any other type of special assistance during the school day?

Camp Exclamation Point Behavior Policy

CAMP! has guidelines for campers designed to make camp a safe, fun, and positive place for all. If a camper is unable or unwilling to live within those guidelines, and interferes with the goals of camp, they will be sent home. Families are responsible for prompt transportation. No exceptions.

Camper: please read and sign.

I want to come to CAMP!, and I agree to follow the camp behavior guidelines. I understand that I will be asked to leave CAMP! if I am unable or unwilling to live up to this commitment.

Signature of camper _____ **Date** _____

Parent/Guardian: please read and sign.

I have read CAMP!’s behavior policy and agree to be responsible for transporting my child home from camp if he/she is asked to leave due to inappropriate behavior. I give permission for my child to participate in all supervised camp activities. I agree that any photographs or videotaping of those activities may include my child for the camp archives and for promotional reasons, or I will contact CAMP! in writing to request otherwise.

Signature of parent or guardian _____ **Date** _____

Camp Exclamation Point – Camper Health Information Form

*****This form must be filled out completely and accurately*****

This health history is essential for CAMP! in taking care of your child. All information will remain with the Camp Health Center and be treated as confidential, with the exception of cases when it will help your child receive necessary medical care.

Camper's Name: _____ Date of Birth: ____/____/____

Medications currently taken:

(Name of medication)	(Amount/dose)	(Reason for taking)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** All medications brought to camp must be in the original pharmacy containers****

Describe any allergic reactions to medications, foods, plants, or animals including insect bites/stings:

Allergy: _____ Reaction/severity: _____

Allergy: _____ Reaction/severity: _____

Allergy: _____ Reaction/severity: _____

Allergy: _____ Reaction/severity: _____

Does your child carry an EpiPen? Yes No

Please describe any health conditions/issues that CAMP! should know about: _____

Should your child be restricted from certain activities due to health problems or behavioral concerns?

Please check any that apply:

Uses Hearing Aids Wears Eyeglasses Wears Contact Lenses

Bedwetting: Frequently Occasionally **Sleepwalking:** Frequently Occasionally

Immunization Record: Please give **dates** of most recent immunization (do not write "up to date") or enclose copy of immunization forms. Contact your physician if you have questions.

COVID-19 _____ DPT _____ MMR _____ DT _____

OPV _____ Hep B _____ Tetanus _____

Physician's name _____ **Phone number** _____

Dentist's name _____ **Phone number** _____

Is the child covered by health insurance? Yes No If yes, give name of insurer and policy number:

Is the child covered by Medicaid? Yes No If yes, give Medicaid number: _____

Primary Contact Name _____ **Relationship to camper** _____

Home phone _____ **Mobile** _____ **Work** _____

Emergency Contact who would know where you are in case we cannot reach you in an emergency concerning your child:

Name _____ **Relationship to camper** _____

Home phone _____ **Mobile** _____ **Work** _____

EMERGENCY RELEASE AUTHORIZATION This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In case of emergency or illness, CAMP! will make every effort to contact me. If CAMP! is not able to reach me, or if immediate action or treatment is judged necessary, I hereby authorize CAMP! to arrange emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary.

I give CAMP! permission to treat my child for head lice, if found. Yes No **If no**, parents will need to treat child themselves before camper can stay overnight.

Signature of parent/guardian _____ **Date** _____

Printed Name _____ **Relationship to camper** _____

I also understand and agree to abide by the restrictions placed on my participation in camp activities.

Signature of camper _____ **Date** _____