



WANDER WISCONSIN'S WINTER CAMPOUT



CENTRAL WISCONSIN ENVIRONMENTAL STATION, AMHERST, WI
DECEMBER 28-30, 2011



Wander with us just a few hours north of Madison to the Central Wisconsin Environmental Station, a year round camp facility nestled on a hillside overlooking beautiful Sunset Lake. Our days will be filled with nature hikes, crafts and new experiences. Wander Wisconsin and CWES staff will guide environmentally based activities such as Survival of the Fittest and Winter Severity. Enjoy learning to snowshoe around the CWES campus while taking in the snowy sights. Discover the animals that are equipped to handle our Wisconsin winters, and where they spend the snowy season. On Thursday, visit nearby Wisconsin Lions Camp, just north of Stevens Point, to cross-country ski on their 400 acre private campus. In the evenings, enjoy hot chocolate, a snowman parade and an outdoor winter campfire! Then on Friday, get ready to head out on a Clue Hike led by our Junior Leaders!

Attention: Middle Schoolers!

Register as a Junior Leader! In this position you will learn valuable planning and leadership skills. Junior Leaders will be able to partake in much of the planned activities such as snowshoeing and campfires while also enjoying separate time to work as a group. Enjoy a leadership role in our programming as you plan, prepare and present a Clue Hike for Friday afternoon!

JOIN
WANDER WISCONSIN IN
THE SNOWY OUTDOORS!



- Ages 8-11 (up to grade 5)
- 6-8 grade Junior Leaders

(Each age group will have their own counselors and lodging.)

Depart from Madison on
Wednesday at 1:30 p.m.
Return to Madison on Friday
at 5:00 p.m.

Cost: \$185

Register by December 14, 2011

Questions?- please call
608-276-9782

Activity Schedule



Wednesday

- 12:30 Check-In at Wis. Youth Co. Office
(Campers bring a sack lunch)
- 1:30 Depart for CWES
- 4:00 Arrive / Move into Cabins / Snack
- 4:30 Welcome! & Expectations
Discussion
- 5:00 Get-to-Know-Each-Other-Games /
Jr. Leaders Meeting
- 6:30 Enjoy Dinner
- 7:15 Who's Out There? / Nature Log /
Winter Craft Project
- 8:30 Indoor Board Games or Outdoor
Night Hike
- 9:00 Night-Time Snack
- 10:00 Everyone in Cabins

Thursday

- 8:00 Enjoy Breakfast
- 9:00 Winter Severity & Survival of the
Fittest w/ CWES Staff
- 11:30 Hot Chocolate Break & Choice Time
- 12:00 Enjoy Lunch
- 1:00 Depart for Lions Camp
- 1:30 Cross-Country Ski

- 3:30 Lions Camp Nature Center /
Jr. Leaders Meeting
- 4:15 Depart for CWES
- 4:45 Hot Chocolate Break & Choice Time /
Jr. Leaders Meeting
- 5:30 Update Nature Log /
Jr. Leaders Meeting
- 6:00 Enjoy Dinner
- 7:00 Snowman Parade
Jr. Leaders Meeting
- 8:00 Campfire / Winter Craft Project
- 9:00 Hot Chocolate Break
& Evening Snack
- 9:30 Group Sharing
- 10:00 Everyone in Cabins

Friday

- 8:00 Enjoy Breakfast
- 9:00 Pack Up & Clean Cabins
- 10:00 Snowshoeing by CWES Staff /
Jr. Leaders Meeting
- 11:30 Enjoy Lunch
- 12:30 Clue Hike led by Jr. Leaders
- 2:30 Depart for Wis. Youth Co. Office
- 5-5:45 Camper Pick Up

Part I

School's Out Winter Campout Registration Form - Dec. 28-30, 2011 • \$185

Complete form below along with parts II and III and mail to: 1201 McKenna Blvd., Madison, WI 53719



Camper's Name (First, Middle, Last) _____

Birthdate _____ Age _____ Gender _____ Grade in Fall 2011 _____

Camper has previously adventured with Wander Wisconsin? Yes No

Camper resides with: Mother Father Guardian

School attending: _____

Select group: 8-11 year olds 6-8 grade Junior Leader

Mother / Father / Guardian (Circle one.) Primary Account Holder

Mother / Father / Guardian (Circle one.) Secondary Contact Person

Address _____

Address _____

City/State/Zip _____

Home Phone _____

City/State/Zip _____

Home Phone _____

Cell Work Home

Cell Work Home

Work Phone _____

Cell Phone _____

Best Phone # During Program Hours _____

Work Phone _____

Cell Phone _____

Best Phone # During Program Hours _____

Best Location/Address During Program Hours _____

Best Location/Address During Program Hours _____

E-mail Address _____

E-mail Address _____

EMERGENCY CONTACT / PICK-UP AUTHORIZATION INFORMATION: (Any changes need to be made in writing to the administrative office.)

Individuals authorized to pick up my child: Authorized pick-up persons may be asked to present a photo I.D. All individuals authorized to pick up must be 18 years of age.

My child is to wait for authorized pick-up; list names other than parent below. Unless otherwise noted, persons listed above are considered authorized pick-up and emergency contact persons. In addition to primary and secondary persons listed above, list emergency contact (REQUIRED). In an emergency, if no contact can be made with those listed here, the police department will be notified.

Name (first & last)	Best Phone # During Program Hours / Complete Address	Relationship to Child	Emergency Contact Person	Authorized Pick-up person
_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Part II

Please fill out attached health history form. (If you have completed a Wisconsin Youth Company health history form within the last year, please contact the office at 608-276-9782 and a pre-printed form will be sent for your review. Enrollment will not be processed until part II is complete and returned to the office.)

Part III

Please fill out attached enrollment information security form. (Enrollment will not be processed until part III is complete and returned to the office.)

Part IV

Agreement

PHOTO RELEASE

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its websites for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC's websites, his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

Yes, I accept the photo release. No, I do not accept the photo release.



Signature of Parent or Guardian _____

Date _____

- I understand the \$185 payment per child is due upon registration and is not refundable or transferable, except as noted in line 4.
- I understand that all required information must be submitted at least two weeks prior to the scheduled trip or my child's enrollment may be cancelled. Registrations occurring within two weeks of trip must have all forms completed prior to the trip date.
- I understand that a \$30 charge is assessed for each Non-Sufficient Funds (NSF) check or declined credit card transaction.
- I understand if I submit a written cancellation with at least 2 weeks advanced notice, I will receive a \$100 refund. Failure to submit written cancellation two weeks prior to the first day of the program will result in the liability of all fees paid and owed for the trip. No fee credit will be given for days missed.
- Acknowledgement of Risk: I understand I will receive an acknowledgement of risk form with my confirmation that must be signed prior to the trip.
- I understand that I will be asked to authorize first aid products and protocols that will be made available to my child if needed, as determined by Wander Wisconsin staff. I further understand that I will be asked to provide authorization for administering any medications I provide to the staff for my child.
- I give my consent for WANDER WISCONSIN camp staff to act in my behalf to obtain emergency care and treatment if deemed necessary for my child.
- I understand that personal belongings are the responsibility of participants at all times.
- If the trip is cancelled by Wander Wisconsin for any reason, including insufficient enrollment, registered families shall have no claim other than a full refund.
- Program details, although given in good faith at the time of printing, are subject to change at or before the time of departure. No revisions of printed itineraries or their included features are anticipated. However, the right is reserved to make any changes, with or without notice, that might become necessary because of schedule or weather complications.

I/We understand and agree to abide by the above policies.

AGREEMENT SIGNATURE



Signature of Mother / Father / Guardian (Primary Account Holder) _____

Date _____



Signature of Mother / Father / Guardian (Secondary Contact Person) _____

Date _____

AMT PD: _____ CHK #: _____ Date Received: ____ / ____ / ____ Intake Initials: _____ Date Confirmed: ____ / ____ / ____



Directions: Please complete this form entirely. A review by parents/guardians and staff is required annually. This form must remain with the child during the hours the child is present in the care of Wisconsin Youth Company.

CHILD INFORMATION:

Child's Name (Last) (First) (Middle) Birthdate (M / D / Y)

Home Address (Street, City, State, Zip Code) Date - First Day of Attendance (M / D / Y)

Parent Name (Last) (First) Best Phone # During Program Hours

Address (if different from child's)

PHYSICIAN / MEDICAL FACILITY INFORMATION:

Name of Physician Name, Address, and Phone Number of Medical Facility

SUNSCREEN / INSECT REPELLENT AUTHORIZATION:

Sunscreen: Wisconsin Youth Company will provide Rocky Mountain SPF 30 sunscreen. If your child requires a different strength or brand of sunscreen you must complete an authorization to administer medication form for the brand and strength of sunscreen you provide.

- I authorize Wisconsin Youth Company staff to apply sunscreen to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply sunscreen.

Insect Repellent: Wisconsin Youth Company will provide Cutter All Family Pump Spray, 7% Deet. If your child requires a different strength or brand of insect repellent you must complete an authorization to administer medication form for the brand and strength of insect repellent you provide.

- I authorize Wisconsin Youth Company staff to apply insect repellent to my child.
I authorize Wisconsin Youth Company staff to allow my child to self-apply insect repellent.

SPECIAL HEALTH INFORMATION: (Continue on separate sheet if needed.)

1. Check any special medical condition that your child may have:

- No specific medical condition Asthma Diabetes Epilepsy / Seizure Disorder
Gastrointestinal or feeding concerns including special diet and supplements Cerebral Palsy / Motor Disorder
Cognitively Disabled, LD, ADD, ADHD, Autism, or other Emotional/Behavioral concerns - Specify:

Milk Allergy (Attach a statement from the medical professional indicating the acceptable alternative.)

Other Food Allergies (non-milk) - Specify:

Non-Food Allergies – Specify:

Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems – Specify:

3. Signs or symptoms to watch for – Specify:

4. Does your child need any accommodations?

5. Activities from which child should be exempt due to medical reasons:

6. Medications (prescribed and over-the-counter) your child takes regularly between the hours of 6:30 a.m. and 6:00 p.m. Please list the name of medication and the time of day to be administered. *(If medications are necessary during program hours, a copy of the authorization to administer medication form must be completed and submitted to the administrative office. Forms are available at the administrative office or at program location.)*

7. Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms.

8. When to call parents regarding symptoms or failure to respond to prescribed treatment:

9. When to consider that the condition requires emergency medical care or reassessment:

10. Does your child wear glasses, contacts, protective gear or hearing aids? *Specify:*

11. Additional information that may be helpful to the Wisconsin Youth Company staff:

In the event my child becomes ill or injured, I understand every effort will be made to reach me or an emergency contact person on file. I give my consent for Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.



Parent / Guardian Signature: _____ Date: _____

SITE USE – REVIEW DATES _____

IMMUNIZATION HISTORY:

List the **MONTH, DAY AND YEAR** the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

VACCINATIONS (DATES)	1ST	2ND	3RD	4TH	5TH
DTP Diphtheria, Tetanus, Pertussis					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B) (Required only if child is under the age of 5)					
Hepatitis B					
Pneumococcal Conjugate Vaccine (PCV)					
Measles, Mumps, Rubella (MMR)					
Varicella (Chicken Pox)					

Has the child had Varicella (chickenpox) disease? If yes, (Vaccine not required.) Year: _____ If no or unsure (Vaccine required.)

COMPLIANCE DATA AND WAIVERS

IF THE CHILD MEETS ALL REQUIREMENTS sign at arrow below and return this form to Wisconsin Youth Company, OR
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS check appropriate box below, sign and return this form to Wisconsin Youth Company.


Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for the child **WITHIN ONE YEAR** and to notify Wisconsin Youth Company in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the Wisconsin Youth Company may result in court action against the parents and a fine up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations, *(List in chart above any immunizations already received.)*: _____
 Physician's Signature: _____

For religious reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

For personal conviction reasons this child should not be immunized. *(List in chart above any immunizations already received.)*

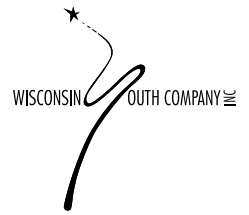
 _____
 Parent / Guardian Signature Date

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at Wisconsin Youth Company entrance. Children who reach a new age/grade level while attending this program must have their records updated with date of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months – 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16months – 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib1	3 PCV2	2 Hep B	1 MMR3	
2 years – 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib1	3 PCV2	3 Hep B	1 MMR3	1 Varicella
At Kindergarten	4 DTP/DTaP/DT	4 Polio			3 Hep B	2 MMR3	2 Varicella

- If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
- If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
- MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the first birthday is also acceptable).
- Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

ENROLLMENT INFORMATION SECURITY FORM (REQUIRED FOR EVERY PROGRAM REGISTRATION)



Child's Name _____

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or email us for information regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. Enrollment information is not currently accessible on-line. You may only request information about your account by email or phone.

You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.

ACCOUNT ACCESS PASSWORD - REQUIRED

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

1. What street did you live on during high school? _____
2. Who was your childhood hero? _____
3. What is your Grandmother's maiden name? _____

ACCOUNT CONFIDENTIALITY - OPTIONAL

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. An account holder is anyone who has signed the registration agreement. Account holders are liable for the account, are able to request information, and are able make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the registration agreement before he/she is officially considered an account holder.)**

Account Holder Name: _____



Signature: _____ Date: _____
(Account Holder)