Create an account and Register your Child for Camp at: Houghton College Summer Camps

Make sure to write down your username and password as you will need to get back into your account to upload documents after you register

	No.				
≡	RESERVATIONS MAKE	A PAYMENT		2 🛱 🖸	
	New or Returning Welcome to Houghton College Username / Email:	User e Camps and Children's Activities			
	Password:	required			
		LOG IN NEW USER			
		Forgot your login information?			

You will want to pick Individual/Family then fill out your information (Parent Info.)

RESERVATIONS MAI	KE A PAYMENT			2 F	□ 1
Create Account					
Account Type	 Individual / Family Corporate / Group 				
Primary Contact First Name	Sally				
Primary Contact Last Name	Doe				
Primary Phone	5855679647	Other ~			
Address	1 Willard Avenue				
City	Houghton				
Country	United States ~				
State / Province	New York 🗸				
Zip / Postal Code	14744				ſ
					F

Next you can click on Add a Person and put in their basic information (Child Info.):

RESERVATIONS MAKE A PAY	MENT	2	Å	
My Account		Welcome	, Sally <mark>Sig</mark>	ın Out
Sally Doe Primary Contact	\$0.00 Account Balance			
MY RESERVATIONS				
Account Members				
Sally Doe (primary contact)				
+ ADD PERSON				

≡	RESERVATIONS	MAKE A PAYMENT
	Add a Person	l
	This person is:	 a child an adult
	First Name:	John
	Last Name:	Doe
	Middle Initial:	
	Nickname:	Johnny
	Gender:	Male
	Birth Date:	10/04/2009
	Grade in the Fall of 202	22: 7th
	Child's Email:	

The reason we ask for a photo of your child is so we can use it with our staff to recognize each child. So, find a photo on your computer or phone and upload it here. Click on Browse to upload the photo.

≡	RESERVATIONS	MAKE A PAYMENT	8	Å	
	Address / Alternate	Phone			
	Same as Primary F	Parent or Guardian			
	Additional Informat	lion			
	Photo:	Sally Doe and Johnny D Browse (7 megabytes size limit)			
	Roles:	Please check all that apply.			
		 Camper Father Guardian Mother 			
		SAVE			

Then it will prompt you to begin a registration for your child. Click on YES:

\equiv reservations make a payment	
Begin registration for John?	Welcome, Sally Sign Out
YES NOT NOW	

Then scroll through this page and click on the camp you want to Register for:

=	RESERVATIONS MAKE A PAYMENT	9	д Д
	FILTERS REGISTER		
	NTS Camp		
	NTS Camp 7/10 - 7/14 Ages 10 - 19	\$2.00	info
	Tennis Camp		
	Tennis Day Camp 7/24 - 7/28 Grades 6th - 12th	\$300.00	info
	 Tennis Residential Camp 7/24 - 7/28 Grades 6th - 12th 	\$425.00	info

Now it will ask you to confirm your information (Parent):

≡	RESERVATIONS MAN	KE A PAYMENT
	Tennis Residential Camp	7/24 - 7/28 (John Doe) 1 of 7 comp
	Confirm Informa	tion for Sally
	First Name:	Sally
	Last Name:	Doe
	Middle Initial:	
	Nickname:	
	Gender:	Female ~
	Birth Date:	mm/dd/yyyy
	E-mail Address:	becca.crouch1@gmail.com
	Phone:	5855679647
	Opt Out of SMS Messages:	

This is where you can upload a picture of yourself- for pick-up purposes, etc.:

≡	RESERVATIONS MAK	E A PAYMENT	8	Å	\square
	Tennis Residential Camp 7/	24 - 7/28 (John Doe) 1 of 7 complete			
	Additional Information				
	Photo:	Choose file Browse (7 megabytes size limit)			
	Roles:	Please check all that apply. Camper Father Guardian Mother			

Here you can add other family members as authorized people to pick up your child- Add Non-Account Member and click Next:

=	RESERVATIONS	MAKE A	PAYMENT					2	Å	\square
	Tennis Residential Ca	amp 7/24 -	7/28 (John Doe	2 of 7 complete	Э					
	Authorized Account	Members								
	Sally Doe (585) 567-9647 585-567-9200									
	EDIT AUTHORIZAT	TIONS]							
	Non-account Memb	ers								
	None Found									
	ADD NON-ACCOUNT	MEMBER								
	NEXT)							

101	w you will be pr	ompted to answe	r the camp	specific que	stions:			
≡	RESERVATIONS MAKE	A PAYMENT				2	Å	
	Tennis Residential Camp 7/2	4 - 7/28 (John Doe) 4 of 7 comple	ete					
	Tennis Camp Info	rmation						
	The information collected belo	w is for John Doe .						
	Tennis Camp Camper Info	rmation						
	Camper age (at the time of camp)	13						
	Grade in school (Fall 2020)	7						
	What school do you attend	Fillmore Central						
	What year will you graduate	2027						
	Name of Preferred Roommate (your listed preferred roommate must also request you in order fo it to be granted)	Bill Smith						

At the end you will need to sign to acknowledge that it is complete- Click to Sign, Pick your Signature, Click the Adoption Agreement then Create Signature:

RESERVATIONS MAKE A PAYMENT		9	F	
Tennis Residential Camp 7/24 - 7/28 (John	8			
Tennis Camp Parent/Guardian Informatio	Select the signature style you would like to use to represent your electronic signature. Then indicate your agreeement to the electronic signature policy.			
Parent/Guardian First Name Sally	Signature Style			
Parent/Guardian Last Name Doe	illian on the			
Parent/guardian E-Mail becca.crouc Address	• Sally Doe			
Parent/Guardian Cell Phone 585-567-96- Number	Sally Doe			
Completion Acknowledgement	Adoption Agreement			
• Yes, this information is complete and	I agree that this signature is the electronic representation of my signature for all purposes when I use it on documents, including legally binding agreements and			
Signature Required	contracts - just me same as a pen-and-paper signature.			
CLICK TO SIGN	CREATE SIGNATURE			

Fill out the camper Medical Record and Sign in agreement for each of the Waivers. You don't have to sign the Waiver stating that you don't have Insurance (if you have insurance):

≡	RESERVATIONS MAKE	PAYMENT	2	Å	
	Tennis Residential Camp 7/24	- 7/28 (John Doe) 5 of 7 complete			
	Houghton College Summer	Camps Medical Record & Waiver Forms			
	Camper Information				
	Camper's First Name	John			
	Camper's Last Name	Doe			
	Home Address (Number & Street, City or Town, State, Zip Code)	1 Willard Avenue Houghton, NY 14744			
	Home Telephone Number	5855679647			
	Cell Number	5855679647			
	Camper's Age	13			
	Camper's Date of Birth	10/04/2009			

RESERVAT	IONS MAKE	a payment				
Tennis Resi	dential Camp 7/2	4 - 7/28 (John Doe) 5 of 7 complete				
TRAVEL P In certain s experience Directors to	TRAVEL PERMISSION In certain situations, it may be necessary for the Houghton College Summer Camps to transport your child to alternate sites. Although your child will be transported in certified vans or buses by qualified and experienced drivers, travel in motor vehicles on public roads always poses the possibility of risk. By signing this form you are acknowledging that risk and granting permission to the Houghton College Camp Directors to transport your child to an alternate location if needed.					
Camper's	Full Name	John Doe				
Parent/G	uardian Signature	Sally Doe				
Date		7-6-2022				
Completio	n Acknowledgei	ment				
O No,	this information is	s not complete. I will return to my account at a later time and complete it.				
Yes	s, this information is	s complete and accurate.				
Signatu	re Required					
ESign _	Cally Dre					

Next it will ask you if your child takes any medications (prescription and over the counter medications)

	Tennis Residential Camp 7/24 - 7/28 (John Doe) 6 of 7 complete
	Medication
	Yes, John has medications.
	 No, John does NOT take any medications.
	 I do not wish to record medications at this time (they may be added to John later).
	NEXT
No	w input each of your child's medications- one at a time. Click SAVE after each medication:

RESERVATIONS	MAKE A PAYMENT	
Tennis Residential C	Camp 7/24 - 7/28 (John Doe)	6 of 7 compl
Add Medicat	ion	
Medication Name:	TYLENOL TABLET	, EXTENDEI
Route:	Oral	~
Reason for Medication Comments:	n / Headache	
Frequency:	Only As Needed	~
Dosage:	2 tablets	
	SAVE	

After inputting the first medication you can click on New Medication to add your second medication:

RESERVATIONS MAKE A PAYMENT	පු	Å	
Tennis Residential Camp 7/24 - 7/28 (John Doe) 6 of 7 complete			
Medication for John Doe			
+ NEW MEDICATION			
Current Medications			
TYLENOL TABLET, EXTENDED RELEASE EDIT Oral As Needed (PRN) (2 tablets) Headache			

RESERVATIONS MAK	E A PAYMENT
Tennis Residential Camp 7	24 - 7/28 (John Doe) 6 of 7 comple
Add Medication	
Medication Name:	BENADRYL CAPSULE
Route:	Oral 🗸
Strength:	50MG
Reason for Medication / Comments:	Allergies
Frequency:	Once Per Day ~
Schedule:	- Select Schedule - 🗸
Dosage:	1 tablet

After you have added all the meds, check the box to indicate that all medications are listed and correct:

RESERVATIONS MAKE A PAYMENT		9	Å	
Tennis Residential Camp 7/24 - 7/28 (John Doe)	6 of 7 complete			
Medication for John Doe				
+ NEW MEDICATION				
Current Medications				
BENADRYL CAPSULE Oral 50MG Allergies	EDIT			
TYLENOL TABLET, EXTENDED RELEASE Oral As Needed (PRN) (2 tablets) Headache	EDIT			
Confirmation Required				
All medications are listed and correct				
NEXT				

*You will need to take the Medication Administration Form to your child's pediatrician. Have them fill out the form completely listing all the meds that your child takes- including dosage and timing for each med (AM/PM/As Needed). They will need to sign the form when complete.

You will be sent to the payment page where you can choose how you would like to pay for the camp:

RESERVATIONS MAKE A	PAYMENT	۲ <u>ټ</u> 2
Payment Options		Welcome, Sally Si
Please select payment plan		
Equal Payments Payment plan will divide y by month with the final pa before camp.	ur payments equally nent two weeks	
7/6/2022	\$475.00	
Half now Half later Parent will pay half of the then pay the remaining ba before camp.	alance due now and Innce two weeks	
7/6/2022	\$212.50	

Enter your Credit Card info. to process your camp payment:

RESERVATIONS MAN	KE A PAYMENT				2	ا چ	
Selected Payment Plan	S						
Equal Payments	Edit						
Due Now:	\$425.00						
Payment Method							
Payment Method:	Credit Card ~						
Add a new credit card	d						
When this information is	submitted, a \$1 authorization will be placed	n the card to verify the informatio	on. The \$1 will not be collected	and the hold will drop off the a	account in a few days.		
Card Type:	Visa						
Name On Card::							
Card Number:							
Expiration Month:	1 *						

You are registration is complete now and the site takes you to your main page. You will see that there are Incomplete Tasks next to your name. Click on the incomplete tasks:

RESERVATIONS MAK	E A PAYMENT		
My Account			Welcome, Sally Sign Out
Sally Doe Primary Contact	2 O Incomplete Tasks:	\$0.00 Account Balance	
MY RESERVATIONS (1)			
Account Members			Ξ
Sally Doe (primary contact)			
John Doe			REGISTER
+ ADD PERSON			

This is where you will upload your Immunization Record, Insurance Card, and Medication Administration Form (if your child takes medications). We are required by NY State Law to obtain a copy of their <u>Immunization Record</u>, the front and back of your <u>Insurance Card</u>, and the <u>Medication Administration Form</u>, filled out by your pediatrician (you only need the Medication Administration Form). Administration Form if your child takes medications).

≡	RESERVATIONS MAKE A PAYMENT	පු	Å	2
	Message Center	Welcom	e, Sally S	ign Out
	Alerts			
	Upload Immunization Record Please upload a copy of your child's immunization record to your registration			
	Doe, John Due Date: 7/10/2022			
	Upload Insurance Card Doe, John Due Date: 7/10/2022			
	Messages			
	Unread Messages V Mark All as Read			
	☑ 7/6/2022 To: becca.crouch1@gmail.com 🖉 Houghton College Tennis Camp Registration			
	☑ 7/6/2022 To: becca.crouch1@gmail.com Transaction Receipt			

Click on the task to Upload the Documents:

≡	RESERVATIONS	MAKE A PAYMENT	2 \
	My Task		Welcome, Sally Sign Out
	Task:	Upload Immunization Record	
	Description:	Please upload a copy of your child's immunization record to your registration	
	For:	Doe, John	
	Process:	Step 3 of Camp Tasks	
	Due Date:	7/10/2022	
	Completed:	No	

Click upload document then click on the individual the form belongs to, then Browse to select your document. This document was saved on my desktop so I browse to find my desktop then click on the document I want to upload. You can also Scan (or take a picture) of your copy of the front and back of your insurance card and documents and save the images to your computer as a .jpg or .pdf file.

For Uploading documents: This might be helpful for adding your insurance card as well as your paper documents (Immunization Record and the completed Medication Administration Form filled out by your pediatrician)- There is a free app for your phone called Scannable (it is aqua color with an image of a butterfly on it). This app allows you to scan documents and then send them to your email, etc. The picture is very clear.



Then you can click on your next task and upload that document (same process):

UltraC	amp 🕼 RegFox 🛛 HC 🕥 Update HC W	💿 Open				× ount Plu	s 🔇 Raymour &. Flannig	*	📙 Oth
≡	RESERVATIONS MAKE A PA	\leftarrow \rightarrow \checkmark \uparrow \blacksquare > This PC > De	esktop >	י ט ג Sea	rch Desktop		2	Å	2
		Organize • New folder			S. • 🔲	0			
	Insurance Card	Quick access Desktop	Pool Stuff	RegFox		^	Weld	come, Sally Si	gn Out
	Download (If needed)	Becca ★ Conferences ★	Signs	Soccer Camps					
	Download Document	Center for Eng #	Summer Camps	VB Camp					
	Select Individual	Renovation Pi *	Community Guide Adobe Acrobat Document 569 KB	PDF Conferences Fillable Adobe Acrobat Doc 952 KB	Fax2022 ument				
	○ Sally Doe● John Doe	Downloads	Immunization Record for John Doe Adobe Acrobat Document 34.9 KB	PDF Insurance Card for Jo Adobe Acrobat Doc 34.5 KB	ohn Doe ument	~			
	Upload	File name: Insuran	nce Card for John Doe	 Custom F Ope 	n Cance	4			
	Choose file Browse								
	Maximum File Size 50 MB								
	UPLOAD DOCUMENT								

If your child is on a prescription medication or you expect that your child might need non-prescription "over the counter" medications, you will need to have your child's physician fill out the medication administration form and then upload the completed form to your account in UltraCamp. <u>Medications must be in the original container</u> and labeled with the patient's full name, the date the prescription was filled, expiration date, directions for use, precautions (if any), storage requirements (if any), dispensing pharmacy (name and address), and name of physician prescribing medication.

Camp nurses are only permitted to dispense medications to the child that is listed on this form by the child's doctor. Designated staff trained by the Health Director may supervise the self-administration of medication. <u>A physician's signature must</u> accompany each medication. All medications (prescriptions and over the counter) must be turned into the camp health director at time of check-in.

RESERVATIONS	MAKE A PAYMENT	8	Å	2			
Houghton College	e Gymnastics						
Houghton College	e Gymnastics Information						
Medical Forms							
Immunization Re	cord						
Insurance Card							
Medication Admir	histration Form 2022						
Pre-Arrival Letter	to Campers and Parents						
NTS Camp							
NTS Camp- How	to upload medical forms and your insurance card						
Summer Music C	amp						

You are then taken back to your main page. You can click on the 3 bars (left of Reservations), to see your account overview, finances, reservations, etc.

MY ACCOUNT - OVERVIEW		
	E RESERVATIONS MAKE A PAYMENT	2 ╠ ⊠²
RESERVATIONS	My Account	Welcome, Sally Sign Out
MAKE A PAYMENT	Sally Doe \$0.00	
DOCUMENT CENTER	Primary Contact Account Balance	
MESSAGE CENTER	MY RESERVATIONS (1)	
SIGN OUT		
	Account Members	
RETURN TO ADMIN SITE	Sally Doe (rimac contact)	
CUSTOMIZE THIS PAGE	John Doe	REGISTER
CUSTOMIZE THEME		

After you have exited your account, follow these instructions to get back in and upload additional documents and to double-check that you have uploaded all the required forms correctly to your account.

- Log into your account at Houghton College Summer Camps
- There are three lines in the upper left, click on these lines for the options menus.
- Select "Document Center" in the dropdown menu.
- Choose the Medication Administration Form and download the form.
- After your physician has completed the form, scan or take a picture of the form then UPLOAD this file as you did for the insurance card and immunization record.
- After you upload the form, click on your child's name and scroll down till you see MEDICATIONS.
- Click on the + sign at the end of MEDICATIONS and then choose MANAGE MEDICATIONS.
- Next enter the name of the medication, the route, the strength, the reason for the medication, the schedule, and the dosage.
- Click SAVE after you have this completed. You will need to enter each medication separately and click SAVE after each.