

Dear Driftwood Staff:

It is our pleasure to welcome you to our Driftwood Day Camp family for the Summer of 2017. With summer rapidly approaching, we hope you are as excited as we are for what will become the most amazing summer of your life. With so many amazing theme days and special events planned for the summer, you are sure to enjoy every second of it!

Enclosed with this mailing you will find the following:

W-4 Form: When filling out, please make sure all highlighted areas are completed. Please write your name as it appears on your social security card. If you are claiming dependents, fill out line 5. If you are claiming student exempt, please write exempt on line 7. If you have any questions on how to fill out this form, please ask your accountant or parents for advice. Please complete and return to us no later than April 10th!

Health History Form: This form is used by our nurses to contact yourself and your emergency contacts. Remember to include all area codes for phone numbers. If any changes occur, please call the camp so we can update your information. **If you have any allergies, it is important that you list them all on this form.** Your signature at the bottom of this form is required in order for it to be valid. If you are under 18, please have a parent/guardian sign as well. **Please remember to attach a copy of your Insurance Card (front and back) when returning this form.**

Staff Medical Form: The Board of Health requires that all staff members have a staff medical on file at camp. Please have your physician fill out the Medical Exam form and return to us no later than April 10th! If your physical is scheduled after April 10th, PLEASE SUBMIT A COPY OF YOUR MOST RECENT PHYSICAL BEFORE April 10th. Once you are able to provide us with a more current one, you can submit at that time.

Medications on Camp: **All medications on camp must be kept at the Nurses office.** All medication you require during camp **must** be in the original labeled container. If you are found with any medication on your person, your employment will be immediately terminated. For staff members over 18 years of age, you do **not** need to complete a medication form. The Nurses Office does have a supply of Tylenol, Advil, Motrin, Benadryl, Tums, Contact Solution, and Cough drops in the event you need it.

The Orientation Schedule: We have attached the Orientation Schedule. Make sure to put the dates in your calendar. We expect you to punctually attend **ALL FULL STAFF** orientations in addition to those orientations pertaining to your position(s) at camp. **The May 13th Open House opens to families at 10AM. All Staff needs to arrive at 8:30AM.** Please make sure to mark your calendar.

We look forward to another amazing summer at Driftwood Day Camp!

Sincerely,

Your Driftwood Family

Please Note:

1. All Highlighted Fields must be completed.
2. If you claim "0" in line 5 the MOST taxes will be taken out
3. If you claim student exempt on line 7, please leave line 5 blank
4. Please contact the person who files your taxes if you have any questions completing this form

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You're single and have only one job; or
 • You're married, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note: Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.** {
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Driftwood Day Camp - 331 Mt. Misery Rd., Melville, NY, 11747			9 Office code (optional)	10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2017)

DATE OF BIRTH:

DRIFTWOOD DAY CAMP STAFF HEALTH HISTORY FORM 2017

Driftwood Day Camp
331 Mount Misery Road
Melville, NY 11747
631-692-6990 Fax: 631-692-4140

RETURN BY APRIL 10, 2017

Name: _____ Birthdate _____ Sex _____ Age _____
Last First

Address: _____
Street and # City State Zip

Home Phone: () Cell#: () E-Mail: _____

Emergency Contact: _____ Relationship: _____ Cell#: ()

Emergency Contact: _____ Relationship: _____ Cell#: ()

HEALTH HISTORY

Allergies to food or medication: _____

Operations or serious injury: _____

Chronic or recurring illness or medical condition: _____

Daily Medications (must fill out additional forms): _____

As Needed Medications (must fill out additional forms): _____

Name of Physician _____ Phone _____ Dentist/Orthodontist _____ Phone _____

Insurance (MUST ATTACH COPY OF CARDS): Insured Name _____ DOB _____

Policy Number _____ Name of Insurance Co. _____ Group _____

Policy Holders Employer _____
Name Address Phone

Important: This box must be signed

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted on this form. **Authorization of Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me. In the event that my emergency contacts cannot be reached in an emergency, I hereby give permission to the physicians selected by the camp director to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of Staff Member _____ Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities. _____
Restricted Activities (Please List)

If under 18, Parent Signature Required _____ Date _____

DRIFTWOOD DAY CAMP 2017

Phone: 631-692-6990

Fax: 631-692-4140

driftwooddaycamp@gmail.com

REQUEST FOR ADMINISTRATION OF MEDICINE FOR STAFF UNDER 18 YEARS OF AGE ONLY

This form must accompany all medications (Over-The-Counter and Prescriptions) that are kept and administered at camp.

DO NOT RETURN THIS FORM UNLESS ACCOMPANIED BY ANY MEDICATIONS

IF YOU ARE UNDER 18 YEARS OF AGE, IN ORDER FOR MEDICATIONS TO BE ADMINISTERED AT DRIFTWOOD DAY CAMP, STATE LAW REQUIRES THAT WE RECEIVE A WRITTEN REQUEST FROM YOUR PHYSICIAN WHICH IS SIGNED BY YOUR PHYSICIAN, YOURSELF AND YOUR PARENT. THE FORM MUST SHOW THE FREQUENCY, DOSAGE, AND SIDE EFFECTS, AND MUST BE ON FILE.

STAFF'S NAME: _____

STAFF'S POSITION: _____

I REQUEST THAT DRIFTWOOD DAY CAMP ADMINISTER THE MEDICATION(S) REQUESTED BY MY PHYSICIAN TO MYSELF. I WILL DELIVER THE MEDICATION(S) DIRECTLY TO DRIFTWOOD DAY CAMP IN A CONTAINER LABELED BY THE PHARMACIST WHICH INCLUDES THE NAME AND DOSAGE OF THE MEDICATION.

EMPLOYEE'S SIGNATURE _____ DATE: _____

Print Parent's Full Name: _____

Parent's signature: _____ DATE: _____

TO BE COMPLETED AND SIGNED BY THE PHYSICIAN:

DIAGNOSIS	Medication: Prescription or over-the-counter	Strength/ Dosage	Frequency	Side Effects To Expect or Report	Special Dispensing Instructions

DATE _____ PHYSICIAN'S SIGNATURE & STAMP _____



JUNE



**WHEN SCHOOL IS OUT,
CAMP IS IN!**

Staff Orientation Schedule - 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		May 30 7:00PM - 9:30PM First Year Group Leaders	May 31 6:45PM - 8:30PM Bus Counselors	1	2	3
4 9:00AM - 4:00PM Group Leaders, Lifeguards & Specialists 12:45PM - 4:00PM CITs, Jr. Counselors, & Counselors	5	6 6:00PM - 9:00 PM All Group Leaders	7 6:30PM - 9:00PM Teen Travel Staff & Families	8 6:30PM - 9:00PM Pre-Teen Travel Staff and Families	9	10
11 9:00AM - 5:00PM Full Staff Orientation	12 6:00PM - 7:30PM All CITs & Junior Counselors	13	14	15	16	17 9:00AM - 1:00PM Full Staff Orientation
18	19	20	21	22	23	24
5:30PM - 8:30PM Staff, Parent & Camper Orientation (Every staff member will be assigned one night to attend)						
25 9:00AM - 1:00PM Full Staff Orientation	26  Opening Day 2017					