**2024 Kids Camp Registration**

CenClear and Flying Dove Ranch Kids Camp Partnership

**Send registration form to CenClear, Attn: Maria Waddell, 427 N St. Mary’s Street, St Mary’s PA, 15857 with $10.00 non-refundable registration fee (that will be attributed to first day of camping). Make checks payable to CenClear.**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Grade level in fall 2024: \_\_\_\_\_\_\_\_\_ (1st to 8th grade)

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) / Guardian(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Cell phone (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be dropping off / picking up child? (Please list all who may and if not parent, relationship and phone number(s). You may change this list in writing throughout the summer.)

Is there anyone who might claim relationship to the child that is not permitted access to the child? (please provide copies of any court order / PFA / custody agreement or other legal documentation that limits access)

----------------------------------------------------------------------------------------------------

Emergency contacts:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance information: (Please include name of company and policy number)

Primary insurance—\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary insurance--- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------------------------------------------------------------------

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*Please initial each item below to indicate consent, write NO for non-consent, sign at bottom of list.\*\*\*\*\*\*

Obtaining emergency medical care: \_\_\_\_\_\_ Consent for minor first aide procedures: \_\_\_\_\_

Consent for transport to/from camp: \_\_\_\_ Consent for walking/hiking: \_\_\_\_\_\_ Consent for excursions off site: \_\_\_\_\_

Consent for swimming: \_\_\_\_ Consent for Canoeing/Kayaking: \_\_\_\_ Consent for Zip line: \_\_\_\_\_

Consent for use of photos/videos for facebook page, advertising: \_\_\_\_\_\_

My initials above indicate consent for the above activities (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-------------------------------------------------------------------------------------------------------------

Any medical / physical health concerns/diagnosis:

Allergies:

Any restrictions on activities:

Any current medications:

NOTE Camp staff will not dispense medication.

---------------------------------------------------------------------------------------------------------------

Any behavioral or mental health concerns/diagnosis or other general concerns:

Any information / directions for staff that can help everyone have a safe and fun camp experience:

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Camp is scheduled for the days indicated below.

Camp will be Monday through Thursday starting 8:30 am and ending at 3:30 pm. at Flying Dove Ranch and Friday 8:30 am to 3:30 pm at sites within the community (TBD—In 2023 we went to Sandy Beach or Big Maple Farm).

Camp cost is $10.00 per day per child. There are no refunds unless the camp is closed by CenClear or Flying Dove Ranch. Payment is due 2 weeks prior to the camp week to maintain child’s reserved spot and can be paid by check to CenClear, or at the CenClear St Mary’s office, or to the camp director at the camp once camp starts. Due to the lower cost and anticipated increase in registrations, but limited available spots please register early to reserve your camp dates. If payment is not received by the due date (or alternative arrangement made) the spot may be re-assigned to another camper requesting that date.

What days are you registering your child to attend camp this summer? Additional days can be requested throughout summer so long as there are open spots available.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| weeks | Monday | Tuesday | Wednesday | Thursday | Friday (site TBD) | $ for this week | Payment due by |
| June 10-14 |  |  |  |  |  |  | May 27 |
| June 17-21 |  |  |  |  |  |  | June 3 |
| June 24-June 29 |  |  |  |  |  |  | June 10 |
| July 1-5 (closed on 4th) |  |  |  | Closed for holiday |  |  | June 17 |
| July 8-12 | Kids camp closed due to church camp at FDR—you could register for that camp separately, see FDR website for details.  | ----------- | ----------  |
| July 15-19 |  |  |  |  |  |  | July 1 |
| July 22-26 |  |  |  |  |  |  | July 8 |
| July 29- Aug 2 |  |  |  |  |  |  | July 15 |
| Aug 5-9 |  |  |  |  |  |  | July 22 |
| xxxxxxxxxxxx | xxxxxxxxx | xxxxxxxxxxx | Total # days: |  | xxxxxxxxxx | xxxxxxxxxx | xxxxxxxxxx |

Camp is from 8:30 am to 3:30 pm.

\_\_\_\_\_I would be interested in transportation \_\_\_\_\_ yes \_\_\_\_\_ no -- please note that there is limited space available with pick up at CenClear office in St Mary’s, a designated place in Johnsonburg, and a designated place in Ridgway, possibly a pick up at CenClear Clearfield office and Penfield.

If child must have transportation to attend check here \_\_\_\_\_\_\_\_\_\_.

If yes, from/to what town? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And which date(s)?

 Mornings to camp\_\_\_\_\_ Afternoons from camp\_\_\_\_\_

We will contact you to discuss transportation availability, specific location and time. What is the best way to contact you?