



Camp Fun & Faith CAMPER

“All Saints, All Brothers and Sisters”

Application Form 2020

Child's Name:

Last _____ First _____

CHECK THE SESSION OF YOUR CHOICE

1) **LITTLE FLOWER DAY CAMP:** (ages 3 ½ -10) \$70 (Early Bird Registration by May 1st = \$65)

_____ June 8-12: A.M. Session 9:00 a.m. – 12:00 p.m.

_____ June 8-12:P.M. Session 1:00 p.m. – 4:00 p.m.

_____ **Mom Camp, Wednesday, June 10:** My daughter is coming to Day Camp, and I would like to come on Wed., June 10 to the morning/afternoon of reflection offered for moms while our daughters are at camp. Besides my camper(s), I will be bringing my other children with me whose ages are:_____. (The “Mom Camp” is offered at no extra charge and will take place at the same location as Day Camp; we will offer childcare for your non-camper children.)

2) **CAMP FUN & FAITH OVERNIGHT CAMP: \$215 (Early Bird Registration by May 1st = \$200)**

_____ June 15-19 *Jr. High Camp* (6th grade graduate to 8th grade graduate/11-14 years)

_____ June 22-26 *Grade School Camp* (2nd grade graduate to 7th grade graduate/8-13 years)

_____ July 6-10 *Grade School Camp* (2nd grade graduate to 7th grade graduate/8-13 years)

_____ July 13-17 *Grade School Camp* (2nd grade graduate to 7th grade graduate/8-13 years)

_____ July 20-23 *High School Camp* (9th-12th grade graduate—Please note the Mon-Thur schedule for this week.)

Number of years at Camp Fun & Faith _____ Have you moved in the last year? _____

Grade completed by camp _____ Age at camp _____ School _____

Faith Practice _____ Parish _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Email for confirmation _____

Please put my daughter in the same group as (pick one friend):

<p>PLEASE CIRCLE ONE:</p> <p>Youth T-Shirt size:</p> <p>YS YM YL</p> <p>Adult T-Shirt Size:</p> <p>AS AM AL AXL</p>
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OFFICE USE ONLY

Money Received: _____

Date Processed: _____

Initials: _____

Health Form Copied _____

Confirmation Emailed _____

Entered _____

Camper Name: _____

Payment Schedule

Day Camp \$70 (\$65 if prior to May 1st)– includes T-SHIRT.

****Overnight Camps \$215 (\$200 if prior to May 1st)– includes T-SHIRT.**

(We cannot guarantee a t-shirt for applications submitted after May 31st.)

If you need information on scholarships, please contact camp directors at 402-289-1938 or camp@prosancity.org

Specify Form of Payment: ___ Check (payable to “Camp Fun & Faith”)

OR

___ Pay Pal (**Please include receipt with the application.**)

\$65 non-refundable* deposit now and send the rest by May 1, 2020; OR full payment: \$_____.
(For applications submitted after May 1st, please pay full amount.)

Donation for someone who cannot afford camp: \$_____.

Donation for Camp and Retreat Center upkeep & development: \$_____.

TOTAL \$_____.

During my daughter’s week of overnight camp (excluding high school week), I would like to volunteer.

(Please circle when you are available. We will confirm a time with you when you drop your daughter off at camp.)

-Dinner help on Tue., Wed., or Thur. (5:30 p.m. on T/Th, 5:00 p.m. on W)

-Outdoor projects (gardens, fix-up, etc.) Wed. 7:00-8:30 p.m.

◊(We are sorry that we cannot have your other children join you in the kitchen, but they are welcome for the outdoor projects if you are able to supervise them.)

***For Day Camp registrations, \$30 of the deposit is refundable before May 1st, 2020.**

****Registration fees for families with multiple daughters attending *overnight* camps:**

3rd child = \$100

4th, 5th, 6th, etc. = Free

Camp Fun & Faith 2020 Health Form

For office use:
 Form reviewed
Initials _____

Circle Session!

Day Camp: June 8-12 ♦ **Morning Session** 9am-12pm ♦ **Afternoon Session** 1-4pm

Overnight Camp: ♦ June 15-19 (Jr. High) ♦ June 22-26 ♦ July 6-10 ♦ July 13-17 ♦ July 20-23 (High School)

Camper/Junior Counselor Information: (Please write clearly and in all CAPS.)

FIRST NAME _____ **LAST** _____

Birth Date: Month _____ Day _____ Year _____

Parent or Guardian Name(s): _____

Home Address: (Please check this box if you have moved within the past year)

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone	Work/Cell Phone	Emergency	E-MAIL
_____ / _____	_____ / _____	_____ / _____	_____

Doctor's Name and Phone: _____ / _____

Accidental/Medical Insurance Information: Insurer's Name _____

Policy # _____

List allergies to foods, drugs, outdoors, etc. _____

List any diagnoses, medical history, or problems that might prevent full participation in camp activities or would be helpful for the Camp directors to know (e.g. Asthma, sleepwalking, anxiety, panic attacks, etc.)

Please list all child's medicines including their dosage and directions for administration.

Anything else we should know? _____

I authorize Camp Fun & Faith to give my child age-appropriate doses of the following, if needed:
(cross out any you do not authorize)

Tylenol/acetaminophen Advil/ibuprofen Calamine lotion Benadryl Tums Aloe Vera

- Photographs of your child may be taken during camp and used in Camp Fun & Faith and Pro Sanctity publications, if you have any questions or concerns regarding this, contact camp directors at camp@prosantcity.org or 402-289-1938.
- **PLEASE notify us if your child is exposed to any communicable disease during the three weeks prior to camp attendance!**
- **FIELD TRIPS:** Each Friday of all camp weeks, we visit Elkhorn Manor. During the weeks of overnight camp we go on additional field trips. These trips usually are to Fremont Splash Station, but this location sometimes changes due to weather or other unforeseen circumstances. High school week includes multiple field trips which differ from those of the other camp weeks. Your child will be transported either on the bus driven by a certified driver or in a vehicle driven by an Apostolic Oblate or by an adult designated by the Apostolic Oblates.

Parent’s authorization for children under 19 years of age: In placing my daughter in your care, I agree to all terms, regulations and activities of Camp Fun & Faith Overnight or Day Camp. I agree to bear the burden of any expense arising from accident or illness, which is not cared for by the camp insurance policy, while my daughter is under the authorities of the camp. I agree to hold harmless Camp Fun & Faith and the Apostolic Oblates for any accidental injury that may happen to my daughter while at Camp Fun & Faith. This health history is correct to the best of my knowledge and the person described herein has permission to engage in all prescribed camp activities as noted by me. In the event that I cannot be reached in emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above. We agree to be responsible for all bills over and above those costs covered by camp insurance. I authorize the nurse/director/counselor/or designated person at Camp Fun & Faith to administer my daughter’s medications listed above.

We know of and agree that our child may take the field trips listed above and give permission for them to be transported to and from said field trips.

Parent or Guardian Signature: _____ Date: _____

Please print name: _____

Send the completed application to: Camp Fun & Faith, 11002 N. 204th St. Elkhorn, NE 68022
 (You may also scan in the completed form and email it, but a parental signature is required, and the scanned documents must be clear and printable for our records.)

Camp Fun & Faith for Girls Camper Information

1. Mail forms to 11002 N. 204th St. Elkhorn, NE 68022. You may also scan in the completed form and email it, but a parental signature is required, and the scanned documents must be clear and printable for our records.
2. Confirmation notice and “What-To-Bring” list will be emailed within a few weeks after receiving a complete application.
3. We will call immediately if the week you register for is full.
4. **Please include health form with registration form. *Each child needs a separate health form, but one health form may be used for someone attending multiple weeks (e.g. Daughter is a jr. counselor for day camp and attends jr. high week as a camper.)***
Application is not complete without all parts (Application, Health Form, Payment). Registration is first come, first serve.
5. Full payment is due by **May 1, 2020, or with the application for those registering after May 1st.** Payment plans are available. Pay online through Pay Pal (include receipt with application) or mail in check. Contact directors for a scholarship application to send with the application, if needed.
6. **QUESTIONS or SPECIAL NEEDS:** Monica or Margaret at camp@prosancity.org, 402-289-1938.
7. **Camp overnight sessions (excluding High School Week) begin with registration at 6:30 p.m. on Monday of Camp and conclude with a potluck and program on Friday at noon. Supper is not served on Monday night; please be sure your child has eaten before she arrives. High School Week begins Monday at 9:00 a.m. and ends Thursday with a program at 4:00 p.m.**
8. **Mark your calendar!** Saturday, April 25, 2020, Family Fundraiser Dinner & Silent Auction, Pro Sanctity Retreat Center. See www.prosancity.org for details.
9. Please contact a camp director if you would like a private tour before camp.
10. Please pray for fruitful experiences for all involved with Camp Fun & Faith.