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| Ezana Camps Application |  |

## Child’s Information

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name |  | Nickname |  |
| Street Address |  |
| City ST ZIP Code |  |
| Date of Birth  |  | Age |  | Grade your child will be entering in the fall? |  |
| List allergies or known health problems that we should know about. |  |

## Parent’s Information

|  |  |
| --- | --- |
| Parent’s Name |  |
| Relationship to Child |  | Email |  |
| Cell and/or Home Number | (C)  | (H) |
| Work Phone | (W) |
| Street, City, St. & Zip  | (If address is the same as the one listed above, write SAME.) |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home or Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Camp Choices—Place a circle around the camp(s) you wish to attend and circle the word \*\*Breakfast if participating in the breakfast option. \*Camps that help earn Scout badges.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2018 DATES** | **CAMP**  | **TIMES\*\*** | **Ages** | **COST** |
| June 25-28 | Arts & Crafts (New) | 1:00 p.m. – 4 p.m. | 6-12 | $50 |
| June 26-28 | \*Camping (Includes overnight camping & 3 meals, Badges: camping, hiking, geocaching, outdoor adventure) | June 26, 9 – NoonJune 27, 9 a.m. toJune 28 -noon | 7-12 | $75 |
| June 25-28 | \*Cooking & Baking | 9 a.m. - noon | 6-12 | $50 |
| June 25-28 | Woodworking | 9 a.m. - noon | 7-12 | $50 |
|  |  |  |  |  |
| July 9-12 | \*Archery  | 9 a.m.– noon | 6-12 | $50 |
| July 9-12 | \*Fitness & Fabricate (STEM) | 9 a.m. - noon | 7-12 | $50 |
| July 10-12 | Sewing (3 days) | 1 p.m. – 4 p.m. | 7-12 | $40 |
| **Breakfast** provided at 8:00 a.m. until 8:30 a.m. Cost is $2.50/day per camper. Campers may bring their own lunch and stay until 1, or arrive at noon and stay until 4, or stay the entire day if attending two camps the same week. |

## Emergency First Aid

### At Ezana Camps, the only first aid measures taken are for minor bumps, bruises, cuts, scratches, nosebleeds, and/or splinters. If further medical care is needed, Ezana Camps will notify me or the name of a contact listed below. If I, or the contact listed below, cannot be reached, I authorize Ezana Camps to secure emergency medical care for my child. I, the parent, will be responsible for the emergency medical charges upon receipt of statement.

Name of Insurance Company that covers your child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy ID# and Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Number (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Field Trips

### I authorize Ezana Camps to take my child on field trips. I authorize my child to ride as a passenger in a vehicle owned, borrowed, or leased by Ezana Camps. I will make a written statement of notification if I wish for my child not to attend a particular field trip. I understand all such trips are under the supervision of Ezana Camps and that health and safety precautions are implemented.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Your Responsibility

### You, the parent/guardian, **must** submit a list of names of people who may be picking up your child. If anyone **not** on the list will be picking up your child, you **must** notify Ezana Camps in person or via text or telephone. They will need photo identification to ensure the safety of your child.

I will notify Ezana Camps if any changes are needed to the arrangement of picking up my child.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Payment

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if there are any false statements, omissions, or other misrepresentations made by me on this application it may result in my child’s dismissal from camp.

###  Payment must be made by check or cash. If cash, deliver application and cash to the First Presbyterian Church, 1199 Third Avenue, New Brighton, PA Mondays- Thursdays from 8:30 a.m. – 11:30 a.m.

TO BE COMPLETED AT TIME OF PAYMENT:

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  Cash or Check (circle one) Check Number \_\_\_\_\_\_\_\_\_\_ |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in Ezana Camps.