

NEW DAY SUMMER CAMP ENROLLMENT FORM 2019

****PLEASE FILL OUT ONE FORM FOR EACH CHILD. PHOTO COPY IF NECESSARY. PLEASE PRINT CLEARLY.****

CHILD MUST BE 8 YEARS OF AGE BY CAMP ONE DATE AND NOT OLDER THAN 14 YEARS BY CAMP TWO DATE

Child's Name _____ Age _____ Date of Birth (mm/dd/yy) _____

Please circle: Male Female T-Shirt Size (circle one): **ADULT SIZES ONLY** S M L XL 2XL

Address _____ City _____ State _____ Zip _____

Caregiver's Name _____ Cell # _____ Work # _____

E-Mail Address _____ Home # _____

Incarcerated Parent Name _____ DOC # _____ Correctional Institution _____

Returning Camper? Yes No If known, year(s) attended: _____

INCARCERATED PARENT'S Relationship to Child: Father Step-Father Mother Step-Mother Legal Guardian

Emergency contact person & phone number (someone other than the caregiver above): _____

New Day Camp will offer a variety of recreational opportunities. The camp will be held on the shores of Lake Texoma. The activities will include, but not necessarily be limited to: bank fishing, canoeing and paddle boating, softball, ropes challenge courses, hiking, swimming, basketball, board games, crafts and path clearing.

New Day Camp depends on donations for its existence. Hence campers may be photographed and videotaped to be used by the Oklahoma Conference of the United Methodist Church and its affiliate ministries for camp promotions.

New Day Camp will also provide worship and Bible study experiences which are of the Christian faith and involve the campers in those events. This camp will offer counseling services to children who attend. These services may involve group and/or individual counseling sessions, which will be led by a licensed professional social worker who specializes in working with children and families. The purpose of this counseling is to provide a safe environment for children to discuss their feelings regarding their parent's incarceration.

I agree to allow the child attending to participate in counseling sessions at New Day Camp. I further understand that this information will be kept confidential unless disclosure is mandated by state law. (i.e. cases of child abuse or neglect.) Information obtained through New Day Camp counseling sessions will be forwarded to the appropriate authorities when required by law.

New Day Camp will have nurse(s) as part of the camp staff. They will provide emergency medical assistance, secure any additional assistance required and monitor the dispensing of prescription and over-the-counter medication.

If you have any questions regarding any of the foregoing information please call: Lesa Rhoads at (405) 530-2014. I hereby certify that I have read all of the foregoing and by virtue of my signature affixed hereto below do authorize the participation of each child that I enroll in New Day Camp 2019 in the activities above-described and permit said child's participation in all said activities and consent to said camp staff providing for the medical needs of the below enrolled child. **Please label all items that your child brings to camp with first and last name. We are not responsible for items lost or left at camp.**

Parent or Caregiver Permission

I, _____ hereby give my permission, allowing _____
(Caregiver Name – Please Print) (Child Name – Please Print)

to attend the CJAMM New Day Camp One (ages 8 –11 yrs) at Cross Point in Kingston, Oklahoma June 3 – 6, 2019 or New Day Camp TWO (ages 12-14 yrs) at Cross Point in Kingston, Oklahoma July 15-19, 2019. I also give Kristen Harlin, Executive Director and the Rev. Gary Wilburn, Camp Dean the authority needed to ensure medical care is provided, as the need may arise, while participating in this event. My signature certifies that I have the legal authority to authorize treatment for the above child.

Signature of Parent or Caregiver

Date

Name (please print)

Relationship to child

FOR OFFICE USE ONLY

Date Received: _____

Received: _____

Returning: Yes No Waiting List

Camp One or Two: _____

Fee Received: _____

Please return this completed enrollment form, Angel Tree Scholarship Application and non-refundable \$5.00 transportation fee by April 30, 2019 to:

MAIL: NEW DAY CAMP

1501 NW 24TH STREET

OKLAHOMA CITY, OK 73106

EMAIL: lrhoads@okumc.org; FAX: (405) 530-2049

(PEASE FILL OUT OTHER SIDE➡)

****HEALTH INFORMATION****

Our Health Insurance Co. is _____ Policy # _____

Dr.'s Name _____ Phone # (____) _____

PERMISSION TO DISPENSE PRESCRIPTION MEDICATION

<u>Child</u>	<u>Medication</u>	<u>Dosage Amt and Times</u>	<u>Special Instruction\Side Effects</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information of which the nurse should be aware: _____

****OTHER INFORMATION****

**** This section must be filled out for both New Day Camp One and Two, if NONE please list "NONE." ****

1. Any allergies to food or medication? _____ Any Dietary Retrictions? _____

2. Any recent injuries or illness? _____ Past injuries or illnesses? _____

3. Any physical handicaps or conditions which restrict physical activity? _____

4. Does the child take any medications? _____

5. What type of school does the child attend? Circle One: Public Home School Private Charter Magnet Alternative School

6. Does the child have any special classes, special accomondations or school staff that works with him/her in the classroom at school?

_____ If yes, please explain: _____

7. Are there any behavioral concerns? _____

8. Does the child have a medical or educational diagnosis? (Example: ADHD, bi-polar, attachment disorder, oppositional-defiant, diabetes, seizures, asthma, etc.) _____

9. Are there any special or unusual needs the child might have at camp? _____

10. AnyTribal affiliation? _____ If yes, what tribe? _____

Caregiver Signature: _____ Date _____

**24-HOUR CAMPOUT CONSENT
FOR 14 YEAR OLD CAMPERS ONLY**

All 14-year old campers will participate in a 24-hour campout as part of the New Day Two Leadership Development Program.

I, _____ will be 14-years old at the time of camp and I understand that I will be participating in campout.
Participant's Name (print or type)

Signature of Caregiver

Date

PLEASE FILL OUT THE ENTIRE APPLICATION (FRONT AND BACK) AS THOROUGHLY AS POSSIBLE. IF YOU HAVE ANY QUESTIONS, PLEASE DIRECT THEM TO LESA RHOADS, (405) 530-2014. THANK YOU.