

NEW DAY SUMMER CAMP ENROLLMENT FORM 2021

****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 _____ Race/Ethnicity _____

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

Emergency Contact (someone other than the caregiver above): Name _____ Phone # _____

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 Criminal Justice and Mercy Ministries 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: Kristin Terrell-Wilkes at (405) 525-3522.

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 2021 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 or Two, October 14-17, 2021 at Cross Point Camp in Kingston, OK. I understand that participation in New Day Camp One or Two activities can expose my underage child to dangers both from known and unanticipated risks including COVID-19. Acknowledging that such risks exist, I hereby release and discharge CJAMM, New Day Camp One and/or Two volunteers and staff, Crosspoint Camp and its staff, transport volunteers (to and from camp), CJAMM, Cross Point and New Day Camp's officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in camp; including, but not limited to, any claim arising out of any condition on the premises at which camp is held, any negligence of the camp, or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I also give CJAMM Executive Director and designated Camp Nurse 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 Waitlist Camp One or Two: _____

PLEASE 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 Restrictions? _____

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 accomodations 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. Tribal affiliation? _____ If yes, what tribe? _____

Safety is our #1 concern when it comes to conducting New Day Camp. We will send out the current Covid-19 guidelines with the acceptance letters in September.

Please return this completed enrollment form & the Angel Tree Scholarship Application by August 31, 2021 to:

**Mail: NEW DAY CAMP
PO Box 1149
Oklahoma City, OK 73101-1149
Email: office@cjamm.org**

PLEASE FILL OUT THE ENTIRE APPLICATION (FRONT AND BACK) AS THOROUGHLY AS POSSIBLE. INCOMPLETE APPLICATIONS WILL BE RETURNED. IF YOU HAVE ANY QUESTIONS, PLEASE DIRECT THEM TO KRISTIN TERRELL-WILKES, (405) 525-3522 OR OFFICE@CJAMM.ORG. THANK YOU.