

# Northeast District Kids Camp Application

Campers First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex [ ] Male [ ] Female

Entering Grade: \_\_\_\_\_ Parent's E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address & Cell # (If different from above): \_\_\_\_\_

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Cabinmate Request: \_\_\_\_\_ (Cabinmate requests *MUST* match)

**Brothers and sisters must choose someone else to room with**

Counselor Requested Name (**not** from your church): \_\_\_\_\_

© What size Adult T-shirt do you wear (check one)?  Small  Medium  Large  XLarge  XXXLarge

Church contact person: Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## ◆ **Make Checks Payable to: Penn-Jersey Kids Camp** ◆

*When **COMPLETED** application is received, your child will receive a **Camper Welcome Packet** with all necessary information for camp*

### Registration Procedure:

- 1) Complete both sides of this registration form.
  - Camp is July 15-19 in Birdsboro, Pa
- 2) Payment:
  - 1st Payment Option - **\$180**
    - Paid in full by **June 22**
  - 2nd Payment Option - **\$190**
    - Prepay **\$100** by **June 22**
    - Pay **\$90** upon arrival at camp
  - 3rd Payment Option - **\$200**
    - Prepay **\$100** by **June 30**
    - Pay **\$100** upon arrival at camp
- 3) Mail this **registration/medical form** both sides completed and your **payment** to Registrar by June 22.

Roxann Kemmerer  
1633 North 5th St  
Stroudsburg, Pa 18360  
Cell Phone: (570)872-6540  
Email: NEdistrictkidscamp@gmail.com

*Make your check payable to: "Penn-Jersey Kids Camp"*

***No registration will be accepted after June 30 without approval from the camp directors.***

***\*\*\*\*\*Any registration received after June 30 CANNOT be guaranteed a camp t-shirt***

Camper ARRIVAL: Monday at assigned time.

Camper DEPARTURE: Friday **promptly** at 1:00 p.m.

### CAMP DIRECTORS:

Rev. Cherie E Swink  
183 Kresge Farm Rd  
Effort, Pa 18330  
(570) 656-2439

Christine Mills  
178 Deppners Rd  
Blakeslee, Pa 18610  
(570) 656-2440

**NEdistrictkidscamp@gmail.com**

# Northeast District Kids Camp Medical Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Has your child been diagnosed or treated for the following:

\_\_\_\_ Nose bleeds \_\_\_\_ Diabetes \_\_\_\_ Upset Stomach \_\_\_\_ Rheumatic Fever \_\_\_\_ Bed Wetting \_\_\_\_ Seizures  
\_\_\_\_ AIDS/HIV \_\_\_\_ Headaches \_\_\_\_ ADD/ADHD \_\_\_\_ Autism \_\_\_\_ Asthma \_\_\_\_ Other ( \_\_\_\_\_ )  
\_\_\_\_ Recent Infections: ( \_\_\_\_ Eye/ \_\_\_\_ Ear / \_\_\_\_ Nose/ \_\_\_\_ Throat/ \_\_\_\_ Other: Specify: \_\_\_\_\_ )

**Allergies:** \_\_\_\_ **Insect Stings** \_\_\_\_ **Medicine** ( \_\_\_\_\_ ) \_\_\_\_ **Food** ( \_\_\_\_\_ ) \_\_\_\_ **Other** ( \_\_\_\_\_ )  
**DO YOU BRING AN EPI-PEN? YES or NO**

Dietary restrictions \_\_\_\_\_ Activity restrictions \_\_\_\_\_

Medications that must be taken: \_\_\_\_\_

Taken for the following: \_\_\_\_\_ When should it be taken? \_\_\_\_\_

Side effects? \_\_\_\_\_ If yes, are they preventable? \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

If used, list medications and dosage to give, if needed for the following problems:

Headache: \_\_\_\_\_ Sorethroat: \_\_\_\_\_ Upset Stomach: \_\_\_\_\_

(NOTE: All medications **MUST** be turned into the Camp Nurse at registration. The camper has 24 hour access to the nurse and medications. Further instructions can be given to the nurse at registration.)

Do you have medical insurance? \_\_\_\_ Yes \_\_\_\_ No Policy Holder's Name \_\_\_\_\_

Company Name \_\_\_\_\_ Company Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

**In case of an emergency or injury, the hospital will not treat unless permission has been granted by phone from the parent or other relative. Please list additional phone numbers where you or another close relative can be reached day/night.**

Name of additional relative (s) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Has the camper ever been treated at the Reading Hosp & Medical Center? No/ Yes If yes, When? \_\_\_\_\_

**A parent or legal guardian MUST sign the following medical release.**

*I give permission to the medical personnel selected by the NE District Kids Camp Directors or their designate, to order x-rays, routine tests, and treatment for my child. In the event I cannot be reached by the NE District Kids Camp Directors, I hereby give permission to the physician selected by the camp director, or their designate, to hospitalize and secure proper treatment for my child named on this application. As parent or guardian I grant permission to the Reading Hospital and Medical Center to render whatever treatment may be deemed necessary by the attending physician to the person listed on this form.*

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Please return BOTH SIDES COMPLETED to: Mrs. Roxann Kemmerer, 1633 North 5th St, Stroudsburg, Pa 18360**

**When application is received you will get a Camper Welcome Packet in the mail with all the information your child needs for camp.**



**July 15 - 19, 2019**

**Cost: \$180**

**For those entering grades  
3rd - 7th**

**Seyfert Camp Grounds  
Birdsboro, Pennsylvania**

*We comply with all Pennsylvania  
state background clearance  
regulations*

*Digital copies of camp forms:  
www.northeastdistrict.org*

**NORTHEAST  
DISTRICT  
WESLEYAN  
KIDS CAMP**