

We will be implementing a new policy.
All churches who send children to camp, **MUST** also send a same gendered adult.
This adult will be their counselor and stay in the same cabin.

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)
Counselor Name (Adult attending from your church): _____
© What size Adult T-shirt do you wear (circle one)? Small Medium Large XLarge XXLarge
Church contact person: Name: _____ Cell 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:

- Complete both sides of this registration form.
 - Camp is July 11-15 in Birdsboro, Pa
- Payment:
 - 1st Payment Option - **\$250**
 - Paid in full by **June 22**
 - 2nd Payment Option - **\$275**
 - Prepay **\$100** by **June 22**
 - Pay **\$165** upon arrival at camp
 - 3rd Payment Option - **\$300**
 - Prepay **\$100** by **June 30**
 - Pay **\$175** upon arrival at camp
- Mail this **registration/medical form** (both sides completed) and your **payment** by June 22.

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

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



July 11 - 15, 2022

Cost: \$250

**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*

**Vaccinations recommended,
not required**

**Masks are optional!
All cabins will have air purifiers!**

**NORTHEAST
DISTRICT
WESLEYAN
KIDS CAMP**