



160 Conover Road, Wickatunk, NJ 07765  
(p) 732-946-9694 (fax) 732-946-9785  
[www.katericenter.org](http://www.katericenter.org)

## 2019 Camper Application

Camp Dates: June 24, 2019 – August 09, 2019  
(Closed July 4 & July 5)  
Monday – Friday 8:30-3:00  
**Application Deadline: June 1, 2019**

Complete and return one form per child with a \$40 per family Enrollment fee.

### **Camper and Primary Contact Information:**

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age at time of Camp \_\_\_\_\_

Name of School \_\_\_\_\_ Gender: M F Grade Sept 2019 \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address/Apt# City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

How many summers has your child attended KDC? \_\_\_\_\_

### **Emergency Contact Information:**

Please provide **TWO** additional people other than the parent/guardian listed above. Emergency contacts must be able to pick this camper up if the parent/guardian cannot be reached.

First Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Paying for Camp:** (Please check the space next to the funding that applies to you)

\_\_\_\_\_ I will be paying for camp. I understand that camp costs \$350/week. I will call Kateri Day Camp for a payment schedule. Checks can be made payable to *Collier Youth Services*.

\_\_\_\_\_ I am requesting a CAMPERSHIP (If you cannot afford camp and have no outside funding, you may request a CAMPERSHIP. Attach a letter expressing your need for assistance. You **must** exhaust all outside funding sources before applying for campership. Please contact Child Care Resources at 732-918-9901 to see if you qualify for assistance.)

\_\_\_\_\_ I contacted CHILD CARE RESOURCES OF MONMOUTH COUNTY they will be paying for Camp.

I am enrolled in:

- \_\_\_\_\_ Work First
- \_\_\_\_\_ New Jersey Cares for Kids
- \_\_\_\_\_ Monmouth County Targeted Population
- \_\_\_\_\_ Grandparents Respite Program

\_\_\_\_\_ I contacted DEPARTMENT OF CHILD PROTECTION & PERMANCY (DCP&P/DYFS) they will be paying for camp.

\_\_\_\_\_  
**Name of Caseworker/Person Responsible for Payment (CCR or DCPP)**

\_\_\_\_\_  
**Phone Number and Extension**

**Bus Stops:** Using the attached LIST OF BUS NUMBERS AND STOPS, please choose your Bus Number and Bus Stop.

Bus Number \_\_\_\_\_ Bus Stop Letter \_\_\_\_\_

Your morning and afternoon bus stop must be the same. For the safety of your child, an adult must be at the bus stop when the bus picks up and drops off your child. Please be at the stop at least fifteen minutes early.

**Parent/Guardian Consent:**

I affirm that I am the parent/guardian of the above named child and **I authorize Collier Youth Services to admit my child into Kateri Day Camp.** My child may participate in all camp activities: including, but not limited to: swimming, sports, games, ropes course, hiking, nature study, arts & crafts, archery and literacy.

- I give my consent for my child to take part in field trips under proper Kateri Day Camp supervision.
- I consent for the camp to use photographs/videos of my child.
- I understand that Collier Youth Services is not responsible for lost articles and understand items of great value should not be brought to camp. Campers should not bring electronics, toys, games, food, gum or candy to camp.
- If my child requires emergency medical care and I cannot be reached, I give consent to Collier Youth Services to obtain the necessary emergency care. I agree to pay any costs associated with the care my child receives.
- I have read and agree to the terms outlined in the parent handbook.

I do **not** want my child to take field trips. *Check here* \_\_\_\_\_

I do **not** want the camp to use photos/videos of my child. *Check here* \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Name** (Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Safety/Health Information:**

Shot Records: A copy of Immunization/Shot records **must** be attached. Shot records can be faxed directly from the doctor's office to Kateri Day Camp- fax #732-946-9785.

Chronic Illness (asthma, seizures, diabetes, etc...) \_\_\_\_\_

Name of Prescription Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Days/Time(s) to Administer \_\_\_\_\_  
(Prescription medications must be sent **in the original bottle.** Please hand to Kateri Bus Staff **on the first day of camp, June 24, 2019.**)

Allergies \_\_\_\_\_

Food Allergies: \_\_\_\_\_  
**(Must be accompanied by a written medical statement if you are requesting accommodations or substitutions)**

Special Needs/Behavioral Concerns: \_\_\_\_\_

Activities my child cannot participate in: \_\_\_\_\_

Please circle YES or NO

Sunscreen: Kateri staff has permission to apply/provide sunscreen when necessary. YES NO

Emergency Allergic Reaction: Kateri staff has permission to distribute Benadryl. YES NO

Ibuprofen/Acetaminophen: Kateri staff has permission to distribute. YES NO

What are your goals for your child at camp? \_\_\_\_\_

**Authorization**

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein.

\_\_\_\_\_  
**Parent/Guardian Name** (Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**