

Pro Sanctity Camp Fun & Faith for Girls
11002 N 204th St. Elkhorn, Ne 68022



Camp Fun & Faith CAMPER

Application Form 2009

Child's Name:

Last _____ First _____

CIRCLE SESSION BELOW: NO CHILD MAY ATTEND TWO SESSIONS IN A ROW!

OPTION ONE: LITTLE FLOWER DAY CAMP \$95.00 (Preschool to out of 4th grade)

June 8-12, 2009 A.M. 9:00 a.m. – 12:00 p.m. or P.M. 1:00 p.m. – 4:00 p.m.

OPTION TWO: CAMP FUN & FAITH OVERNIGHT CAMP \$200.00 (All weeks)

- June 15-19 – Jr. High Week (out of 6th grade to out of 8th grade)
- June 22-26 – All Ages Camp (out of 2nd grade to out of 7th grade)
- July 6-10 – All Ages Camp (out of 2nd grade to out of 7th grade)
- July 13-17 – All Ages Camp (out of 2nd grade to out of 7th grade)
- NEW!** • July 20-23 – High School Week (out of 9th grade-12th grade)

Birthday: M ____ Day ____ Year ____

Number of years at Camp Fun & Faith _____ I am NEW to Camp _____

Grade completed by camp _____ Age your child will be at camp _____

Parish/Denomination _____ School _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

Home Address _____ City/State/Zip _____

Parent's Occupations (optional) _____

Home phone _____ Email _____

Please put my daughter in the same group as (pick one friend):

OFFICE USE ONLY

Money received: _____

Money Owed: _____

Scholarships or other _____

PLEASE CIRCLE ONE:

Youth T-Shirt size: YS YM YL

Adult T-Shirt Size: AS AM AL AXL

Payment Schedule

Overnight Camp \$200.00 per week – includes T-SHIRT.

Day Camp cost \$95.00 – includes T-SHIRT.

If you need information on scholarships please contact Anne at 402-289-1938 or camp@prosancity.org

I will pay the \$50.00 deposit now and send the rest by May 1, 2009 \$ _____

I am enclosing my payment in full \$ _____

I am including a donation for someone who cannot afford camp \$ _____

TOTAL \$ _____

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1. Confirmation notice and What-To-Bring List will go out after April 15, 2009.
 2. We will call immediately if the week you register for is full.
 3. **Please include health form with registration form.** Application is **NOT** complete without all parts. Registration is first come, first serve.
 4. Final payment is due **May 1, 2009**. Payment plans available. Call Anne in the camp office for a scholarship application if needed. Camp forms should be sent in before requesting scholarship application. Scholarship applications are due **April 15, 2009**.
 5. Phone policy:
 6. QUESTIONS or SPECIAL NEEDS: Anne at 289-1938 or Jessi or Joan at 553-4418 or camp@prosancity.org
 7. **Camp overnight sessions begin with registration at 6:30 p.m. each Monday of Camp** and concludes with a potluck on Friday at noon.
 8. Interested in a great BOYS camp? Try Camp St. John or Camp St. Francis at Mount Michael Abbey: 402-289-2541 – four miles west of our camp.

Camp Fun & Faith 2009 Health Form

Circle Session(s)

Day Camp: **June 8-12** Morning Session 9am-12pm Afternoon Session 1-4pm

Overnight Camp: June 15-19 – **Jr. High Week**
June 22-26 – **2nd-7th Grade**
July 6-10 – **2nd-7th Grade**
July 13-17 – **2nd-7th Grade**
July 20-23 – **High School Week**

Camper Information:

FIRST NAME _____ LAST _____

Birth Date: Month _____ Day _____ Year _____ Grade completed in May 2009 _____

Parent or Guardian's Name(s):

First _____ Last _____

Home Address: (Please check this box if you have moved within the past year)

Address _____ City _____ State _____ Zip _____

Home Phone Work/Cell Phone Emergency E-MAIL
_____/_____/_____ / _____ / _____

Doctor's Name and Phone:

_____/_____

Accidental/Medical Insurance Information: Insurer's Name _____

Policy # _____ Dates of Coverage _____

List allergies to foods, drugs, outdoors, etc.

List any medical problems that might prevent camper from full participation in camp activities.

(TURN PAGE OVER PLEASE!)

Please list all child's medicines including their dosage and directions for administration.

Anything else we should know?

I authorized CFF to give my child age appropriate doses if needed (**please initial each one**)

Tylenol ____ Advil ____ Calamine lotion ____ Benadryl ____

Photographs of your child may be taken during camp and used in Camp Fun & Faith publications, if you have any questions or concerns regarding this please call Anne at 289-1938 or Jessi or Joan at 553-4418.

PLEASE notify us if the camper is exposed to any communicable disease during the three weeks prior to camp attendance!

Parent's authorization for children under 19 years of age: In placing my daughter in your care, I agree to all terms, regulations and activities of Camp Fun & Faith and /or The Little Flower Day Camp. I agree to bear the burden of any expense arising from accident or illness, which is not cared for by the camp insurance policy, while my daughter is under the authorities of the camp. This health history is correct to the best of my knowledge and the person described herein has permission to engage in all prescribed camp activities as noted by me. In the event that I cannot be reached in emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above. We agree to be responsible for all bills over and above those costs covered by camp insurance.

We know of and agree that our child will take the following field trips and give permission for them to attend:

OVERNIGHT CAMP TRIPS

During the week of camp we will take the bus to Blair YMCA Pool or the Archdiocesan Youth Camp pool, as well as a mini-pilgrimage. Friday we visit Elkhorn Manor. Drivers are certified: Brother Mel Tichota, OSB and Fr. Dan Lenz, OSB, from Mt. Michael, or Andy Berthold.

Parent or Guardian Signature: _____ Date: _____

Please print name: _____