



# Camp Fun & Faith CAMPER

## Application Form 2010

Child's Name:

Last \_\_\_\_\_ First \_\_\_\_\_

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

**OPTION ONE: LITTLE FLOWER DAY CAMP** *Little Hearts for Jesus (\$95.00)*

(Preschool to out of 4th grade) **June 7-11, 2010**

A.M. Session 9:00 a.m. - 12:00 p.m. or P.M. Session 1:00 p.m. - 4:00 p.m.

**OPTION TWO: CAMP FUN & FAITH OVERNIGHT CAMP** *Following the Heart of Jesus (\$200.00- All weeks)*

- June 14-18 - Jr. High Week (out of 6th grade to out of 8th grade)
- June 21-25 - All Ages Camp (out of 2nd grade to out of 7th grade)
- July 5-9 - All Ages Camp (out of 2nd grade to out of 7th grade)
- July 12-16 - All Ages Camp (out of 2nd grade to out of 7th grade)

**NEW!** • July 19-22 - High School Week (out of 9<sup>th</sup> grade-12<sup>th</sup> grade) **(\$150)**

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/Faith Practice \_\_\_\_\_ 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 \_\_\_\_\_

# Camp Fun & Faith 2010 Health Form

## Circle Session

**Day Camp: June 7-11** Morning Session 9am-12pm Afternoon Session 1-4pm

**Overnight Camp:** June 14-18 – **Jr. High Week**  
June 21-25 – **All Ages Camp**  
July 5-9 – **All Ages Camp**  
July 12-16 – **All Ages Camp**  
July 19-22 – **High School Week**

## Camper Information:

FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Grade completed in May 2010  
\_\_\_\_\_

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.

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Anything else we should know?

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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 contact Joan at [camp@prosantcity.org](mailto:camp@prosantcity.org) or 402-553-4418.

**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, the Archdiocesan Youth Camp pool, and/or Fremont Splash Station. 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: \_\_\_\_\_

Send the completed application to: Camp Fun & Faith, 11002 N. 204th St. Elkhorn, NE 68022

<p><b>PLEASE CIRCLE ONE:</b> <b>Youth T-Shirt size:</b> <b>YS YM YL</b> <b>or</b> <b>Adult T-Shirt Size:</b> <b>AS AM AL AXL</b></p>
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**Payment Schedule**

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

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

**High School Week \$150.00 – includes T- SHIRT**

*If you need information on scholarships please contact Anne at 402-289-1938 or [camp@prosanctity.org](mailto:camp@prosanctity.org)*

I will pay the \$50.00 deposit now and send the rest with health form by May 1, 2010 \$\_\_\_\_\_.

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

**TOTAL** \$\_\_\_\_\_.

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1. All forms must be mailed to 11002 N. 204<sup>th</sup> St. Elkhorn, Ne 68022.
2. Confirmation notice and What-To-Bring List will go out after April 15, 2010.
3. We will call immediately if the week you register for is full.
4. **Please include health form with registration form.** Application is **NOT** complete without all parts. Registration is first come, first serve.
5. Final payment is due **May 1, 2010**. Payment plans available. Pay online through PayPal or mail in check. 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, 2010**.
6. **QUESTIONS or SPECIAL NEEDS:** Anne at 402-289-1938 or Joan at 402-553-4418 or [camp@prosanctity.org](mailto:camp@prosanctity.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. **Important Camp Dates – Mark your calendar!**  
Saturday, April 17 Family Fundraiser Dinner & Silent Auction, St. James Parish Hall. Social Hour 6:30pm, Dinner at 7:00pm Call Monica for tickets at 402-553-4418  
Saturday, May 29 Camp Clean Up Day and Picnic, 10am-6pm  
Sunday, June 6 Camp Open House, 1-4pm  
Saturday, June 19 Golf Fundraiser