

Northeast Kids Camp Application

Camper's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ / _____ Age _____ Birth Date _____ / _____ / _____

Entering Grade _____ Sex [] Male [] Female 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 _____

Cabinnate Request _____ *(Cabinnate 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 XXLarge
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 16-20 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 form, medical form** (on reverse), and your **payment** to Registrar by June 22.

Roxann Kemmerer
1633 North 5th St
Stroudsburg, Pa 18360
Cell Phone: (570)872-6540
Email: pjdkidscamp@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	Christine Mills
183 Kresge Farm Rd	178 Deppners Rd
Effort, Pa 18330	Blakeslee, Pa 18610
(570) 656-2439	(570) 656-2440

pjdkidscamp@gmail.com

Northeast District Kids Camp Medical Information

Camper's Name: _____ Age: _____
Mother's Name: _____ Work # _____ Cell # _____
Father's Name: _____ Work # _____ Cell # _____
Family Doctor: _____ Address/Phone: _____

Has your child been diagnosed or treated for the following:

Nose bleeds _____ Diabetes _____ Upset Stomach _____ Rheumatic Fever _____ Bed Wetting _____ Seizures/ Convulsions _____
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, indicate the medication 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 or night.

Name of additional relative (s) _____ Relationship _____ Phone # _____

Has the camper ever been treated at the Reading Hosp & Medical Center (circle one)? 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 Penn-Jersey Kids Camp Director or their designate, to order x-rays, routine tests, and treatment for my child. In the event I cannot be reached by the Penn-Jersey Kids Camp Director, 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.

NORTHEAST DISTRICT WESLEYAN KIDS' CAMP

GAME CHANGER

**July 16 - 20, 2018
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*