



Camp Hosanna 2011 Information and Application Packet

Equipping Our Children for Servant Leadership

Thank you for expressing interest in Camp Hosanna 2011. This packet contains basic information about the camp, as well as the required forms for submitting an application.

Please read the information carefully and fill out the forms completely. Our purpose in collecting the requested information is to provide a meaningful and safe experience for every Camp Hosanna 2011 participant. The information will not be shared in any way beyond this context.

Questions? Please leave a message for the **Camp Hosanna Camp Director at 248-626-2515, extension 352.**

Tuition

- \$25 per camper, or \$50 for two or more campers from the same family.
- Partial and full scholarships available. Contact Camp Director at 248-626-2515, extension 352.
- Payment must accompany application. Please make checks payable to “**Camp Hosanna – Kirk in the Hills**”.

The Daily Schedule

- 8:30 a.m. A light breakfast, morning gathering and welcome time
- 9:00a.m.-11:30a.m. Morning academic enrichment...focus on reading and writing skills...engaging and fun learning activities...small classrooms and individual attention
- 11:30 a.m.-12:30 p.m. A hearty lunch and large group activities
- 12:30p.m.-3:30p.m. Praise and worship, Bible study, life skills, sports, group building, creative activities, field trips

The Important Details

- **For children entering grades 1-6 in fall 2011**
- Dates and Times: **Monday – Thursday, July 11-28, 8:30a.m. – 3:30 p.m.** Last day of camp, Thursday, July 28.
- Special Event Friday, July 22
- Camp Location: New Bethel Missionary Baptist Church, 174 Branch Street, Pontiac, Michigan 48341 248-334-3253
- Applications will be considered on a first come, first served basis. Space is limited.
- Each application will be reviewed by the Camp Director to assess whether the Camp Hosanna program is a good fit for that applicant. We want every child to have a happy and successful experience. Every applicant will receive a call, to confirm the acceptance of the application, or to explain why the application cannot be accepted. **If you do not receive a call within two weeks of submitting the application, please contact the Camp Hosanna Camp Director at 248-626-2515, extension 352.**
- Regular attendance is required. Children who are frequently absent may be asked to give their places to children on the waiting list.
- Applications must be returned with the **tuition payment** in person or by mail to Camp Hosanna 2011, New Bethel Missionary Baptist Church, 174 Branch Street, Pontiac, Michigan 48341

Please remember that your child is not enrolled in Camp Hosanna 2011 until you receive that confirmation from the Camp Director.

In this packet:

- Page 1 – White - This Page - Information for you to keep
- Page 2- Yellow - Camper Information – Complete fully and return
- Page 3 – Green - Parent/guardian information and emergency contacts - Complete fully and return
- Page 4 – Tan - Medical Information/Medical Release Form – Complete fully and return
- Page 5 – Blue - Parent/Guardian Release and Field Trip Permission – Complete fully and return

Remember to include the tuition payment of \$25 per child, or \$50 total for two or more children from the same family. Please make check payable to “Camp Hosanna - Kirk in the Hills”.

PLEASE PRINT

2011 Camper Information

Applicant's **First** Name

Applicant's **Last** Name

Gender

Male Female

Home Street Address

Apt. #

City

State

Zip Code

Age

Birth Date

Home Phone Number

Additional Phone # - Best Number to Contact You

Month / Day / Year

School Attended 2010-2011

School Attending Fall 2011

Grade Entering Fall 2011

School name and city

School name and city

If someone other than parent/guardian is completing this form, please give contact information in case we have questions:

Name

Phone Number

Relationship to Camper (such as teacher)

Child's primary language: English Spanish Other(specify) _____

Language spoken in home: English Spanish Other (specify) _____

Optional Faith Affiliation Questions:

1) Does your child regularly attend church, youth group, or a similar Christian Education program? Yes No

2) If yes, what church or program does he/she attend? _____

We want every participant to have the best possible experience at Camp Hosanna. We hope to make sure that your child, if enrolled, can experience success in the program. We appreciate your help in determining that by answering the questions below.

Is your child in good health? Yes No

Are there any academic, social or other concerns, (such as learning disabilities, ADD) that would be helpful for us to know about in evaluating whether or not Camp Hosanna is a good program for your child or when working with your child? Yes No

If "Yes", please explain in the box below. (Use back of this page if needed.)

Are there any medical concerns or physical challenges that might affect your child's participation in camp activities? Yes No

If "Yes", please explain in box below. (Use back of this page if needed.)

PLEASE PRINT

2011 Parent/Guardian Information and Emergency Contacts

Parent/Guardian First Name	Parent/Guardian Last Name	Lives with camper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>			
Parent/Guardian Street Address	Apt. #	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Best Phone at which to reach you in emergency		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Parent/Guardian Relationship to Camper	Email Address			
<input type="text"/>	<input type="text"/>			

Emergency Contacts *(Emergency contacts should be local.)*

In the event of an emergency, parents/guardians will be contacted first. List 2 other adults to be contacted if parents/guardians cannot be reached.

Emergency Contact #1

First Name	Last Name	Relationship to Camper
<input type="text"/>	<input type="text"/>	<input type="text"/>
Best Number to Reach this Person	Second Number to Reach this Person	
<input type="text"/>	<input type="text"/>	

Emergency Contact #2

First Name	Last Name	Relationship to Camper
<input type="text"/>	<input type="text"/>	<input type="text"/>
Best Number to Reach this Person	Second Number to Reach this Person	
<input type="text"/>	<input type="text"/>	

Camper Sign In and Sign Out

The adult bringing the camper to camp each day will be required to sign in the camper. At the end of the day, the adult picking up the camper will be required to sign out the camper. I understand that as a parent/guardian, I am responsible to make certain that an authorized adult picks up my child/children each day in a timely manner. I take responsibility for telling my child/children who the authorized adult(s) are with whom he/she/they may go.

Parent/Guardian **Signature**

Print Parent/Guardian Name

PLEASE PRINT

2011 Camper Medical Information - Medical Release

Camper First Name Last Name Date of Birth

Street Address Apt. # City Zip Code

Does your child have any food allergies or potentially serious other allergies (insects, medications, environment)? Yes No

Large empty box for explaining allergies and emergency steps.

Are your child's immunizations up to date? Yes No Date of last Tetanus Booster TB Test

Please check all below that apply to your child. If you check any of these items, please provide emergency steps on back of this page

Heart condition Diabetes Asthma Seizure Disorder ADD/ADHD Migraines Depression Other (specify)

Does your child have an EpiPen? Yes No

Will your child need to take medication during the camp day? Yes No If "Yes", please give details on back of this page.

If there is any general information that you feel would help the Camp Hosanna 2011 staff to better serve your child and family, please check this box and then use the reverse side of this page to explain as needed.

I give my permission for the Camp Director to administer Acetaminophen (Tylenol) to my child. Yes No

Name and address of child's physician/health clinic Physician/Clinic Phone Number Does child have health insurance? Yes No

Hospital preferred for Emergency Treatment Health Insurance Policy/Plan Name Policy/ID Number

(EMT or Paramedic may override preference)

Medical Release - Sign, date, and print name

I hereby give my permission to Camp Hosanna 2011 to secure medical and/or surgical treatment in the case of an emergency for

while in the care of Camp Hosanna. (Print Child's First and Last Name)

Parent/Guardian Signature Date

Parent/Guardian Name Printed

Best phone number to reach: you in an emergency Second emergency number

2011 Medical Information, continued from front of page 4

If your child has an allergy or health concern (such as asthma/diabetes/seizure disorder), please give detailed instructions on how to properly respond if needed prior calling emergency services:

Step 1 _____

Step 2 _____

Step 3 _____

Step 4 _____

Additional Information _____

Medications - Please List All Medications that your child routinely takes

If a medication is to be dispensed at camp, please notify the Camp Director for instructions and Medical Dispense Release Form

Medication Name	Dose	When Taken/Frequency	Will this medication need to be taken during camp time?
1.			
2.			
3.			
4.			

Please Print

Camp Hosanna 2011 Release and Permission

*****PLEASE READ CAREFULLY***
Must be signed by Parent/Guardian**

I, _____ hereby give permission for
Print Parent/Guardian first and last names

_____ to take part in Camp Hosanna 2011.
Print Child's first and last names

Participation may include academic assistance, Christian Education, recreational activities and off-site events. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I understand that children are photographed and filmed for purposes of the camp activities and for promotional and educational purposes, and I give my irrevocable consent to Camp Hosanna to release photographs, slides, moving pictures, and audio/visual tapes of my child for the purpose of Camp Hosanna records, public relations and/or advertising videos, voice or text materials, either with or without my child's name or photo accompanying quotation.

I assume full responsibility for all risks, injuries and damages of every kind and nature whatsoever, known and unknown, whether or not caused by negligence arising from or sustained as a result of my child's participation in the camp, including on-site camp activities, any outside activities and field trips, and all other aspects of the camp. I waive and release all liability for such injuries and damages, and agree not to make any claim of any kind against Kirk in the Hills Presbyterian Church, New Bethel Missionary Baptist Church, their respective officers, directors, trustees, pastors, staffs, members, agents, employees and independent contractors, and all paid and unpaid persons who may provide any kind of planning, services, instruction, assistance, goods or transportation in connection with any and all camp activities. I make this agreement on behalf of myself and any other persons who may have legal or other responsibility for the care and welfare of the child.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian First Name

Print Parent/Guardian Last Name

Field Trip Permission Form

I _____ give my permission for my child, _____,
Parent/guardian first and last name **Camper first and last name**

to ride the bus for all Camp Hosanna 2011 Field Trips and to participate in all Camp Hosanna 2011 planned activity days.

Parent/Guardian Signature _____

Date _____