



CAMPER APPLICATION

CHECK SESSIONS: Session 1 Session 2 Session 3 (Teens) Session 4 (Teens)

Camper's Name: _____ Date of Birth: _____ Sex: Male Female

Height: _____ Weight: _____ Age _____

School: _____ Grade _____ Nick name _____

Does camper need tutoring? Yes No If yes, in what area: _____

(Please submit copy of camper's report card!)

PHOTO DISCLAIMER

Do you give Camp Joharie permission to publish your child's photos, writings, and artwork on our website. The camp's website is located on the World Wide Web (WWW) and can be seen throughout the world by people with access to the Internet. For security reasons, only your child's first name will be used. Yes No

HEALTH HISTORY

Has the camper completed a physical exam within the last year months? Yes No

(A physical exam is mandatory and a form must be completed by the camper's doctor and submitted with this application.)

Many parents fear that a camp will not accept their child if they are completely forthcoming about situations that may hinder a child's adjustment to camp, yet children need us to be partners with you in planning for a safe and successful summer. Having prior knowledge about learning difficulties, ADHD, a bed-wetting problem or a recent loss or major change in the family or child's life makes a tremendous difference in helping us to be sensitive to your child's need for patience, understanding and reassurance – especially in the first few days of camp. Our commitment is to use such information only to help your child adjust to camp. It will never be used at camp unless necessary, and then only with the greatest of discretion and your prior knowledge. Please answer the following questions.

1. Does the child have any dietary restrictions or allergies? Yes No Explain: _____
2. Does the child have any emotional or physical disturbances? Yes No Explain: _____
3. Is the child restricted by physician from any activities? Yes No Explain: _____
4. Does the child socialize with others? Yes No Explain: _____
5. Is there any unusual situation at home, which may affect the child's behavior or attitude at camp? Yes No
6. Explain: _____
7. Does the child have any experience with water? Yes No Explain: _____
8. What are your child's favorite activities or pastimes? _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN 1	
First Name:	
Last Name:	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relation to Camper:	
Address:	
City/State/Zip Code:	
Home #:	
Work #:	
Mobile #:	
Email:	
Occupation:	
Church & Pastor:	

PARENT/GUARDIAN 2	
First Name:	
Last Name:	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Relation to Camper:	
Address:	
City/State/Zip Code:	
Home #:	
Work #:	
Mobile #:	
Email:	
Occupation:	
Church & Pastor:	

EMERGENCY NOTIFICATION:

Relationship to Camper: _____

First Name: _____ Last Name: _____

Address: _____

Street
City
State
Zip Code

Home #: _____ Work #: _____ Mobile: _____

FOR OFFICE USE ONLY

APPLICATION RECEIVED BY: _____ DATE: _____

SESSIONS SELECTED: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Teens <input type="checkbox"/> 2 <input type="checkbox"/> 4 Teens	TOTAL AMOUNT DUE: _____ _____ _____
Canteen: _____	Balance Due:: _____ Transportation _____