

GRETNA GLEN CAMP REGISTRATION FORM 2017

CAMPER/ FAMILY INFO.

Camper Primary Language _____

Camper's LAST Name _____ First Name _____ Preferred Name _____ M.I. _____ Male Female Date of Birth: ____ / ____ / ____

Grade Completed by June 2017: _____ Camper lives with: Both Mother & Father Mother Only Father Only Other _____

Street Address: _____ City _____ State _____ Zip _____

Mother/Guardian Email _____ Father/Guardian Email _____

Name of Father /Guardian _____ Home Phone _____ Cell Phone _____

Name of Mother/Guardian _____ Home Phone _____ Cell Phone _____

Camper's Church _____ City _____ State _____

HEALTH INFO.

Notes for healthcare staff to help my child have a great camp experience. The more we know about your child in advance, the better we can plan to serve them.

If your child has any of the following, please let us know.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV/Hepatitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies: | <input type="checkbox"/> Hypertension | School Support Services: |
| <input type="checkbox"/> Bed Wetting | _____ | <input type="checkbox"/> Kidney Disease | _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Sleep Walking | _____ |

I first learned about camp through: Church Brochure Family/Friend Newspaper Other: _____

PERMISSION

I give my permission for my child (named above) to attend the camp session for which he/she is registering with the Eastern Pennsylvania Conference of The United Methodist Church at Gretna Glen Camp & Retreat Center. I understand that my child may be in still/video pictures and that they may be used for promotion purposes unless I notify the camp administration in writing to the contrary (this includes print and web). The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed medical form must be turned in upon my child's drop off at camp. I agree that my child may participate in activities associated with the camp program and that may include an offsite trip experience as noted in the program description. I acknowledge my responsibility for payment in full is due to the Gretna Glen office one week prior to the event. When Church Payment, Agency Payment or Scholarship is requested, I continue to realize that ultimate responsibility is mine until verification from the other sources has been confirmed in the camp office.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

CAMPER PROGRAM CHOICE

1st Choice Event ID Number _____ Event Name _____ COST: \$ _____ Tier 1 Tier 2 Tier 3

2nd Choice Event ID Number _____ Event Name _____ COST: \$ _____ Tier 1 Tier 2 Tier 3

Bunk Mate request (one only – campers choose one another) _____

LESS DISCOUNT(s) and Other Payments - as applicable

Multi-Child Discount: 1st child = \$0 (full rate) 2nd child -\$10 3rd child -\$30 4th child -\$50

Christmas Card Discount: (if applicable) CODE _____ from one-time use postcard mailed to child

Bring a Friend Discount: Refer 1 new camper – \$25 Refer 2 new campers – \$50 Refer 3 new campers – \$100 Refer 4 new campers – FREE

Name of Referred Friend (s) _____, _____, _____, _____

I am a new camper at Gretna Glen and I was referred by _____ (see page 4 of brochure for details).

Church Payment:

Amount being paid \$ _____ Authorizing Person Signature _____

Print name of Authorizing Person _____ Contact's Phone # _____ Contact's Email _____

Name of Church _____ City _____ State _____

Agency Payment:

Amount being paid \$ _____ Authorizing Person Signature _____

Print name of Authorizing Person _____ Contact's Phone # _____ Contact's Email _____

Name of Agency _____ City _____ State _____

PAYMENT DETAILS: (Required Deposits are a minimum of \$50 for Day Camp, \$100 for Overnight Camp)

Church/Agency Check Enclosed or Church/Agency Check to be Sent (circle one)

Check Amount \$ _____ Check # _____

Credit Card Amount \$ _____ Discover MasterCard VISA AMEX

Scholarship

Please send me an application for a need based scholarship.

I have printed a scholarship application from the camp website and it is enclosed.