

FOR OFFICE USE ONLY

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Postmark Date ____/____/____ Lodging Assignment _____	Reg. Form Signatures: Camper _____ Parent/Guardian _____ Pastor _____	Miscellaneous Notes:
Payment Record: \$ _____ Cash \$ _____ Pers. Ck. # _____ Balance Due \$ _____ \$ _____ Cashier's Ck. # _____ (if applicable) \$ _____ Church Ck. # _____ \$ _____ Money Order # _____	Med. Form Signature: Parent/Guardian _____	

PA DISTRICT, U.P.C.I. JR. DAY CAMPER REGISTRATION FORM July 16-21, 2017

A separate Registration Form and Medical Emergency Form must be completed for each applicant.

Registration begins Sunday, July 16, 2017 at 12 noon (*not before*).

JR. DAY CAMPER AGES:

Children 6-12 years of age who are not ready for the complete Jr. Camp experience and/or have special needs that prevents them from registering as a Jr. Camper but would like to participate in Jr. Camp. A valid reason must be given for the child to be considered a JR. DAY CAMPER. The Jr. Camp Director and Dean of Students will determine eligibility. In cases of disagreement, the determination can be referred to the PA District Board. (NOTE: The nature of the special needs of the child may require that a parent, grandparent or legal guardian, who is registered as a Family Camper, to accompany the child.)

BED ASSIGNMENT:

All Jr. Day Campers will sleep, bathe, and get dressed in their parent's, grandparent's and or legal guardian's cabin.

JR. DAY CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____/____/____ Age ____

Street Address _____ Phone # () _____ - _____

City _____ State _____ Zip Code _____

PARENT OR GUARDIAN INFORMATION (please print):

Mr./Mrs./Ms. _____ Email _____@_____._____

Home Phone # () _____ - _____ Mobile Phone # () _____ - _____

U.P.C.I. PASTOR'S INFORMATION (please print):

Note: If you do not attend a United Pentecostal Church, you must obtain the signature of the U.P.C.I. Sectional Presbyter where you reside.

Name _____ Home Phone # () _____ - _____

Church Location City _____, State _____

CHECK-IN/CHECK-OUT:

The **Berean Center** will be the check-in and check-out location. (NOTE: The name and contact number is required of the individual dropping off the Jr. Day Camper). The Check-In/Check-Out times for Monday through Thursday are as follows:

IN — 9:45 to 10:00 AM

OUT — 2:30 to 2:45 PM

IN — 6:30 to 6:45 PM (Monday, Tuesday and Wednesday)

IN — 5:30 to 5:45 PM (Thursday)

OUT — Service Dismissal (Will Call)

Monday through Wednesday at 4:00 PM there will be an outdoor activity weather permitting. Jr. Day Campers are encouraged to participate with a parent, grandparent or legal guardian present. Wednesday will be our Jr. Camp water balloon challenge.

Under no circumstance will a Jr. Day Camper be permitted to be picked up by someone else who is NOT designated by the parent, grandparent, and/or legal guardian prior to the time of pickup. (NOTE: This designation must be in writing.)

RATES AND LENGTH OF STAY (choose one):

- I will attend Jr. Camp as a Jr. Day Camper the entire week (Sunday night - Thursday night).

Cost if all forms and full payment are postmarked on or before June 15th - **\$160.00***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$175.00***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

- I will attend Jr. Camp as a Jr. Day Camper the following day(s): Sun. Mon. Tues. Wed. Thurs.

Cost if all forms and full payment are postmarked on or before June 15th - **\$32.00/night***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$35.00/night***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

MAILING INSTRUCTIONS:

Mail your Registration Form, Medical Emergency Form, and payment in full to: Talina Lutz
607 E. Walnut St.
Lewistown, PA. 17044

NO PERSONAL CHECKS will be accepted this year - church checks, cashier's checks, and money orders ONLY (made payable to "PA District Camp"). Cash will be accepted if you pay at the registrar's office on the campgrounds.
DO NOT MAIL CASH.

Lodging will not be assigned until payment is made in full. Please do not mail any forms or money after July 1, 2017. After July 1st you will need to bring all forms and payment to the camp registration office and you will need to pay the late registration price as shown above under "RATES AND LENGTH OF STAY."

If you have any questions or concerns, call Talina Lutz, Camp Registrar, at **(570)578-9986**.

SIGNATURES:

Signature of Jr. Camper

"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."

Camper _____ Date _____ / _____ / _____

Signature of Parent/Guardian

"I have advised my child of all camp rules and his/her obligation to abide by them. I understand that if he/she violates the campground policies, he/she may be dismissed from the campgrounds without a refund."

Parent/Guardian _____ Date _____ / _____ / _____

Signature of your U.P.C.I. Pastor (or Sectional Presbyter, if you do not attend a U.P.C.I. church)

"I understand that if the applicant violates the campground policies, it will be brought to my attention and the applicant may be dismissed from the campgrounds without a refund."

U.P.C.I. Pastor _____ Date ____/____/____

MISCELLANEOUS INFORMATION:

Use this area to inform us of any reasons that the child should be a Jr. Day Camper.

PA DISTRICT CAMP, U.P.C.I. MEDICAL EMERGENCY FORM

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

CAMPER IS REGISTERED WITH: Jr. Camp Sr. Camp Hyphen Camp Family Camp

CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____
Street Address _____ City _____ State ____ Zip Code ____
Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

EMERGENCY CONTACTS (please print):

Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____
Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____

CAMPER'S PHYSICIAN/DENTIST INFORMATION (please print):

Family Physician _____ Phone # (_____) _____ - _____
Family Dentist _____ Phone # (_____) _____ - _____

CAMPER'S INSURANCE INFORMATION (please print):

Do you have hospitalization insurance coverage? Yes No If you answered yes, please list your insurance company's name and policy number: _____

CAMPER'S HEALTH INFORMATION (please print):

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?
Yes No If you answered yes, please explain: _____

SIGNATURES:

Camper's Signature (if you are 18 years of age or older):

"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."

Camper _____ Date ____ / ____ / ____

Parent/Guardian Signature (for newborns through 17 years of age):

"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."

Name of Parent/Guardian (please print) _____

Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____

LIST MEDICATIONS ON THE NEXT PAGE FOR:

All Jr. Campers (6-12 years of age)
All Sr. Campers (12-17 years of age)
All Hyphen Campers (high school graduates through 17 years of age)

