

# GOOD SHEPHERD 2012 SUMMER DAY CAMP REGISTRATION FORM

CAMPER'S NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ AGE \_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CAMPER'S BIRTHDATE \_\_\_\_\_ PRESENT GRADE IN SCHOOL SPRING '12 \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLEASE LIST WHO TO CONTACT IN CASE OF AN EMERGENCY (LIST IN ORDER OF PREFERENCE)

1. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL LIMITATIONS OF THIS CAMPER:

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IS CAMPER UNDER PHYSICIAN'S CARE AND/OR TAKING MEDICATION FOR CONDITIONS RELATED TO HIS/HER BEHAVIOR? \_\_\_\_\_

PLEASE DISCUSS CORRECTIVE ALTERNATIVE METHODS THAT HAVE BEEN THE MOST SUCCESSFUL WHEN HANDLING THIS CAMPER:

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PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE CAMP STAFF SHOULD KNOW ABOUT THIS CAMPER RELATING TO HIS/HER BEHAVIOR OR STATE OF MIND (EXAMPLES):  
(FEARS, ABILITY TO SHARE, REACTION TO HUNGER AND/OR FATIGUE, OVERALL NATURE, ETC.)

CAMPER'S PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CAMPER'S DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

# GOOD SHEPHERD 2012 SUMMER DAY CAMP

APPLICATION WILL BE DATED UPON ARRIVAL AND PROCESSED IN ORDER. GOOD SHEPHERD SUMMER CAMP ENROLLMENT IS LIMITED TO 78 CAMPERS PER SESSION.

THE CAMP OFFERS FOUR TWO-WEEK SESSIONS AND IS PRICED ACCORDINGLY. THE COST IS **\$185.00** FOR A TWO-WEEK SESSION. THERE WILL BE A \$10.00 DISCOUNT FOR A SECOND CHILD AND A \$15.00 DISCOUNT FOR A THIRD CHILD (FULL-TIME ONLY). THESE ARE THE RATES FOR SESSIONS I, II, AND III.

SESSION IV IS A TWO-WEEK CAMP AND THE RATE IS **\$220.00**. DISCOUNTS WILL BE HONORED (FULL-TIME CAMPERS ONLY). SESSION IV INCLUDES A TRIP TO HOLIDAY WORLD.

A NON-REFUNDABLE DEPOSIT OF **\$20.00 PER CAMPER, PER WEEK**, (\$40.00 PER CAMPER PER SESSION), IS REQUIRED ALONG WITH THIS APPLICATION. THIS DEPOSIT WILL BE APPLIED TO THE CAMP FEE.

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ FEE(S) RECEIVED \$ \_\_\_\_\_

PLEASE ENROLL MY CHILD IN THE FOLLOWING: (Indicate days attending per week)	Week 1 cost / days	Week 2 cost / days
SESSION 1 (MAY 29 - JUNE 08) _____ (No Camp May 28)	\$ ____/____	\$ ____/____
SESSION 2 (JUNE 11 - JUNE 22) _____	\$ ____/____	\$ ____/____
SESSION 3 (JUNE 25 - JULY 06) _____ (No Camp July 4)	\$ ____/____	\$ ____/____
SESSION 4 (JULY 09 - JULY 20) _____	\$ ____/____	\$ ____/____
TOTAL COST:	\$ _____	
TOTAL DEPOSIT: (MINUS)	\$ _____	
TOTAL AMOUNT DUE:	\$ _____	
CAMPER T-SHIRT SIZE    Youth Sizes    6 – 8 _____ 10 - 12 _____ 14 - 16 _____ Adult Sizes    small _____ medium _____ large _____ x-large _____		
NOTE: BALANCE IS DUE THE FIRST DAY OF THE SESSION ATTENDING. IF A CAMPER IS ATTENDING MORE THAN ONE SESSION, REGISTRTRION FEES WILL BE DIVIDED BY THE NUMBER OF WEEKS ATTENDING.		

I GIVE MY PERMISSION FOR \_\_\_\_\_ TO ATTEND THE GOOD SHEPHERD SUMMER DAY CAMP. I CONSENT (IN CASE OF EMERGENCY) TO ANY NECESSARY EXAMS, ANESTHETIC, MEDICAL DIAGNOSIS, SURGERY, AND/OR HOSPITAL CARE TO BE RENDERED TO THE ABOVE NAMED MINOR UNDER THE ADVICE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF INDIANA. MY CONSENT IS VALID FOR THE PERIOD BEGINNING MAY 29, 2012 AND ENDING JULY 20, 2012. FURTHER, I PREFER TO HAVE THIS CHILD TRANSPORTED TO \_\_\_\_\_ (NAME OF MEDICAL FACILITY) FOR DIAGNOSIS AND/OR TREATMENT

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

# GOOD SHEPHERD SUMMER DAY CAMP

2301 N. Stockwell Road  
 Evansville, Indiana 47715  
 476-4477 ext 203  
[mschuler@gsparish.org](mailto:mschuler@gsparish.org)

Dear Parents:

Good Shepherd is preparing to offer its 17<sup>th</sup> Edition of summer Day Camp. The 2012 Edition of camp begins May 29. It is time to think about what your child(ren) will be doing in the summer of 2012. Once again, Good Shepherd will offer an opportunity for your child(ren) to experience many different activities and to see several different sites.

## MISSION

*To address the need for high quality child-care for school-aged children of Good Shepherd and the community during the summer months*

*To provide to Good Shepherd and the community an opportunity to enroll their children into a summer camp program that emphasizes personal fitness, social interaction, self esteem and good citizenship*

*To provide an environment that is warm, caring, safe and positive for their children to experience many activities and to grow as individuals.*

Payment Schedule	Session I	Session II	Session III	Session IV
<b>Full Time - 2 weeks</b> (10 consecutive days) Deposit is \$20 per week Daily rate = \$18.50 per day	<b>\$185.00</b> (Deposit = \$40.00)	<b>\$185.00</b> (Deposit = \$40.00)	<b>\$185.00</b> (Deposit = \$40.00)	<b>\$220.00</b> (Deposit = \$40.00) Includes Holiday World
<b>1 week</b> (5 consecutive days) Deposit is \$20 per week Daily rate = \$21.00 per day	<b>\$105.00</b>  5 days * \$21,00 (Deposit = \$20.00)	<b>\$105.00</b>  5 days * \$21,00 (Deposit = \$20.00)	<b>\$105.00</b>  5 days * \$21,00 (Deposit = \$20.00)	<b>\$105.00</b>  5 days * \$21,00 (Deposit = \$20.00)  <i>Additional cost of holiday world trip is \$35.00 (ticket &amp;, lunch)</i>
<b>4 days within the same week</b> Deposit is \$20 per week Daily rate = \$23.00 per day	<b>\$92.00</b> 4 days * \$23.00 (Deposit = \$20.00)	<b>\$92.00</b> 4 days * \$23.00 (Deposit = \$20.00)	<b>\$92.00</b> 4 days * \$23.00 (Deposit = \$20.00)	<b>\$92.00</b> 4 days * \$23.00 (Deposit = \$20.00)
<b>3 days within the same week</b> Deposit is \$20 per week Daily rate = \$26.00 per day	<b>\$78.00</b> 3 days * \$26.00 (Deposit = \$20.00)	<b>\$78.00</b> 3 days * \$26.00 (Deposit = \$20.00)	<b>\$78.00</b> 3 days * \$26.00 (Deposit = \$20.00)	<b>\$78.00</b> 3 days * \$26.00 (Deposit = \$20.00)

## REGISTRATION POLICY

1. Applications will be processed based upon the date the registration forms are received.
2. **A non-refundable deposit of \$20.00 PER CAMPER, PER WEEK (\$40.00 per session) is required.** Upon attendance in camp, this deposit will be applied to the total fee for that session, example ( \$40.00 + \$145 = \$185.00).
3. Balances are due the first day of each session in attendance.
4. There will be a \$10.00 discount for a second child (FULL TIME).
5. There will be a \$15.00 discount for a third child (FULL TIME).

## INFORMATION PERTAINING TO CAMP PROCEDURES

- Bring your child(ren) in during Earlybird (7:00 a.m. - 8:30 a.m.) and sign-in your child(ren)
- Send a "**BROWN BAG**" lunch with your child(ren). Coolers will be provided to help keep lunches cool.
- Have your child(ren) dressed with **socks ("bowling" and "pump it up" and tennis shoes).**
- Come in during Latebird (4:00 p.m. - 6:00 p.m.) and sign-out your child(ren).

**Note: A LATE FEE will be imposed on those campers picked-up after 6:00 p.m.  
Late Fee Rate = \$1.00 per minute**

We look forward to seeing you in the summer of 2012,

Mark Schuler  
Camp Director

*<http://gsparish.org/GSS/>*

# Good Shepherd 2012 Summer Day Camp

## Key Dates

**Parent Orientation/Registration** **May 21 6:00pm - 7:00pm**  
**Cafeteria**

- Opportunity to ask questions and hear about camp procedures*
- Receive Group assignments*
- Receive Session I week 1 schedules*
- Make Session I payments*

**First Day of camp** **May 29**

**Session I** *(no camp on May 28)* **May 29 - June 08**

**Session II** **June 11 - June 22**

**Session III** *(no camp on July 4)* **June 25 - July 06**

**Session IV** **July 09 - July 20**

**Camp Overnight (\$30.00)** **Friday June 29 7:00pm (drop-off)**

**Saturday June 30 8:00am (pick-up)**

**Holiday World Session IV week 1** **July 10**

**Camp luncheon** **July 13 11:00 Program**

**11:30 pizza luncheon**

**Parent Invitations “coming soon” first week of camp**

**Last day of camp** **July 20**

Extra Innings I – TBA

Extra Innings II - TBA

Please check the website for any updates to this information  
<http://gsparish.org/GSS/>