



St. Vincent de Paul Camp

1298 Main Street, Buffalo, New York 14209
Phone (716) 882-3360, ext. 7 • Fax (716) 882-3556



RESIDENTIAL & DAY CAMP 2010 APPLICATION GUIDELINES

1. Application Folder - Application, Health Sheets, Camper Information Sheet.
2. Camper Guidelines
 - A. Boys and Girls 8-13 years of age. They must be 8 by June 1st and not 14 before September 1st.
 - B. We are unable to accept campers under the age of 8 or over the age of 13 and campers with developmental, physical, and emotional disabilities due to New York State regulations for staff/camper ratios. Children with other special needs will be evaluated on an individual basis. Please indicate need for individual evaluation on the Camper Information Sheet.
 - C. Campers must have up-to-date Immunization Records and have proof of physical examination within the past twelve (12) months. See Health Sheet. Signatures of Health Care Providers are required.

**NOTE: PLEASE USE CHECKLIST TO INSURE ALL ITEMS ARE COMPLETED.
INCOMPLETE APPLICATION WILL DELAY YOUR CHILD'S ACCEPTANCE TO CAMP.**

3. The Following Checklist Is For Residential And Day Camp (**Must Have**)
Incomplete applications will not be considered accepted until all information is complete and has met the deadline for the session. Errors in the application information will hold up acceptance.

- _____ Camper's **NAME** and **ADDRESS**.
- _____ Three (3) **EMERGENCY TELEPHONE** numbers with names and relationship listed.
- _____ Copy of **BAPTISMAL** certificate or Government issued document stating birth date attached.
DO NOT send original since they cannot be returned.
- _____ **AGE** requirements met (8 years before June 1 and not 14 before September 1).
- _____ **HEALTH HISTORY** completed.
- _____ **IMMUNIZATION RECORD AND MEDICATION SHEET & HEALTH CARE RECOMMENDATIONS SHEET** filled out and signed (Health Care Provider Section)
- _____ **CAMPER INFORMATION SHEET** completed.
- _____ **SESSION** request indicated/week(s) requested indicated.
- _____ **PAYMENT**.
- _____ **SIGNATURE** of parent or guardian and case worker or society member on Camp Fee Section.
- _____ **CAMPER FINANCIAL ASSISTANCE** / not available for Day Camp.
- _____ **TRANSPORTATION CHOICE** indicated for residential campers.
- _____ **\$25 REGISTRATION FEE** nonrefundable (will be credited to camp tuition if child is accepted).

4. There are **4 Parent Signatures** required to complete this application. They are marked with a ★ symbol. There are **2 Licensed Medical Personnel Signatures** required (Medical Doctor, Physician's Assistant or Nurse Practitioner) to complete this application. They are marked with an arrow ➔. All 6 signatures are required before the application can be accepted.

5. Completed applications should then be returned to: **St. Vincent de Paul Camp**
1298 Main Street
Buffalo, NY 14209

6. An acceptance letter will be sent to the family at which time the remainder of the camp tuition is to be paid before the child can attend camp. The letter will list dates, transportation times and location, a list of items to bring, check in times. Public assistance sponsored and SVDP sponsored campers will be billed after the child attends camp.
7. The Camp Fee for Residential Campers is **\$285** per session. \$240 per session if paid in full by June 4th. Your child cannot be enrolled at camp until tuition is paid in full. **Submit all camp tuitions to the Buffalo Office at 1298 Main St., Buffalo, NY 14209. (716) 882-3360.**
8. The Camp Fee for Day Campers is **\$125** per week. Your child cannot be enrolled at camp until tuition is paid in full. **Submit all camp tuitions to the Buffalo Office at 1298 Main St., Buffalo, NY 14209. (716) 882-3360.**