



St. Vincent de Paul Camp

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

Office Use Only

Received _____

Accepted _____

Reg. Fee Paid _____

Session _____

2012 CAMPER APPLICATION

Child's Name (please print)	Birth Date	Age	Sex
Street Address	City	State	Zip
Parents/Guardians	Home/Cell Phone Number	Work Phone Number	
School	Grade		
<p>For emergency purposes, camp will need three (3) telephone numbers, other than the parents', by which parents could be reached in an emergency. List the names and numbers in the order you would like us to contact them. If any number changes, please contact our office.</p>			
Telephone Number	Name	Relationship	
1st _____			
2nd _____			
3rd _____			

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.

THIS SECTION MUST BE COMPLETED

Camper Fee Information for Residential Camp

Camp fee is \$285 per session.
 \$25 nonrefundable registration is required and is applied towards the tuition.
 \$240 per session if paid in full by June 15th.
 Camperships available to those who qualify.

★ Signature _____
 (by signing you guarantee tuition payment)

- Parent _____
- SVDP _____
- Conference _____
- Social Services → _____
- Other _____

If you or your child is receiving public assistance please fill out this section.
 Allow Four (4) Weeks for Approval

- ADC (Title 4-E Aid to Dependent Children)
- ADC/FC (Foster Care)
- CWS (Children's Welfare Services)
- Case Number _____
- CIN _____
- Case Name _____

Camper Fee Information for Day Camp

Camp fee is \$150 per week. \$25 nonrefundable registration is required and is applied towards the tuition.

★ Signature _____
 (by signing you guarantee tuition payment)

RESIDENTIAL CAMP

Fee is \$285 per camper per session. There is a \$25 nonrefundable fee that must accompany application, and will be credited to your child's camp tuition. The remaining \$260 is due prior to the child attending camp.

Please indicate Camp Session you would like to attend. Indicate with 1 or 2 your first and second choice:

		<u>Deadline</u>
<input type="checkbox"/> Session 1	July 8 - July 14	June 8
<input type="checkbox"/> Session 2	July 15 - July 21	June 15
<input type="checkbox"/> Session 3	July 22 - July 28	June 22
<input type="checkbox"/> Session 4	July 29 - August 4	June 29
<input type="checkbox"/> Session 5	August 5 - August 11	July 6
<input type="checkbox"/> Session 6	August 12 - August 18	July 13

Transportation: Camp Bus Private Car
 A bus will be provided to Niagara Falls children for session 4

DAY CAMP

Fee is \$150 per camper week. There is a \$25 nonrefundable fee that must accompany application, and will be credited to your child's camp tuition. The remaining \$125 is due prior to the child attending camp.

Please indicate Camp Weeks you would like to attend. They may attend all 6 weeks:

		<u>Deadline</u>
<input type="checkbox"/> Week 1	July 9 - July 13	June 15
<input type="checkbox"/> Week 2	July 16 - July 20	June 15
<input type="checkbox"/> Week 3	July 23 - July 27	June 15
<input type="checkbox"/> Week 4	July 30 - August 3	June 15
<input type="checkbox"/> Week 5	August 6 - August 10	June 15
<input type="checkbox"/> Week 6	August 13 - August 17	June 15

Any camper wishing to attend camp for additional sessions will be placed on a waiting list for the additional session.

Note: Campers will not be allowed to attend consecutive sessions, there must be at least one week between. **If after the deadline date there are openings, campers will be notified at that time. This insures that there is room for first time campers to attend each session.**

CHILD RELEASE LIST

Day Camp Only (The following is to be completed by the parent who is filling out this application.)

For the safety of our campers SVDP Camp requires you to list whomever you allow to pick up your child(ren), and how they know this person; this means you must list your spouse. Photo ID is required; your children will not be released to anyone unless proper ID is presented, and they must be on your Child Release List.

1. Name _____
(relation) _____

2. Name _____
(relation) _____

3. Name _____
(relation) _____

RESIDENTIAL AND DAY CAMPERS

CONSENT: In consideration of the admission of your child into the St. Vincent de Paul Camp, Angola, NY, the undersigned parent or guardian hereby agrees:

1. To indemnify and keep free and harmless the society, a domestic and charitable corporation, from any and all claims against said Society of St. Vincent de Paul, for damages by reason of injuries or death suffered by such child in going or coming from St. Vincent de Paul Camp and during a period that said child enjoys the privilege of the camp. I consent to have any medical treatment performed.
2. I also agree to provide transportation home for my child in the event the child must be removed from camp prior to the end of the session.
3. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.
4. I also agree not to visit camp or to communicate with the child except by letters, unless some serious family matter makes this imperative.
5. I also give permission to St. Vincent de Paul Camp to use the name and/or picture of the above named child in any publicity in the interest of the camp.

* * **THIS MUST BE SIGNED** * *



Signature of Parent(s)/Guardian/Date _____ Relationship _____

Please indicate if you wish to receive a copy of the Camp Counselor's report.

- No Yes (If yes, attach a self-addressed stamped envelope with this application)

Applications are considered accepted when: All information is completed on the application and copies of birth or baptismal certificate are received by the camp office and before the deadline for the desired session.

Incomplete applications will not be considered until ALL information is complete and has met the deadline for the session.

*The New York State law requires that the following statements be included on the camper application:

- 1) St. Vincent de Paul Camp is licensed by the NYS Department of Health
- 2) St. Vincent de Paul Camp is required to be inspected twice yearly
- 3) Inspection reports concerning the Camp are available at:

ECHD, 17 Long Street, Hamburg, NY 14075

The St. Vincent de Paul Camp does not discriminate in the selection process of campers because of race, religion, sex, or national origin.

Please make sure there are ★ **3 Parent Signatures, ➡ 1 Licensed Medical Personnel Signature** and a copy of your 2011 Federal Income Return and a copy of Benefit Card if applying for Financial Aid or TANF.