



2024 Camper Application

Camp Dates: June 24 – August 9
(Closed July 4&5)
Monday–Friday 8:30–3:00
Application Deadline: May 1, 2024

160 Conover Road, Wickatunk, NJ 07765
(p) 732-946-9694 www.katericenter.org
(fax) 732-946-9785

Complete and return one form per child with a \$40 per family Enrollment fee.

Camper and Primary Contact Information:

Name of Camper _____ Date of Birth _____ Age at time of Camp _____

Name of School _____ Gender: M F Grade Sept 2024 _____

Name of Parent/Guardian _____ Relationship to camper _____

Mailing Address _____
Street Address/Apt# City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

How many summers has your child attended KDC? _____ Do you currently receive SNAP/TANF? _____

Emergency Contact Information:

Please provide **TWO** additional people other than the parent/guardian listed above. Emergency contacts must be able to pick this camper up if the parent/guardian cannot be reached.

First Contact Name _____ Relationship to camper _____

Home Phone _____ Cell Phone _____ Work Phone _____

Second Contact Name _____ Relationship to camper _____

Home Phone _____ Cell Phone _____ Work Phone _____

Paying for Camp: (Please check the space next to the funding that applies to you)

_____ **I will be paying for camp.** I understand that camp costs \$350/week. I will call Kateri Day Camp for a payment schedule. Checks can be made payable to *Collier Youth Services*.

_____ I am requesting a **CAMPERSHIP** - If you cannot afford camp and have no outside funding, you may request a CAMPERSHIP. Attach a letter expressing your need for assistance. (You **must** exhaust all outside funding sources before applying for campership. Please contact Child Care Resources at 732-918-9901 to see if you qualify for assistance.)

_____ I contacted **CHILD CARE RESOURCES OF MONMOUTH COUNTY** they will be paying for Camp.

I am enrolled in:

_____ Work First

_____ New Jersey Cares for Kids

_____ Monmouth County Targeted Population

_____ Grandparents Respite Program

_____ I contacted DEPARTMENT OF CHILD PROTECTION & PERMANCY (DCP&P/DYFS) they will be paying for camp.

Name of Caseworker/Person Responsible for Payment (CCR or DCPP)

Phone Number and Extension

Bus Stops: Using the attached LIST OF BUS NUMBERS AND STOPS, please choose your Bus Number and Bus Stop.

Bus Number _____ Bus Stop Letter _____

Your morning and afternoon bus stop must be the same. For the safety of your child, an adult must be at the bus stop when the bus picks up and drops off your child. Please be at the stop at least fifteen minutes early.

Parent/Guardian Consent:

I affirm that I am the parent/guardian of the above named child and **I authorize Collier Youth Services to admit my child into Kateri Day Camp**. My child may participate in all camp activities: including, but not limited to: swimming, sports, games, ropes course, hiking, nature study, arts & crafts, archery, literacy, and trips.

- I give my consent for my child to take part in field trips under proper Kateri Day Camp supervision.
- I give consent for the camp to use photographs/videos of my child.
- If my child requires emergency medical care and I cannot be reached, I give consent to Collier Youth Services to obtain the necessary emergency care. I agree to pay any costs associated with the care my child receives.
- I understand that Collier Youth Services is not responsible for lost articles and understand items of great value should not be brought to camp. Campers should not bring electronics, toys, games, food, gum or candy to camp.
- I have read and agree to the terms outlined in the Parent Handbook.

I do **not** want my child to take field trips. *Check here* _____

I do **not** want the camp to use photos/videos of my child. *Check here* _____

_____ Signature _____ Date _____

Safety/Health Information:

Shot Records: REQUIRED – please mail or fax shot records to complete your camper’s registration (fax 732-946-9785).

Chronic Illness (asthma, seizures, diabetes, etc.) _____

Mental/Emotional Health Concerns: _____

Name of Prescription Medicine _____ Dosage _____ Days/Time(s) to Administer _____
(Prescription medications must be sent **in the original bottle**. Please hand to Kateri Bus Staff **on the first day of camp, June 24, 2024.**)

Allergies _____

Food Allergies: _____
(Must be accompanied by a written medical statement if you are requesting accommodations or substitutions)

Special Needs/Behavioral Concerns: _____

Activities my child cannot participate in: _____

Please circle YES or NO

Sunscreen: Kateri staff has permission to provide or apply sunscreen when necessary. YES NO

Emergency Allergic Reaction: Kateri staff has permission to distribute Benadryl. YES NO

Ibuprofen/Acetaminophen: Kateri staff has permission to distribute. YES NO

What are your goals for your child at camp? _____

Authorization

To the best of my knowledge, this history is correct and complete. I know of no reason to restrict applicant’s activity, and give my permission for participation in all activities except as specifically noted herein.

_____ Signature _____ Date _____