



2026 Camper Application

Camp Dates: June 22 – August 7
(Closed July 3)
Monday – Friday 9:00 am - 3:00 pm
Application Deadline: May 1, 2026

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 2026 _____

Name of Parent/Guardian _____ Relationship to camper _____

Mailing Address _____
Street Address/Apt# City State Zip

Cell Phone _____ Other Phone _____ Email _____

How many summers has your child attended KDC? _____

Do you currently receive SNAP/TANF? _____

What are your goals for your child at camp? _____

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 _____

Cell Phone _____ Other Phone _____ Email _____

Second Contact Name _____ Relationship to camper _____

Cell Phone _____ Other Phone _____ Email _____

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 \$400/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 understand that I am responsible to pay the Co-Payment established by Child Care Resources.

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. Only campers 11 years and up, with written permission will be allowed to walk home from the bus stop.

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* _____

Parent/Guardian Name (Print)

Signature

Date

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

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

Mental/Emotional Health Concerns: _____

Special Needs/Behavioral 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 23, 2025**.)

Allergies _____

Food Allergies that may require accommodations: _____

(Must include a written medical statement if you are requesting accommodations or substitutions)

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

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.

Parent/Guardian Name (Print)

Signature

Date

TO BE CONSIDERED FOR KATERI DAY CAMP, ALL APPLICATIONS MUST INCLUDE A COMPLETED SUMMER FOOD SERVICE FORM, SHOT RECORDS, AND CONFIRMATION OF PAID APPLICATION FEE.