

DAY CAMP APPLICATION



Please answer all questions and return your application to office@campgoodnews.org or
Camp Good News, P.O. Box: 1295, Forestdale, MA 02644, USA

LAST NAME

FIRST NAME

MIDDLE NAME

TODAY'S DATE

MALE

FEMALE

DATE OF BIRTH

AGE WHILE
AT CAMP

Applicant Mailing or Physical Address

ADDRESS

CITY

STATE

ZIP

COUNTRY

EMAIL

*Please download or attach
a photo of the applicant.*

Note: Upload photos only in PDF format.

Applicant Other Information

GRADE

BIRTH PLACE

CHURCH AFFILIATION

Choose following Sessions (Multiple selection can be made)

FULL SEASON (7 WEEKS) JUNE 24 - AUGUST 9: \$2,000

SESSION 1 (2 WEEKS) JULY 8 - JULY 19: \$850

SESSION 2 (3 WEEKS) JULY 22 - AUGUST 9: \$1,200

SESSION 1 (4 WEEKS) JUNE 24 - JULY 19: \$1,600

SESSION 2 (1 WEEKS) JULY 22 - JULY 26: \$425

SESSION 1 (2 WEEK) JUNE 24 - JUNE 5: \$850

SESSION 2 (2 WEEKS) JULY 29 - AUGUST 9: \$850

Parent's or Guardian's Information

MOTHER OR GUARDIAN

LAST NAME

FIRST NAME

HOME #

CELL #

WORK #

EMAIL

OCCUPATION

FATHER OR GUARDIAN

LAST NAME

FIRST NAME

HOME #

CELL #

WORK #

EMAIL

OCCUPATION

Emergency Contact Person

LAST NAME

FIRST NAME

RELATIONSHIP

HOME #

CELL #

EMAIL

Applicant Miscellaneous Information

HOW DID YOU HEAR ABOUT CAMP GOOD NEWS?

IS THE APPLICANT A RETURNING CAMPER?

YES

NO

IN WHICH THREE SKILLS IS THE APPLICANT PARTICULARLY INTERESTED IN?

T-SHIRT SIZE

CHILD

ADULT

SMALL

SMALL

MEDIUM

MEDIUM

LARGE

LARGE

DOES THE CAMPER HAVE ANY ALLERGIES TO FOOD OR MEDICINES? IF YES, PLEASE DESCRIBE.

YES

NO

HAS YOUR CHILD BEEN TO COUNSELING?

YES

NO

IF YES, FOR HOW LONG?

MONTHS.

IS THE CAMPER TAKING ANY PRESCRIBED MEDICATION?

YES

NO

IF YES, PLEASE DESCRIBE.

DO YOU WANT YOUR CHILD'S CONTACT INFORMATION TO BE GIVEN OUT TO HIS/HER FRIENDS?

YES

NO

DO YOU WANT TO RECEIVE CGN E-NEWSLETTER BY EMAIL ADDRESS?

YES

NO

Parents or guardians must read the following agreement before signing.

By signing this application, I/we the parent or guardian agree to have our camper medically examined within 24 months with an update if indicated. My/our child has not been exposed or currently has a communicable disease. I will bring any special concerns, medical or otherwise, about my child to the attention of the CGN director before or during registration.

Permission is given to use camp pictures in which the applicant may appear in Camp Good News newsletters, website or other publications. I/we agree to allow my/our child to be transported by Camp Good News for local day trips that would include local bicycle paths, beach, sailing, kayaking or ice cream trips under staff supervision.

I give my child permission to participate in all planned camp activities. I understand that Camp Good News assumes no responsibility for injuries or illnesses, which my child may sustain as a result of his or her physical

condition or resulting from his or her participation in any activities and/or the use of equipment and/or facilities. I understand that Camp Good News is not responsible for personal items lost or stolen while program participants are using the facilities or are on the premises.

In the event the applicant is dismissed or voluntarily withdraws from the camp, I/we will not expect or demand any refund. I understand that the director reserves the right to dismiss a camper when in her judgment the camper's behavior interferes with the rights of others, the smooth functioning of the program, or violates the camp's conduct policy.

In case of a medical emergency, if the parent or guardian can not be located, I/we hereby give permission to the physician selected by the camp director to treat, hospitalize, operate, and secure treatment including anesthesia and surgery for my/our child as named above.

Signatures

GUARDIAN'S SIGNATURE

DATE

RELATIONSHIP

School Information

NAME OF SCHOOL COUNSELOR OR PRINCIPAL

SCHOOL ADDRESS

Insurance Information

POLICY NAME

NUMBER

Payment Information

PAYMENT TYPE

VISA

MASTERCARD

CHECK

CARD #

EXP. DATE

CCV

Parent/Guardian Information Letter

We are really looking forward to working with all the campers attending Camp Good News this year. Please provide the following optional information:

THIS IS OUR CAMPER'S SUMMER AT CAMP GOOD NEWS.

IS YOUR CAMPER EXCITED ABOUT COMING TO CAMP?

YES

NO

IF NOT, WHY?

HAS YOUR CAMPER BEEN AWAY FROM HOME OVERNIGHT?
IN THE OUT-OF-DOORS? IF YES, FOR HOW LONG AT ONE TIME?

YES

NO

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CAMPER?

Our goal for every camper is to have an excellent experience at Camp Good News. Each person in our community plays a part in creating success, therefore we ask you to read and sign this "Statement of Responsibility and Camper Commitment" indicating your agreement with the commitment.

Statement of Responsibility and Camper Commitment

DO: Have lots of laughs. Go to your activities. Enjoy your counselors, cabin mates, and directors. Be a friend and make new friends. Learn several new skills. Keep yourself, your cabin, and campus clean. Be kind to everyone, especially those who are different. Work on any problems by talking with your counselor.

DON'T: No smoking, drugs, or alcoholic beverages. No swearing (in any language), filthy conversation, fighting, bullying, excluding other campers from the group, or mistreating animals. No medicine, money, valuables, passports, or tickets in cabin. All are to be kept in a safe. Candy and gum are not allowed on the premises. No swimming or

boating without a lifeguard present and in charge. No leaving camp property or defacing property.

We want to maintain an out-of-doors, camp atmosphere so we request that you leave your cell phones, laptops and other electronics at home. Camp Good News dress code includes modest apparel and one-piece bathing suits for girls.

I understand that I will be held responsible for my actions and failure to live up to this commitment may result in my dismissal from camp.

Signatures

CAMPER'S SIGNATURE

DATE

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

Thanks for taking the time to fill this out! See you this summer!