



Camp Wabanna 2010 Residential Registration & Health Form

101 Likes Road Edgewater, MD 21037
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www.campwabanna.org

**PLEASE
PLACE
SCHOOL
PHOTO
HERE**
*Do not Fax
Picture

**REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS."
PLEASE COMPLETE BOTH SIDES OF EACH PAGE AND ENCLOSE THE FOLLOWING:**

- **Full payment and snack shop fee – registration will not be processed without full payment.**
- **A copy of campers Immunization Record.**
- **Recent photo of camper and signed/notarized parent consent form.**

Camper's Legal Name _____ Female Male

Camper Email _____

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth ____/____/____ Age (at camp) ____/____ Grade (Fall '10) _____ School _____
Month/Day/Year Year/Month

Father's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Father's/ Guardian's Email _____

Address (if different from camper) _____

Mother's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Mother's/ Guardian's Email _____

Address (if different from camper) _____

Number you can be reached at while your child is at camp (if not listed above): _____

TWO Emergency Contacts (to be notified if parents cannot be contacted):

Registration will not be final until two emergency contacts are provided on this form.



They will be contacted to pick up the camper if illness or behavior problem occurs and parents/guardians are not available.

1. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____



Home # _____ Work # _____ Cell # _____

 Program Choice(s) 

- Week 1:** June 13-19
- Week 1 Mini Week**:** June 16-19 ****Wed.-Sat.**
- Week 2:** June 20-26
- Week 3:** June 27-July 3
- Week 4*:** July 5-9 **Teen Week: Ages 11-18 only**
***Mon-Fri.**
- Week 5:** July 11-17
- Week 6:** July 18-24
- Week 7:** July 25-31
- Week 8*:** August 2-6 ***Mon-Fri.**

****Week 1 Mini Week has been created to accommodate for school snow days and will not apply to any other weeks.**

Please note: After May 29, any request for a change of dates must be made in writing. If we can honor the request, there will be a \$25 processing fee. Any other registration changes that require additional processing will incur a \$25 processing fee.

 Payment Worksheet 

- **Regular Weeks (Sun.-Sat.) Ages 7-15: Registration is \$420.**
Cancellation before June 4th forfeits \$100. No refunds after June 4.
- **Mini Week 1 (Wed.-Sat.) Ages 7-15: Registration is \$170.00**
Cancellation before June 4th forfeits \$100. No refunds after June 4.
- **Week 4 (Mon.-Fri.) Teen Week: Ages 11-18 & : Registration is \$385.**
Cancellation before June 4th forfeits \$100. No refunds after June 4.
- **Week 8 (Mon.-Fri.) Ages 7-15: Registration is \$385.**
Cancellation before June 4th forfeits \$100. No refunds after June 4.

Weeks 1-3 & 5-7 Only: Weekly Fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total weekly fee
Snack Shop fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total Snack Shop fee

Weeks 4 & 8 Only: Weekly Fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total weekly fee
Snack Shop fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total Snack Shop fee

- Donation to Good Samaritan Scholarship Program to help financially assist underprivileged children = \$ _____

Total Amount Due = \$ _____

Please Note: The Snack Shop is open twice daily and the Gift Shop is open in the evenings. No less than \$25 per week will be permitted (no more than \$50, please). The **Snack Shop fee is required with registration.** Please do not allow campers to bring money with them to camp. At the end of the week, all remaining snack shop balances **over \$5.00** will be either refunded to families in cash or donated back to Wabanna's scholarship fund that enables more children to attend Camp Wabanna.



- **Please indicate here if you would like to donate your remaining snack shop fee to our scholarship fund**

Please check payment method: Check _____ Money Order _____ Cash _____
Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Account # _____ Exp. Date _____

Name of cardholder _____

Authorized signature _____

 Health Information 

Insurance Company _____ Policy Number _____

Camper's Doctor's Name _____ Phone Number _____

***REQUIRED FOR ALL CAMPERS:**
YOU MUST ATTACH A COPY OF IMMUNIZATION RECORD.

Are immunizations up to date (Diphtheria, Pertussis, Polio, Measles, Mumps, and Rubella)? YES NO

Is child exempt from any immunization requirements due to religious or medical reasons? YES NO

Is child enrolled in Maryland state schools? YES NO

Does your child suffer from: (please circle)

Allergies

Bladder or bowel problems

Diabetes

Skin Conditions

Learning Disability

Allergic Reactions:

Bee Sting

Penicillin

Seizures

Asthma

Heart Problems

Emotional/Behavioral Problems

Hearing Impairment (aides)

Other Explain _____

Please Note: State law requires that all prescription medications contain a pharmacy label showing prescription number, date filled, prescribing physician's name, name of medication, correct directions for taking medication, and the patient's name. Please only bring the amount needed for the stay of the camper. **All medications (prescriptions or over the counter) brought to camp must be deposited with the camp nurse with information and instructions written on a 3x5 index card.**

If needed, pain reliever preference: Aspirin Base Non-Aspirin Base



Wabanna Christian Camp & Conference Center reserves the right to not accept a camper or allow a camper to stay if exposed to any contagious disease within two weeks prior of his/her stay at camp. No refund will be given if a child is sent home for either behavioral or medical reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notification, the parent/guardian will be allowed a maximum time of four hours to remove their child from camp property. General reasons for immediate dismissal include, but are not limited to any of the following: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 101 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or can not participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program.

I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE THREE PAGES IS COMPLETE AND ACCURATE.

Signature of Parent/Guardian _____ **Date** _____

Is this your first summer with us? Yes No

If not, how many summers have you attended? _____

How did you hear about Camp Wabanna?

Church/Business (please include name) _____

Family/Friend _____

Internet (please specify which site) _____

Camp Fair (please specify location) _____

Roommate Requests

CAMPER MAY REQUEST TWO ROOMMATES ONLY IF THEY MEET THESE CRITERIA:

- 1) They are NO MORE than 12 months apart. (Except for 10 & 11 yr olds. See note below*)
- 2) The requested roommate must also request your camper

Roommate Requests: 1) _____ 2) _____

Every effort will be made to accommodate roommate request but we cannot guarantee them.

Please note: 7-10 yr. olds are in the Junior Program; 11-15 yr. olds are in the Senior Program – these age groups will each be housed in separate dormitory facilities. Age for program placement is determined by the date your camper session begins. In order to process roommate requests more efficiently, it is recommended that you send registration forms in together.