



Camp St. Charles 2008 Application for Enrollment



Camper: _____ Gender: male female

Parents' Names: _____

E-mail Address(es): _____

Mailing Address: _____

County: _____

Camper's preferred name (if different from above): _____

Parents' Occupations: mother: _____

father: _____

Church camper attends: _____

School camper attends: _____

PLEASE
ATTACH
RECENT
PHOTO
OF
CAMPER
HERE

DO NOT WRITE IN THIS SPACE

Name: _____ Session _____

Roster # _____ Rec # _____ Cabin # _____ pc _____ #2 _____

CONFIRMATION SENT: _____

2008 OPEN HOUSE DATES		
Early Bird Open House	March 9 (11 a.m. – 4 p.m.)	
Spring Open House	April 20 (11 a.m. – 4 p.m.)	
Last Chance Open House	May 4 (11 a.m. – 4 p.m.)	
THE 2008 CAMPING SEASON		
CIRCLE the Session Number(s) desired:		
Session Number	Dates	Due Date for Medical Forms and Final Payment
I	Sunday June 22 – Saturday July 5	May 22
II	Sunday July 6 – Saturday July 19	June 6
III	Sunday July 20 – Saturday August 2	June 20
IV	Sunday August 3 – Saturday August 16	July 3

If your first choice is not available, please indicate your second choice(s): _____

How did you hear about Camp St. Charles?

- friend (who?) _____
- camp fair (which?) _____
- advertisement (which publication?) _____
- school
- relative
- Internet
- other (please explain) _____

Is this the camper's first time attending Camp St. Charles? yes no

If NO has the address changed? yes no

INCLUDE AREA CODES	Mother/Female guardian	Father/Male guardian
Home phone:		
Business phone:		
Cell phone:		

Emergency contact person (other than parents) : _____

Emergency contact phone number: (____) _____ - _____

Date of Birth of Camper: ____/____/____ **Height:** _____ **Weight:** _____

Age at Time of Attendance: _____ years old

What grade will the camper be entering in the fall? _____

Camper's name: _____

Team and/or Cabin Request: No requests are taken at camp. We will try to honor but cannot guarantee any requests. **Please note that Cabins 1-3 are for girls and cabins 4-7 are for boys.** Some cabins may be reassigned based on 2008 enrollment.

Cabin request:	Cabinmate:	Cabin #:
Team Request:	Team mate:	Counselor:

Please indicate any disabilities, illness or allergies that could affect your child's camping experience. (including asthma, allergies, emotional and behavioral difficulties):

If your child will be taking any medication while at camp, please indicate which medications, the dosage and reason for medication. Parents will have the opportunity to update this information if necessary. No vitamins or other supplements will be given without a prescription from a physician. All scheduled pills or tablets (Rx or OTC) to be given at camp must be packaged by CampMeds for a fee (typically \$20). Refer to the camp website for more information about the CampMeds program.

MEDICATION/DOSAGE/REASON

In the event of serious emotional or delinquent behavior exhibited by my child at Camp, I may be required by the Camp Director to remove my child from Camp without rebate of any tuition. I will comply with that request. I understand that refunds are only given when a serious medical condition prevents my child from attending camp or from completing his/her time at camp.

I also authorize the Camp to have and use photographs, slides, moving pictures and videotapes of the person named on this application as may be needed for its records, publications or public relations program.

All my child's possessions that are brought to camp will be checked by me prior to arrival at Camp and will follow the Camp St. Charles Packing List, which will be included in the confirmation package.

I give my child permission to participate in all camp activities while attending Camp St. Charles (unless otherwise indicated on this application and on medical forms). I will discuss any limitations on my child's activities with the camp director and my child prior to arrival at camp.

By signing this application, I am indicating that I have read, understood, and will agree to the terms and conditions contained on the 2008 Application and the Application Information Page, which I agree to retain for future reference.

Signature of Parent or Guardian: _____ **Date:** _____

The \$200 Deposit enclosed with this application is non-refundable and non-transferable.

CAMPERSHIP: I would like to contribute \$ _____ to help sponsor a camper at camp.

CHECK PREFERRED PAYMENT PLAN <input type="checkbox"/> PLAN A: MC/VISA Deposit and payment (Complete section below.) <input type="checkbox"/> PLAN B: Check/money order deposit and single final payment due four weeks prior to start date.	Check all appropriate boxes ONLY for the child named on THIS application page.	1st child	2nd child	3rd child
	<input type="checkbox"/> COUNSELOR IN TRAINING (CIT) 14-15 yrs. old AND approved by Camp Director. (Attach approval letter.)	<input type="checkbox"/> \$985	<input type="checkbox"/> \$935	<input type="checkbox"/> \$885
CREDIT CARD INFORMATION (PLAN A ONLY) I hereby authorize an immediate charge of the non-refundable \$200 deposit (and tax-deductible campership contribution if indicated above). The balance due will be charged to my account approximately four weeks prior to the camp session opening date. <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard # _____ Expires (MO/YR): ____/____ Signature _____ (as it appears on card)	<input type="checkbox"/> MAJOR (12-13 yrs. old). All Majors go to Kings Dominion. The entrance fee and \$20 spending money is included in your fee.	<input type="checkbox"/> \$1045	<input type="checkbox"/> \$995	<input type="checkbox"/> \$945
	<input type="checkbox"/> MINOR (10-11 yrs. old).	<input type="checkbox"/> \$985	<input type="checkbox"/> \$935	<input type="checkbox"/> \$885
	<input type="checkbox"/> MIDDIE (7-9 yrs. old)	<input type="checkbox"/> \$985	<input type="checkbox"/> \$935	<input type="checkbox"/> \$885
Your child's full name and session must appear on the check. RETURNED CHECKS are assessed a bad check fee of \$20.00 APPLICATIONS RECEIVED PRIOR TO JAN. 15, 2008 WILL RECEIVE A \$25 PER CHILD DISCOUNT				

Mail this Application with Deposit to: Camp St. Charles, Registrar, Sheri Belisle, 9692 Meadowview Drive, Newburg, MD 20664 (240) 233-3106 / FAX (301) 576-5944

- All regularly scheduled over the counter and prescription medications must be packaged by CampMeds. Liquids, inhalers, epipens and nebulizers may be brought to camp and must be turned into the camp nurse.
- Packaging of medication via CampMeds costs \$40 (more if a camper attends for more than two sessions). Camp St. Charles will pay \$20 of the packaging fee and the camper will pay \$20 of the packaging fee in addition to any co-pay that may be due. Prescriptions submitted to CampMeds less than 30 days prior to camp attendance will result in a \$25 late fee, payable by the camper.
- In the unlikely event that CampMeds is unable to work with a camper's health insurance company, CampMeds will inform Camp St. Charles and that camper will not be required to utilize CampMeds.
- All medications that are shipped by CampMeds to Camp St. Charles are to be checked by the parent upon check in to camp. Prior to arriving at camp, our infirmarian will review the medications and parents will receive e-mails from CampMeds to verify that the correct medications have been sent to camp.
- More detailed information, including an FAQ page regarding CampMeds is available on the Camp St. Charles website.
- If you have any concerns about your child's health needs, contact the camp director.

VISITING:

- During the camping season, we can only accommodate visitors on Visiting Sundays.
- Visiting Sunday is the Sunday midway through each session.
- Parents may arrive at 12:00 p.m. and should leave by 5 p.m.
- Mass will be celebrated at noon in the nature area. (weather permitting)
- You may picnic at camp and are subject to the same boundaries and rules as our campers.
- If you wish to take your child out to lunch, you must sign him or her out in the mess hall.
- You may not take other children from camp property unless we have a completed child custody form on file.

PHONE:

- One of the major benefits that children receive from residential summer camp is an increase in independence.
- We feel that phone calls between parents and children can interfere in this development of self-reliance. Campers may not use the phone.
- If you would like reassurance about how your child is doing, we would be happy to check with his or her counselors and let you know.

MAIL FOR CAMPERS

- Please send ALL CAMPER MAIL to the Newburg, MD address (Camp St. Charles, *CAMPER NAME*, 15375 Stella Maris Drive, Newburg, MD 20664)
- Mail received at camp after a camper's return home will be returned to sender.
- Parents are encouraged to provide envelopes, stationary, postcards and postage so that you can hear from your child during their stay at camp.
- Children love to receive packages at camp. We have had great experiences with the Sealed With A Kiss Company but you may send other care packages as well. You are welcome to create your own care packages. No chewing gum is permitted at camp. Individually wrapped snacks are allowed.
- Allow ample time for mail to reach your child. It often takes longer for mail to reach us than you might expect, EVEN guaranteed delivery by FedEx and UPS.
- You may send e-mails to your camper via **Bunk1.com**. More information about this service is available on the website and will be included in your 2nd confirmation package. This service also allows you to see photos of your child at camp.

PARENT-CHILD WEEKEND: April 25-27, 2008 (Friday night-Sunday mid-morning).

- The goal of this weekend is to provide a "dry run" of the summer camp program. Campers get to "try out" our summer program before enrolling.
- We offer many of the summer activities and follow the summer camp schedule so that new campers will feel comfortable when they arrive at camp.
- Families do not have to be registered for summer camp to attend this weekend.
- Check the camp web site for more information about the schedule and fees.
- This weekend is a great opportunity for first time campers and their families to see camp in action.
- Cost of weekend is \$40 per person.

VOLUNTEER DAYS: Saturday, April 5, and Saturday, May 3, 2008.

- For parents who are interested in helping out with landscaping and other projects around the camp.
- Camp will provide meals for all volunteers.
- Children over 12 years old are welcome to help out as well. Those seeking community service or confirmation hours should bring the appropriate paperwork.
- Contact the camp director if you are interested in attending.

FAMILY CAMP: NEW FOR 2008! August 21-24, 2008 (Thursday evening - Sunday afternoon)

- The goal of this program is to provide families with an opportunity to spend time together at Camp St. Charles.
- Families will share cabins and enjoy activities for children only, parents only and the whole family!
- Contact the Camp Director or Registrar for more information.

DIRECTIONS TO THE CAMP

Washington area residents: take the Capitol Beltway to Exit 7 (Branch Ave., South, Maryland Highway 5) to connect with U.S. Highway 301 at Waldorf. (Continue at ☆ below.)

Baltimore area residents: Camp is approximately 75 miles from the Harbor Tunnel. Take I-97 to Md. Highway 3 south to connect with U.S. 301 at Bowie. (Continue at ☆ below.)

☆ Travel south on U.S. 301 as far as Highway 257 at Newburg. (Take care! Newburg is easily missed. It is an intersection about ten miles south of LaPlata.) Turn left onto Highway 257. (Continue at * below.)

Richmond area residents: travel north on U.S. 301 into Maryland. Turn right onto MD Highway 257 at Newburg (approximately 2 miles north of the Potomac River Bridge). (Continue at * below.)

* Continue on Hwy 257 for about nine miles, following the signs to Rock Point. Just after the intersection of Hwys. 257 and 254, make the SECOND LEFT from Hwy 257 onto Stella Maris Drive. Continue STRAIGHT on that road, through the gates, until you reach the Camp property.

MORE INFORMATION ABOUT OUR CAMP IS AVAILABLE ON OUR WEBSITE: www.campstcharles.com