

# *Summit Grove Camp*

140 South Front Street  
NEW FREEDOM PA 17349  
717-235-3656 email: [office@summitgrovecamp.org](mailto:office@summitgrovecamp.org)

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**2018 Day Camp June 4 – August 17, 2018**

**Registration begins on March 1, 2018**

Dear Day Camp Parent:

Thank you for choosing Summit Grove! We desire to provide your child with a safe and fun-filled experience this summer.

We are excited to announce our registration is now open for our 2018 Day Camp. We have made some positive changes to the Day Camp program.

Liz Downey will be returning as our Day Camp Director. We are very excited to have her and are looking forward to her creative programming to make your child's summer a great adventure.

Please plan to join us for our Parent Orientation, which will be held on Wednesday, May 30, 2018 at 6pm in the Dining Hall. After a light dinner, we will review policies and procedures, as well as introduce the camp counselors. Your children are welcome to attend, too!

Hope to see everyone there!

Gerald Mapstone  
Executive Director  
Summit Grove Camp

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## Summit Grove Day Camp 2018 Prices

### BASIC COST

Full Week (4-5 days 8:30am – 4:30pm) ----- \$ 165.00 per week

Partial Week (1-3 days 8:30am 4:30pm) ----- \$ 140.00 per week

**Note: 3 day week can be any day Monday – Friday**

### ADDITIONAL COST (optional)

Child Care AM (7:00 am – 8:30 am)----- \$ 20.00 (per week attending)

Child Care PM (4:30 pm – 6:00 pm)----- \$ 20.00 (per week attending)

### REGISTRATION FEE PER CHILD (Due upon registration and not refundable)

Registration Fee before 5/7/18----- \$ 30

Registration Fee after 5/7/18----- \$ 60

### DISCOUNTS

Multiple Children Discount ----- \$ 10.00 per week for 2<sup>nd</sup> or more children registered

Early Bird Discount – 5% off entire invoice if paid by May 30, 2018. **Please note this discount applies only to families who register a minimum of 4 weeks.**

### PLEASE NOTE THE FOLLOWING:

1. Camp includes lunch and two snacks per day.
2. Payments can be cash, check, or credit card (3.0 % fee for each credit card transaction)
3. A \$50.00 fee will be charged for all non-sufficient fund checks.
4. All bills **must be** settled by Aug 8, 2018
5. Until an invoice is paid in full, your children **will not be allowed** to attend the 2019 camp.

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Summit Grove Day Camp  
2018 Camper Schedule

Child Name \_\_\_\_\_

**NOTE: This form must be completed for each child who is attending our Day Camp**

**Note: If you signed up for a partial week (3 Day Camp) or a full week (4-5 day camp), please circle which days your child will be attending. If they won't be attending at all during a certain week please indicate NO.**

Week	Dates	Full Week	Partial Week	Not Attending	Am Child Care	PM Child Care	Billing Due Date
1	Jun 4 - 8						May 30
2	Jun 11 - 15						Jun 6
3	Jun 18 - 22						Jun 13
4	June 25 -29						Jun 20
5	Jul 2, 3 – 5, 6 Jul 4 (no camp)						Jun 27
6	Jul 9 - 13						Jul 4
7	Jul 16 - 20						Jul 11
8	Jul 23 - 27						Jul 18
9	Jul 30 – Aug 3						Jul 25
10	Aug 6 – 10						Aug 1
11	Aug 13 - 17						Aug 8

Billing Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email \_\_\_\_\_

**Required if you have email**

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## SUMMIT GROVE DAY CAMP 2018 PARENT AGREEMENT

I/we hereby enroll our child(ren), \_\_\_\_\_, in Summit Grove's Summer Day Camp program from **June 4, 2018 to August 17, 2018** with the following understanding:

1. It is the desire of Summit Grove Camp (SGC) to partner with parents and the community in providing a quality recreational and educational program for children. It is our goal to provide a unique summertime experience that will provide life-long benefits for each child. Counselors are chosen based on their quality of character and desire to be leaders and mentors to children. Summit Grove's Day Camp program is designed to help children develop good character and to recognize their importance in the family, community and the world – all in the contest of fun and adventure.

2. Summit Grove Day Camp is a program of SGC. Camp staff abide by the beliefs and standards of conduct as set forth in the Summit Grove Mission and Vision Statement.

3. Proper discipline being necessary for the welfare of each child, as well as for the entire camp, Camp Director(s) and/or other agents of the camp make and enforce camp regulations in a manner consistent with Christian principles (not to include corporal punishment). Reasonable restraint may be used when disciplining a child or providing for their immediate safety.

4. Rules of conduct for campers, which will provide for a safe and life-enriching camp experience, will be clearly communicated to children and parents. SGC reserves the right to dismiss any child who does not cooperate with the program's rules of conduct.

**A)** Language considered foul or demeaning to the others will not be tolerated. SGC reserves the right to dismiss any child whose words or actions repeatedly indicate a disregard for the camp staff or fellow campers, or whose parents' actions are detrimental to the well-being of the camp.

**B)** After repeated color changes or in the case of repeated disrespect the child will be isolated from the group and his/her parents will be called to pick him/her up.

**C)** Modest dress is required for boys and girls (i.e., boys must wear shirts except at the pool, girls must wear one piece bathing suits; no short shirts or short shorts are permitted; clothing must fit appropriately, not hang below the hips).

**D)** No tuition will be returned for the weeks in which a student is dismissed or withdrawn

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5. If your child experiences any of the following conditions, they should be kept at home until they have been symptom-free **24 hours** or are cleared by a physician: fever greater than 100 degrees Fahrenheit, upper respiratory tract infection, vomiting, diarrhea, conjunctivitis (pink eye), streptococcal pharyngitis (strep throat), chicken pox, lice or scabies, impetigo or fungal skin infections. The Day Camp Director should be contacted if your child will be absent from camp due to illness.

6. I/we agree to hold SGC and its agents harmless for any liability to my child, or any guardian or parent thereof, because of any claims on behalf of my child against SGC or any agent thereof because of any injury or alleged injury to my child(ren). Should legal action for any reason be taken against SGC or any employee or agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that SGC or its agent should incur to defend itself against such action.

7. Changes to your camper's schedule are allowed but limited to two changes. Any other changes after will be assessed a **fee of \$15.00**.

- **Please note:** Changes are to be submitted to Summit Grove Camp office by email to [office@summitgrovecamp.org](mailto:office@summitgrovecamp.org) no later than the Wednesday prior to the week in question.

8. We are offering the ability to pay on a payment plan. This payment plan will be divided by the amount of weeks registered. Payment is due the Wednesday prior to the week attended.

9. Registration fees are separate and will not be applied to your Day Camp invoice.

10. No refunds will be given for missed days.

11. All notices, invoices and statements will be emailed to the primary billing contact. If you do not have email, all correspondence will be mailed.

12. My child(ren) have permission to leave the grounds by foot or by vehicle with a supervised Day Camp Counselor.

13. Any questions or problems should be addressed in writing to the Day Camp Director.

14. I have read the 2018 Parent Agreement carefully and hereby agree to the terms.

15. I verify the information in the Emergency Information is true.

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NOTE: If only one parent/guardian signs this form, that parent also certifies:

***I hereby certify that this application was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for this child or (2) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond m control.***

\_\_\_\_\_  
*Signature of Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother/Guardian*

\_\_\_\_\_  
*Date*

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## 2018 DAY CAMP CAMPER PHOTO RELEASE FORM

As part of our summer 2018 Day Camp Program, we take photographs of various activities, projects, and field trips. We would like you to indicate, by initialing below, your preference in our use of photos. In any use of images, a child's name or any other personal information will **NOT** be identified.

### ***Please initial your preference:***

\_\_\_\_\_ Images of my child **MAY BE** used for Summit Grove Camp. These include brochures, flyers, meeting, workshops, special events, newspapers, other local publications, our website, etc.

\_\_\_\_\_ Please **DO NOT USE** any image of my child(ren).

I have read the above description and give my consent for the use of images as indicated above.

\_\_\_\_\_  
*Child(ren)'s Name(s) – Please print*

\_\_\_\_\_  
*Parent/Guardian's Name – Please print*

\_\_\_\_\_  
*Parent/Guardian's Name – Signature*

\_\_\_\_\_  
*Date*

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SUMMIT GROVE DAY CAMP

2018 Emergency Information *(Please complete one per child)*

**PLEASE NOTIFY THE OFFICE IMMEDIATELY OF ANY CHANGES IN THIS INFORMATION**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

## Parent Contact Information

Mother \_\_\_\_\_

Mother's Email \_\_\_\_\_

Phone Number(s) to contact (In order of preference):

1. \_\_\_\_\_

2. \_\_\_\_\_

Father: \_\_\_\_\_

Father's Email \_\_\_\_\_

Phone Number(s) to contact (In order of preference):

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there a custody agreement regarding the child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of the custody agreement.



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## **ALTERNATIVE EMERGENCY CONTACTS**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## **PLEASE LIST ANY ALERGIES YOUR CHILD HAS:**

Food \_\_\_\_\_

Drug \_\_\_\_\_

Environmental \_\_\_\_\_

## **PLEASE LIST ANY BEHAVIORAL, LEARNING, PHYSICAL, OR MEDICAL ISSUES YOUR CHILD HAS:**

\_\_\_\_\_  
\_\_\_\_\_

WHAT ELSE SHOULD WE KNOW ABOUT YOUR CHILD SO THAT WE CAN BEST CARE FOR HIM/HER?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Written instructions from a physician should be on file at the Day Camp office for any medication which may need to be administered at the camp (i.e. insulin, asthma inhalers, allergy medication, antibiotics, etc.).

In case of accident or serious illness, I request the camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the camp may make whatever arrangements are deemed necessary, to include treatment at the nearest appropriate medical facility.

Local Physician's Name \_\_\_\_\_

Office Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date of last tetanus booster injection (*required*) \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Policy/Member Number \_\_\_\_\_