

SUMMER CAMP INFORMATION

- Additional registration forms and information are available at www.WoodcrestRetreat.org.
- Each child may register for multiple day camps and ONE resident camp.
- Child must have completed kindergarten.
- Your child is assigned to a group before they arrive at camp. He/she may request to be with up to two friends of the same gender. The request should be mutual and each should have the other's name on his/her card. Please make sure friends are registered for the same camp.
- Transportation is not provided.

EXTENDED CARE HOURS: (Day Camp)

Before Care: 7-9 AM After Care: 4-5:30 PM

Extended care is a Before and After Care Service for day campers whose parents are employed over the hours of normal drop-off and pick-up times. Any or all of the available hours may be utilized. Please indicate on registration form.

Cost: \$25.00/week



To register . . .

1. Online registration: Follow instructions on the website.
2. Paper Application: Send a complete registration form along with a \$30.00 NON-REFUNDABLE deposit (check or cash only) for each week you are registering. Your deposit will be deducted from the total amount of camp.
3. Balance is due upon arrival the first morning of camp.
4. Some camps fill quickly, register early.
5. Registration must be received at least one week in advance of the first day of camp.
6. Upon registration, a postcard of confirmation will be mailed to you.
7. Mail registration form and deposit to:

WOODCREST RETREAT

Attn: Summer Camp
225 Woodcrest Drive
Ephrata, PA 17522

Phone: 717-738-2233

www.WoodcrestRetreat.org

e-mail: info@WoodcrestRetreat.org



FINANCIAL ASSISTANCE is available for those who qualify. We desire summer camp to be a possibility for all children. Application forms can be obtained from the website or by calling the office.

Registration form
on
next page.

2010 WOODCREST RETREAT Summer Camp Registration Form
PLEASE PRINT (1 child per form) Photocopies of registration form are acceptable.

| | | | |
|-----------------------------|-----------------|-------------------------|--------------------------------|
| Camper Name _____ | Birthdate _____ | Work # _____ | Email Address _____ |
| Age (at time of camp) _____ | Gender _____ | Grade (completed) _____ | School _____ |
| Parent/Guardian Name _____ | | Church (if any) _____ | None: <input type="checkbox"/> |
| Address _____ | | Home Phone _____ | Church Address _____ |
| City, State, Zip _____ | | Cell Phone _____ | City, St., Zip _____ |
| Groupmate request 1. _____ | | Pastor's Name _____ | |
| Groupmate request 2. _____ | | | |

(Note: Must be mutually requested, same gender, and close in age. Maximum of 3 friends together.)

I agree that I understand the risks of outdoor activities and camping life, and consent to the following: I shall not hold the camp responsible or legally liable for losses of personal property or bodily injury; my child may participate in all camp activities; if my child has a sickness or injury requiring offsite medical attention it will be my responsibility to pay any and all expenses; camp photographs/videos and audio of my child may be used in camp publicity, publications, or promotions.

Parent Signature: _____ Print Full Name: _____ Date: _____
 My signature above verifies that I am a custodial parent or legal guardian of this camper.

Please list any significant health/behavioral concerns or allergies. (A detailed health history form will be sent to you in an information packet).

DISCOVERY DAY CAMP

| | | |
|--------------|----------------------------------|------------------|
| Please Check | 2010 DATES | |
| _____ | Discovery I | June 21 - 25 |
| _____ | Discovery II | June 28 - July 2 |
| _____ | Discovery III* | July 5 - 9 |
| _____ | Discovery IV* | July 12 - 16 |
| _____ | Discovery V | July 19 - 23 |
| _____ | Discovery VI | July 26 - 30 |
| _____ | Discovery VII | August 2 - 6 |
| _____ | Discovery VIII | August 9 - 13 |
| _____ | Conquerors Special Need Day Camp | July 12 - 16 |

May Register for MULTIPLE WEEKS.

| Complete if requesting EXTENDED CARE | |
|--------------------------------------|--------------|
| Drop-off time | Pick-up time |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NEW FRONTIER RESIDENT CAMP

May Register for ONE WEEK.

| | | |
|--------------|------------------|------------------|
| Please Check | CAMP NAME | 2010 DATES |
| _____ | Explorer Camp | July 7 - 9 |
| _____ | Pioneer Camp I | June 21 - 25 |
| _____ | Pioneer Camp II | June 28 - July 2 |
| _____ | Frontier Camp I | July 26 - 30 |
| _____ | Frontier Camp II | August 2 - 6 |
| _____ | Trailblazer | July 19 - 23 |

STAFF IN TRAINING

Application available at www.woodcrestretreat.org

Mail REGISTRATION FORM AND A \$30.00 non-refundable DEPOSIT for each week of camp attending to:



WOODCREST RETREAT
 ATTN: SUMMER CAMP
 225 Woodcrest Drive
 Ephrata, PA 17522

ADVENTURE CANOE CAMP

| | | |
|--------------|-----------------|------------------|
| Please Check | CAMP NAME | 2010 DATES |
| _____ | Adventure Canoe | June 29 - July 1 |
| _____ | Woods & River | July 12 - 16 |

May Register for ONE WEEK.

FOR OFFICE USE ONLY

| | | | | | | |
|------------|---------|-----------|-----------|-----------|---------|-------------|
| Date Rec'd | Check # | Camp Cost | Ext. Care | Total Due | Deposit | Balance Due |
| | | | | | | |