

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 form. Please make sure friends are registered for the same camp.
- Transportation is not provided.

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.

EXTENDED CARE (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

Online registration: Follow instructions on the website.

Paper Application:

1. 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.
2. Balance is due upon arrival the first morning of camp.
3. Some camps fill quickly, register early.
4. Registration must be received at least one week in advance of the first day of camp.
5. Upon registration a confirmation will be sent to you.
6. 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



REGISTRATION NEXT PAGE

2012 Summer Camp Registration Form

PLEASE PRINT (1 child per form)

Photocopies of registration form are acceptable.

Camper Name	Birthdate	Work #	School
Age (at time of camp) Gender	Grade (completed)	E-mail	
Parent/Guardian Name		Church (if any)	None: <input type="checkbox"/>
Address	Home Phone	Church Phone	
City, State, Zip	Cell Phone	Pastors Name	

Groupmate request 1. _____ 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 off site 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).

DAY CAMP

May Register for MULTIPLE WEEKS.

Please Check		2012 DATES	Complete if requesting EXTENDED CARE	
Discovery (Ages 6-11)	Trekks (Ages 11-14) (min. 3 weeks)		Drop-off time	Pick-up time
_____	_____	Week 1 June 18-22	_____	_____
_____	_____	Week 2 June 25-29	_____	_____
_____	_____	Week 3 July 2-6	_____	_____
_____	_____	Week 4 July 9-13	_____	_____
_____	_____	Week 5 July 16-20	_____	_____
_____	_____	Week 6 July 23-27	_____	_____
_____	_____	Week 7 July 30-Aug 3	_____	_____
_____	_____	Week 8 August 6-10	_____	_____
_____	_____	Conquerors Special Needs Day Camp July 2-6	_____	_____

NEW FRONTIERS OVERNIGHT CAMP

May Register for ONE WEEK.

Please Check	CAMP NAME	2012 DATES
_____	Homeschool	June 18-22
_____	Pioneer Camp I	June 25-29
_____	Pioneer Camp II	July 9-13
_____	Frontier Camp I	July 30-Aug 3
_____	Frontier Camp II	July 23-27
_____	Trailblazer	July 16-20
_____	Explorer Camp	August 6-8

STAFF IN TRAINING

Application available at www.woodcrestretreat.org

Please enclose a non-refundable deposit of \$30 per person. Mail registration form to:

WOODCREST RETREAT
Attn: Summer Camp
225 Woodcrest Drive
Ephrata, PA 17522



FOR OFFICE USE ONLY

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