

# 2017 Parent Handbook



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## Instructions:

- ✓ Please **read** all the information in the handbook. Parents are responsible to go over the camper information with your child to help him/her prepare for camp. Please use the packing list and check to see your camper has everything needed.
- ✓ **Print and complete forms** (Hard copy of forms or entire handbook can be requested; contact registrar)
- ✓ **Bring to camp on check in day:** the following completed forms:
  - 1) Camper health form pages 5-6 (must have doctor and parent signatures)
  - 2) Parent questionnaire page 8
  - 3) Camper release form page 9

Your child must have these completed forms at Check-In to be admitted.

**Registrar Contact Information:** Register online or mail registration form and payment to:  
**M. Benedett (Registrar) | 141 Brooktree Lane, Webster, NY 14580**  
For registration questions: Call: Michelle (Olive)  
Phone: (585)-766-0124 or e-mail: [ccwnyregistrar@gmail.com](mailto:ccwnyregistrar@gmail.com)

The summer camping ministry of Pioneer Clubs®

## **PARENT/ CAMPER SURVIVAL GUIDE**

**Check-In Time and Procedures:** Sundays between **3:00-4:30PM**. Please park in the designated area and proceed to the dining hall **with paperwork, prescription meds, and money**.

While you are in (or near) the dining hall, you will:

- 1) Check in with camp staff; get cabin assignment and turn in forms.
- 2) Pay any outstanding registration balance
- 3) Leave a deposit for the Tuck Shop
- 4) See the horsemanship instructor if you are taking riding lessons
- 5) Go through our health screening (RN will need your Health form) and give the RN your medications.

After checking in at the dining hall, you will get your luggage and take it to the cabin (or to the drop-off point). Then you will go to your cabin, meet your counselor, have a swim check and choose your activities for the week.

**Check-Out Time and Procedures:** On Saturday morning parents should arrive by 10:00 AM and report to the dining hall. There will be a divisional award 'circle' (for parents) at 10:00AM with a brief closing circle time for the entire camp at about 10:15. There will be light refreshments at 10:30. Parents (or designee) must sign the release form (the counselor will have this) and load the camper's belongings prior to leaving with the camper. Our Tuck Shop will also be open on Saturdays; campers can purchase a CD of the week or make a last-minute purchase. After the closing program and refreshments, campers and parents can expect to leave camp between 10:45 and 11:15 AM.

**Stay-over weekends-** This is an option offered to campers ages 11+ staying for 2 weeks. The camper can only stay the weekend if she/he is attending camp the week before and after the weekend. The cost is \$70 for the weekend and you must register for it. **All campers staying for 2 weeks need to bring enough clothing and toiletries for 14 days at camp. We will not be doing laundry on the weekend** so please make sure your camper is prepared for both weeks of camp.

**Important:** For safety reasons children (campers and staff children included) may not wander around the camp unsupervised at any time. Parents are responsible for their own child(ren) until they leave the camper with the counselor on Sunday afternoon and again responsible for their child(ren) after the release form has been signed on Saturday morning and the camper has been released.

**Arrangements for lateness:** If you know you must pick up or drop off your child at a time other than those stated above, please make arrangements in advance with the camp director, Evie White: [rufous10@verizon.net](mailto:rufous10@verizon.net), or call: (585) 468-3850. If a parent does not arrive to pick up or drop off a camper in a timely manner, calls will be made to the parent. There may be an extra charge to provide supervision.

**Schedule change, adding a week or changing weeks:** If your child wants to return for another week this summer, or if you need to change weeks, you may call or e-mail the registrar. She will make every effort to help you add or change weeks. Some weeks and age groups fill early, so we may not be able to accommodate every request. In the case of a parent choosing to remove a camper prior to the completion of the camping week for any reason other than a death in the family or natural disaster impacting the family no refund will be made.

**Emergency Information:** In the event that your child has an injury or illness that would cause her/him to miss normal camp activities for more than 6 hours, the camp nurse or designee will notify you by phone. If your child requires medical attention beyond that of our camp nurse or trained staff, you will be notified by phone as soon as possible by the camp director or nurse. If there is a serious emergency at home and you need to reach your child at camp, the camp phone number is (585) 468-3850

**To pre-pay your balance:** If you choose to pre-pay your balance, the 'check in' process will go faster! Please send any additional check payments to the registrar. If you wish to pay the rest of your fees by credit card, you may call the registrar or complete payment on your online registration account. Please do not send your credit card number by e-mail as the registrar's e-mail address is not "secure."

**Tuck Shop:** This is our camp 'store' where snacks and drinks can be purchased during free time. At check-in you will be asked to make a deposit for your child for the week's spending money. *Please bring cash or a separate check* for the Tuck deposit on check-in day! We have a rule of "two (snacks) for the tummy," so \$15 for the week would cover snacks. \$15 to \$20 more would be appropriate for purchase of T shirt, CD of photos, free time tree climb or riding. Your child will get back any money they don't spend at the end of the week. The Tuck shop will also be open on Saturday during check out for additional cash purchases.

**Please DO NOT mail Tuck Shop money or forms from this packet to camp or the registrar. You will need to have the completed forms with you when you check in on the first day of camp.**

**Food/meals-** Three meals are served daily that are healthy and nutritious. Campers are expected to eat from the choices served. Exceptions are made for those with severe medical issues (dietary restrictions or reactions) but, we must be notified through the camper registration (prior to arrival at camp). If medically necessary the parent may provide menu substitutions. Foods should be brought to check-in and parent may speak to our kitchen staff regarding needs.

**Tree Climbing:** we will offer optional free time tree climbing that will cost \$5 (taken from Tuck account) or Tree climbing can be selected as an activity for an additional cost of \$25 (sign up on registration form, space is limited).

**Roommate Requests:** Must be made in writing to the camp director - on the registration form and within the same age division! (maximum of 2 requests) Please understand that we will try to accommodate each request but not all requests can be honored! Camp is a great opportunity for learning to reach out and make new friends!

### **Behavior Expectations**

Camp Cherith has established rules which communicate our expectation that each and every camper strive to be caring, honest, respectful and responsible. We will treat all campers with love and respect. We will also work diligently to avoid conflicts in camp. However, to ensure a quality camping experience for all campers, severely inappropriate behavior will result in dismissal from camp prior to the end of the session.

Behaviors worthy of dismissal include:

1. The use or possession of cigarettes, alcohol, or drugs, weapons such as guns, knives, or explosives
2. Bullying, fighting or continual verbal assaults directed at campers or staff.
3. Blatant disregard for the authority of the camp staff and policies or camp property.
4. Consistently disruptive behavior that interferes with the flow of the program, physically or emotionally harms others, or otherwise conflicts with the program rules and guidelines at Camp Cherith.

In the event that your child is guilty of any of these offenses, the director will contact you and you will be asked to come immediately to camp to pick up your child. Your cooperation will be most appreciated. If your child is sent home, he/she will not be eligible to return that summer. If your child is sent home due to disciplinary problems no refund of the camp fees will be given.

**Camper Mail and Mailing Address:** The address for camper mail is: **Camper's Name, c/o Camp Cherith of WNY, 9534 Short Tract Road, Hunt, NY 14846-9730.** Notes may be left with the child's counselor on Sunday OR you may send a one-way camper e-mail: go to [www.campcherithwny.org](http://www.campcherithwny.org) click on "camps" then "bunk mail" (\$1 fee per e-mail). Pick up a bunk mail flyer on check-in day with your special access code. Postal letters to campers must be in the mail by Tuesday to ensure delivery. CCWNY will not forward mail delivered after the camper has left.

**Lost Paperwork:** Go to the website: [www.campcherithwny.org](http://www.campcherithwny.org) where all of the after-registration forms are available in PDF format. All necessary forms are included in the parent handbook but can also be downloaded separately from the home page; click on "camps" and then "camp forms".

**Homesickness:** Make sure you tell your child that you want her/him to be at camp and that she/he will have a good time. Your child's counselor will be sensitive to this and will call in assistance if needed. The Director will call and talk with you about this if she believes it's necessary. Please do not promise your child phone calls or visits. It might take a child time to adjust; our staff will provide enjoyable activities to keep all campers busy! Send cheerful, encouraging mail to your child!

**Bed-wetters:** Camp staff is well prepared for this problem and will handle it with discretion. Please inform your child's counselor so she/he can be aware that it may happen. Also, please send a plastic mattress cover (to protect the mattress) and two sets of sheets and blankets for bedding instead of a sleeping bag. The bedding is easier to wash, and two sets means that there will be bedding on the bunk while the soiled sheets are being washed.

### **Lost & Found**

Camp Cherith does not accept responsibility for lost and stolen items. Please do not send your child with items of great value. Please label all clothing, disposable cameras and other items with your child's first and last name. Lost & found items will be collected on a daily basis. It is the camper's responsibility to check the lost and found for misplaced items. Parents may pick up left items prior to closing day of camp. Camp Cherith will not mail items left behind. At the end of the summer season all items will be donated to a charitable organization.

**Directions to camp:** for gps or mapquest use physical address: **9534 Short Tract Rd. Hunt, NY 14846.**

- **From the Buffalo area (north/west of camp):** Follow Rte. 20A to I-19 south / Take I-19A to 436 / Turn left into Portageville / Turn right onto Short Tract Road / CCWNY is on your right
- **From the Rochester area (north east of camp):** Follow Rte. 390 S / Take the Mount Morris exit / Turn left at the exit / Follow Rte.408 into Nunda / Turn right onto Rte. 436 in Nunda / Turn left onto Short Tract Road / CCWNY is on your right
- **From the Corning/ Binghamton/NYC area (south or east of camp) :** Follow Rte. I-17 W (I-86) to the Arkport exit / merge onto Rte. 36N / Turn left onto Rte. 70 / Turn left onto Rte. 436 / Make a quick left onto Short Tract Road / CCWNY is on your right

**New this year:** Dogs will not be permitted on site even on drop off or pick up days for the safety and protection of our campers, community, and site. Visitors bringing any dog other than a service dog with appropriate identification and with readily available vaccination records will be asked to keep the animal(s) in their vehicle under supervision for the duration of their time at camp.

### **Visitors**

As a security measure all visitors must call the camp office first and sign in at the director's cabin before going anywhere on camp property. If someone needs to drop something off for a camper please contact the camp office.

**Parents are responsible to review the 'Camper Rules' and 'Behavior Expectations' with the registered child.**

### **Camper Rules and Policies**

- All Campers must have a completed health form with immunization records (or waiver) upon arrival.
- Campers must turn in **all medications** (in original containers) including all OTC meds, vitamins and Tylenol to the Health Center. Possession of over-the-counter medication of any kind or self administering any medication may be considered grounds for dismissal. Unused portions will be returned.
- Any camper that is found using or in possession of any alcohol/drugs, tobacco products or weapons may be dismissed from camp.
- Knife Policy-The camp will make available jack-knives for use during camp activities. Campers are NOT permitted to bring their own knives of any kind (including jack-knives and hunting knives).
- Do not bring your cell phones to camp. All **cell phones** will be stored with the Director. Cell phones will be returned on Saturday to camper's parents.
- **Do not bring electronic equipment:** Campers are not permitted to have laptops, mp3's, IPODs, IPADs, e-readers, or any other portable electronic device. We believe camp should be free from electronic distractions.
- **Personal Equipment:** Campers may bring personal sports equipment or musical instruments that are appropriate to the camp setting. All high-risk equipment (bows or rifles) will be stored under lock and key and used only when appropriate supervision is available. All other equipment is the responsibility of the owner. Camp will not be liable for the loss or damage of personal equipment or musical instruments.
- Respect others. Keep your hands to yourself and stay out of other people's belongings.
- If you have a problem, please speak to your counselor or nearby staff member about it as soon as possible
- **Bullying is inexcusable, and will not be tolerated.** *At camp, we all live as an extended family and community and need to be respectful and considerate of others in our behavior and appearance.*
- Camper clothing should conceal all undergarments and promote modesty. Camp is not the place for spaghetti straps, cleavage, short shorts, or bare midriffs. Leave this type of clothing at home.
- Swimsuits should be modest. 1-piece suits or look like once piece (no midriff showing) and should never be worn in the dining hall. Campers will be required to wear a T-shirt over suits that are immodest.
- Campers must wear socks and closed shoes at all times. For walking to the pool and shower/bathroom campers may wear sandals or flip-flops.

***Division Directors will review the camp boundaries, natural hazards, fire and evacuation procedures, and other safety guidelines as well as cabin life procedures on Sunday.***

### **Camper Goals**

The goals of Camp Cherith of WNY are achieved by careful administration of our I-O-U (Inward, Outward and Upward) philosophy.

**Each camper will have opportunity for growth in each area:**

**Goal 1--Inward:** Realizing that each camper is unique and special, we endeavor to provide opportunities for personal growth, increased confidence and a sense of accomplishment. Our activity program is progressive and skill based and also allows for campers to exercise creativity and imagination.

**Goal 2--Outward:** We promote Christian community which honors personal relationships and responsibility through living and working cooperatively with a small group. Campers are encouraged to take part in all aspects of the program.

**Goal 3--Upward:** Campers will have many opportunities daily to grow spiritually and demonstrate "Christ in every phase of life". Our program promotes awareness of God and his creation. Campers are provided with time for daily devotions, personal quiet time, small group Bible study and evening campfire messages. Our staff will actively demonstrate God's love.

***We make every effort to ensure the health and safety of each camper. The NY State Health Department requires a completed medical form signed by a parent and physician. A registered nurse is available 24 hours a day and a doctor is on call. If your child has special needs please contact us to determine the level of accommodation needed.***



CAMPER HEALTH EVALUATION FORM  
**CAMP CHERITH® of Western New York**

Please bring this form and immunization records with you on the day you come to camp.  
This form **MUST** have both physician's and parent's signature.

Camper's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street and number City/Town State Zip

Custodial Parent/Guardian: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Parent Address (if not same as above) \_\_\_\_\_ Business Phone: \_\_\_\_\_

If not available, in an emergency please notify:

Name & Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Street and number City/Town State Zip

**PHYSICAL HEALTH HISTORY:** To be filled out by a parent or legal guardian.

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  
 Other (**Please describe below what the camper is allergic to and the reaction seen.**)

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper is lactose intolerant.  
 This camper is gluten intolerant.  Other, **please explain in space.**

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.  
(**Please describe below.**)

**Please state any chronic health** (strep throat, asthma, braces, etc.) **or recent health issues and recent injuries** (broken bones, sprains, bruises).

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
4. Had a significant life event that continues to affect the camper's life?.....  Yes  No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

**IMMUNIZATION RECORDS:** Please attach *an up to date copy of physician's immunization record* (required by NYS law for each camper and must be updated annually). **A complete record shall include immunization dates** against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, chicken pox, tetanus and meningitis.

**Not Immunized (check here)** Must sign a waiver

**MEDICAL EXAMINATION: To be completed by a Licensed Physician/Nurse Practitioner/PA**

After examination of the participant **it is my opinion that the participant \_\_\_\_\_ is \_\_\_\_\_ is not able to participate in an active camp program.**

The participant is under the care of a physician for the following conditions: (Please include any medications and describe any restrictions including any activities the participant should be exempt from.)

\_\_\_\_\_ This examination should be performed within 12 months of arrival at camp.

**Name of Physician and title** \_\_\_\_\_ **Date of Examination** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

CCWNY provides the following generic **over the counter medications and campers do not need to supply them**. Parent must indicate which medications may be administered while the child is at camp. Only medications marked "YES" and determined to be necessary will be administered at the discretion of the camp nurse. Medications will be dispensed "per label directions" unless otherwise specified.

Medication Name (or store brand/generic)	YES	NO	Comments (specific instructions for dosage)
Tylenol (for fever or pain)			
Advil (for fever or pain)			
Throat Lozenges (for throat irritation)			
Benedryl (for allergic reactions)			
Sudafed (for stuffy nose)			
Calamine Lotion (for insect bites)			
Cortizone Cream (for skin irritation)			
Immodium AD (for diarrhea)			
Pepto Bismol (for upset stomach)			
First Aid Cream (for minor cuts/scratches)			

**MEDICATION INFORMATION: ALL medications including prescriptions, over the counter meds, herbal remedies, and dietary supplements must be stored at the health center (not with the camper!) and administered by the camp nurse.** Self-carry emergency medications (inhalers, epi-pen) require prescription and prior approval from the camp nurse. Any camper found to be self-administering ANY medication could be dismissed from camp.

Below you must list all medications that will be brought to camp with this camper. This list **MUST** include all prescriptions, over the counter medications, herbal remedies, and dietary supplements. If medications must be taken on a time schedule, please include specific instructions with times indicated.

Name of Medication	Reason for taking	When Given	Amount of Dose given

- **PRESCRIPTION DRUGS MUST BE IN ORIGINAL CONTAINERS WITH PHARMACIST'S LABEL, CAMPER'S NAME AND THE DOCTOR'S INSTRUCTIONS.**
- ANY OTHER MEDICATIONS/VITAMINS MUST BE IN ORIGINAL CONTAINERS AND LABELED WITH CAMPER'S NAME AND DIRECTIONS FOR USE.

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the medical provider and myself. I acknowledge residential camp experience may expose the camper to communicable diseases (meningitis, lice, etc.). I hereby authorize the camp personnel to handle any medical problem with my child during his or her stay at camp including contacting the family doctor for more information. In case of emergency, after every reasonable effort is made to contact the parent/guardian, permission hereby is given to the physician selected by the camp to provide proper treatment. Expenses incurred for medical needs of the camper are the responsibility of the parent.

**PARENT AUTHORIZATION: This statement MUST be signed in order for camper to attend camp.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Plan number/Group number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Office use only: Arrival screening conducted by \_\_\_\_\_ (Initials) time/ date \_\_\_\_\_  
 Any updates to health history form?.....No .....yes  
 Any signs symptoms of illness or injury?.....No.....yes  
 Any medications given to health center? .....No .....yes  
 Any special needs of this person while at camp? .....No.....yes  
 \*\*Any yes' note here \_\_\_\_\_

Exit note:  
 Left camp with the following concern \_\_\_\_\_  
 Parent/guardian was notified \_\_\_\_\_

Rev 1/17 Signature of RN on duty \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent,

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Camp Cherith of Western New York is required to maintain a record of the following for each camper:

- A response to receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND EITHER
- A record of meningococcal meningitis immunization OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger. For example, 2 MCV4 vaccines are Menactra™ and Menveo™.

The Centers for Disease Control and Prevention recommend two doses of MCV4 for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.

- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55. The trade name of MPSV4 is Menomune.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

Information about the availability and cost of the vaccine can be obtained from your health care provider. I encourage you to carefully review the enclosed materials.

**Please complete the Meningococcal Vaccination Response Form upon check in.**

To learn more about meningitis and the vaccine, please feel free to consult your child's physician. You can also find information about the disease at the website of the Center for Disease Control and Prevention:

[www.cdc.gov/vaccines/vpd-vac/mening/default.htm](http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm).

Sincerely,

Evelyn White, Director

PARENT QUESTIONNAIRE  
CAMP CHERITH® of Western New York

This form is the best way for you to communicate with your child's counselor and the other staff that will be working directly with your child during their stay at camp. The counselors are not allowed to see the health forms, so information on this form is important. Our staff sincerely wants to serve your child individually. If there is anything confidential (information you do not want kept in the camp files), please attach a note.

Camper's Name: \_\_\_\_\_

Has your child been to camp before? \_\_\_\_\_ When/where? \_\_\_\_\_

If not, has your child been away from home for more than 2 days? \_\_\_\_\_

Who lives in the home with the child?

Father \_\_\_\_\_ occupation \_\_\_\_\_

Mother \_\_\_\_\_ occupation \_\_\_\_\_

Guardian \_\_\_\_\_ occupation \_\_\_\_\_

Siblings: how many? \_\_\_\_\_ sisters \_\_\_\_\_ brothers \_\_\_\_\_ ages: \_\_\_\_\_

Others: \_\_\_\_\_

Please describe any home/family events that may have affected your child recently.

What responsibilities does your child have at home?

What three personality traits would best describe your child?

What are some of your child's greatest interests?

How do you want your child to benefit from camp? (spiritually, emotionally, physically, and socially)

**List any specific needs under each category so that we can best serve your child** (describe need, symptoms, include any medications)

Allergies

Dietary restrictions/needs

Learning disabilities

ADD or ADHD

Bedwetting or other?

Parent signature \_\_\_\_\_ date \_\_\_\_\_



**\*\*\*Packing List\*\*\***

**What to bring to CCWNY**

The best thing to remember about camp is that it is **outside!** Days are generally warm or hot but evenings and early mornings are cool. We spend lots of time in the woods so legs and feet need proper protection (**long pants, socks and closed shoes required daily**). You will need to be prepared for a variety of outdoor activities. The following is a list of suggested clothing and other articles to bring. Use this checklist as you pack. Please label everything with your camper's first and last name.

**Please make sure your name is on all of your belongings! Recommended clothing for 1 week.**

- |   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| _____ jeans/pants (3 or more pair!)                                   | _____ Bible, notebook          | _____ toiletries (in a bucket)        |
| _____ shorts (5)  | _____ towels/washcloths        | _____ toothbrush and toothpaste       |
| _____ sweatshirts (2-3)   | _____ camera                   | _____ plastic/metal cup               |
| _____ shirts (7)  | _____ flashlight               | _____ comb/brush                      |
| _____ underwear (7)   | _____ socks (at least 7 pairs) | _____ pajamas                         |
| _____ jacket & raincoat   | _____ bug spray                | _____ 2+ pr. sneakers or closed shoes |
| _____ bathing suit & swim towel                                       | _____ pens, pencils            | _____ *rainboots                      |
| _____ envelopes/postcards addressed to home (stamps, too)             |                                | _____ *fishing pole and tackle        |
| _____ flip-flops or sandals (for the shower or the pool <u>only</u> ) |                                | _____ *optional; no need to purchase  |
| _____ bedroll (sleeping bag or sheets and blankets and a pillow)      |                                |                                       |

**What NOT to bring:**

1. Cell phones/iPods/other electronic devices – these items will be held by the director until the end of the week!
2. Gum/candy/food (it attracts critters into the cabins). You can buy snacks at the Tuck Shop!
3. Weapons, including knives, explosives, guns

**Required items for horseback riding lessons (and horse camp):**

- \_\_\_\_\_ a pair of boots or shoes with 1-inch heels
- \_\_\_\_\_ at least 2 pairs of DENIM jeans

**Important Items to Bring to Camp**

1. **COMPLETED** health form (including physician's signature, parent's signature and up to date immunization record)
2. Completed camper release form [below]
3. Completed parent questionnaire
4. Prescription medication (in original containers, marked for nurse)
5. Spending money (to be kept on account at Tuck Shop)

**\*\*\*Camper Release Form\*\*\***

Your child's safety is important to us. Please give us the name of the individual who will be picking your child up on departure day. This form must be turned in. Fill out the information requested below and bring it to camp with you.

**To be filled out prior to arrival:**

My child, \_\_\_\_\_ will be picked up from camp on \_\_\_\_\_ by \_\_\_\_\_ (date)

\_\_\_\_\_ (individual's name)

This individual is: (check one)

\_\_\_ the child's parent or guardian \_\_\_ other (please specify relationship): \_\_\_\_\_

\_\_\_\_\_ signature of parent or guardian

\_\_\_\_\_ date

**To be filled out on departure day:**

Camper released to:

\_\_\_\_\_ signature of person taking camper from camp

\_\_\_\_\_ date

**For office use:**

**Call received to change information**

Received by: \_\_\_\_\_ Caller's Name: \_\_\_\_\_

Date/time \_\_\_\_\_ Who will pick up the camper: \_\_\_\_\_