



## **CAMP F.L.E.A. 2018**

**Camp Brule  
Sullivan County, PA**

Dear Parent / Guardian:

It is our pleasure to again offer the innovative summer program called CAMP F.L.E.A. (Family Life Enrichment Adventure). The Sullivan and Bradford County Sheriff's Departments, in conjunction with Bradford and Sullivan County Children & Youth Services and Bradford/Sullivan County Drug and Alcohol Program, are sponsoring this program free of cost to all eligible Bradford and Sullivan County children ages 9 - 12 and their parent(s). Camp will start on Wednesday, August 15, 2018 and ends on Saturday, August 18, 2018.

The purpose of this program is to provide a safe and welcoming environment so that balanced attention can be provided to campers in areas such as self-esteem, discipline, communication, conflict resolution, and drug and alcohol prevention. This program will have a careful blend of individual and group instruction, team building exercises, and recreation. The goal of CAMP F.L.E.A. is to have children exit the program with a better understanding of how to resolve problem areas so they may live happy, unified lives.

Many of the children who attend Camp F.L.E.A. receive mental health services from various providers. If your child receives wrap-around/TSS services during the summer, those services should not stop because your child is attending camp. It is your responsibility to contact your provider to ensure that your child will receive the same number of wrap-around/TSS hours during camp. If the wrap-around/TSS needs directions on how to get to camp, please have them contact the agency that provided you with this application.

Many people have expended a vast amount of energy and time so this program can be offered free of cost to your child. It is a wonderful opportunity for children. Participants from previous years have indicated that camp was a huge success. Many children who attended last year are excited about attending camp again this year and we promise that the experience will be well worthwhile.

There are limited spaces available at camp and in order to ensure that a slot is reserved for your child(ren) we need to have pages 3,4,5,8,9,10 of the application returned before July 30, 2018. Pages 6 & 7 are the health statement/physical form that needs to be completed and

returned prior to the first day of camp which is July 5, 2017. In addition to the Health Statement, a copy of your child(ren)'s immunizations should be attached. Pages 11-13 are for you to keep.

Applications can be returned to either, Bradford County Children and Youth Services, 220 Main Street, Unit #1, Towanda, PA 18848 or Sullivan County Children and Youth Services, 9219 Route 487, Suite D, Dushore, PA 18614.

Transportation for children in Bradford will be available from the Bradford County Children and Youth office in Towanda. If your child(ren) need a ride to camp, please call 570-265-1760 and have your child put on the list for the bus. For children in Sullivan County call 570-928-0307 to make arrangements.

Should you have any further questions, feel free to contact one of the agencies listed above.

SEE YOU AT CAMP!!!

Sincerely,

Camp F.L.E.A.  
Planning Committee

# 2018 Camp F.L.E.A. Family Life Enrichment Adventure

## Registration Form

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Boy  Girl

Would child require bus transportation from Bradford County CYS? \_\_\_\_\_

Camper's T-Shirt Size: Youth - S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
Adult - S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Caretaker Name \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Work schedule during week of camp: \_\_\_\_\_

Caretaker Name \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Work schedule during week of camp: \_\_\_\_\_

**Caretaker with Custody:** \_\_\_\_\_

Are there any PFA's in affect that pertain to this child?  No  Yes  
(If yes, please attach a copy of the PFA to this application if there are)

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

**CHILD PICK-UP RELEASE FORM**

To better ensure the safety of your child, we ask that parent/guardians fill out this Pick-Up Release form.

A parent or guardian must authorize at least one individual to pick their child up from Camp.

I \_\_\_\_\_, authorize the following individuals to pick up my child from Camp. Please list all people, including yourself, who are allowed to pick up your child.

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list all people who are NOT allowed to pick up your child.

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**In Case of Emergency**

**Notify:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Notify:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I understand that first aid will be available at the camp, that the campers will be closely supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the Camp F.L.E.A. staff is not responsible in case of accidental injury or illness. I hereby give my consent to the Camp F.L.E.A. staff presently caring for my child \_\_\_\_\_, to obtain emergency medical care which is necessary to preserve his or her life or prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent to these procedures.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of CYC Caseworker/Probation Officer (if applicable): \_\_\_\_\_

Does your child receive mental health services?  Yes  No

If yes, what type of services do they receive:

- Individual Therapy
- Family Based
- Other: \_\_\_\_\_
- Partial
- Wrap-Around/TSS
- Mobile Therapist

What type of services does your child receive? \_\_\_\_\_

Which Agency(ies) does your child work with? \_\_\_\_\_

Contact information for the worker(s): \_\_\_\_\_  
Name(s) and phone number(s) \_\_\_\_\_

I give consent for Camp F.L.E.A. staff to contact my child's mental health service provider, \_\_\_\_\_, to discuss the minimally necessary information in case of an emergency.  Yes  No

Signature: \_\_\_\_\_

2018 CAMP F.L.E.A. CAMPER HEALTH STATEMENT

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

List below any physical condition the child may have so that the Camp F.L.E.A. Medical Staff will be aware.
(Note: All information will be kept confidential by Camp F.L.E.A. Staff.)

Immunization History

Are basic immunizations up to date? [ ] Yes [ ] No
Date of last tetanus vaccination: \_\_\_\_\_
Date of last physical: \_\_\_\_\_

Over the Counter Medications

I hereby authorize Camp F.L.E.A. medical staff to administer over-the-counter medication if necessary.
This includes, but not limited to: Tylenol (headache, fever), Advil (cramps, aches), Pepto-Bismol (upset stomach, nausea), and Benadryl (allergies).

Is the camper allergic to any of the above over-the-counter medications? [ ] Yes [ ] No
If yes, please specify: \_\_\_\_\_
Parent/ Guardian
Signature: \_\_\_\_\_

Assistance Devices

Mark "Yes" if your child uses any of the following items.
Please explain what type of items your child uses.

Yes Type:
[ ] Glasses/Contacts \_\_\_\_\_
[ ] Hearing aids \_\_\_\_\_
[ ] Teeth (braces, partials) \_\_\_\_\_
[ ] Other (specify) \_\_\_\_\_

Medical Conditions

Mark "Yes" if your child has any of the following medical conditions.
Please explain any conditions which do apply. This information will be kept confidential.

Yes Type:
[ ] Allergies (specify all types of food or plant): \_\_\_\_\_
[ ] Child has Epi-Pen for above stated allergies.
[ ] Asthma \_\_\_\_\_
[ ] Bed Wetting \_\_\_\_\_
[ ] Bleeding/Clotting Disorders: \_\_\_\_\_
[ ] Diabetes: \_\_\_\_\_
[ ] Dislocations or Strains: \_\_\_\_\_
[ ] Ear Infections: \_\_\_\_\_
[ ] Epilepsy or Convulsions: \_\_\_\_\_
[ ] Heart Condition: \_\_\_\_\_
[ ] Hernia: \_\_\_\_\_
[ ] Other (please specify): \_\_\_\_\_

2017 CAMP F.L.E.A. CAMPER HEALTH STATEMENT – Page 2

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are there any physical activities that the camper should **NOT** participate in?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the camper have any dietary restrictions or allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

**Medicines**

Please have the following filled out and signed by a licensed practitioner or medical doctor. Please include current immunization record (if available).

Name(s) of Medication: \_\_\_\_\_  Prescription  
 Dosage Instructions: \_\_\_\_\_  Over the counter  
 Purpose of Medication: \_\_\_\_\_  
 Side effects of medication: \_\_\_\_\_

Name(s) of Medication: \_\_\_\_\_  Prescription  
 Dosage Instructions: \_\_\_\_\_  Over the counter  
 Purpose of Medication: \_\_\_\_\_  
 Side effects of medication: \_\_\_\_\_

Name(s) of Medication: \_\_\_\_\_  Prescription  
 Dosage Instructions: \_\_\_\_\_  Over the counter  
 Purpose of Medication: \_\_\_\_\_  
 Side effects of medication: \_\_\_\_\_

Name(s) of Medication: \_\_\_\_\_  Prescription  
 Dosage Instructions: \_\_\_\_\_  Over the counter  
 Purpose of Medication: \_\_\_\_\_  
 Side effects of medication: \_\_\_\_\_

Name(s) of Medication: \_\_\_\_\_  Prescription  
 Dosage Instructions: \_\_\_\_\_  Over the counter  
 Purpose of Medication: \_\_\_\_\_  
 Side effects of medication: \_\_\_\_\_

Is child taking all medications as prescribed by doctor?  Yes  No

If no, please explain: \_\_\_\_\_

I have examined the camper herein described, reviewed his/her history, and it is in my opinion that he/she is physically able to engage in Camp F.L.E.A. activities (except as noted above).

Signature of Examining Physician/Nurse Practitioner \_\_\_\_\_ Date of Exam \_\_\_\_\_

Physicians' Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature of Parent/Guardian indicating that they consent to the administration of medication: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## 2018 SAFETY STATEMENT

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

Birth Date: \_\_\_\_\_

In order to make sure that your child, other children and the staff have a fun, safe and valuable experience at camp, we would appreciate the following information.

**This information will be kept confidential.**

**\*Please note that this may not disqualify your child from attending camp\***

Please mark the box if applies to camper.

**Separation**

- First Time child has spent away from home for an extended period of time.
- Child has spent night away from home before without any issue or concerns.
- Child has spent night away from home before, but had some issues/worries/concerns.

If yes, please explain: \_\_\_\_\_

- Other (please explain): \_\_\_\_\_

**Behavior(s)**

Does your camper have any behaviors requiring special management?

- |   |   |
|---|---|
| <input type="checkbox"/> Tantrums               | <input type="checkbox"/> Running away   |
| <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Hitting/biting |
| <input type="checkbox"/> Inappropriate touching | <input type="checkbox"/> Fire-setting   |

Please list any notable habits (rocking, playing with string) and describe how you deal with them:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had any concerns or allegations for the following?\* This will be kept confidential.

- |  |  |
|--|--|
| <input type="checkbox"/> Inappropriate touching self       | <input type="checkbox"/> A case involving sexual abuse through CYS     |
| <input type="checkbox"/> Has sexually acted out on others  | <input type="checkbox"/> Child needs supervision around other children |
| <input type="checkbox"/> Inappropriate contact with others | <input type="checkbox"/> Other: _____                                  |

**Communication**

How best does your child communicate?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Complete sentences            | <input type="checkbox"/> Phrases  |
| <input type="checkbox"/> Single words                  | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Sign Language                 |                                   |
| <input type="checkbox"/> Other (please explain): _____ |                                   |

- Child can become frustrated over communication problems, please describe the behavior and how to alleviate the situation \_\_\_\_\_

**Self-Care/Hygiene**

Please mark the box if applies to camper.

- | On own                   | With some assistance     |                                 | On own                   | With some assistance     |            |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Gets dressed                    | <input type="checkbox"/> | <input type="checkbox"/> | Wash face  |
| <input type="checkbox"/> | <input type="checkbox"/> | Can fasten zipper/buttons/hooks | <input type="checkbox"/> | <input type="checkbox"/> | Wash Hands |
| <input type="checkbox"/> | <input type="checkbox"/> | Can tie shoelaces               | <input type="checkbox"/> | <input type="checkbox"/> | Comb hair  |
| <input type="checkbox"/> | <input type="checkbox"/> | Brush teeth                     |                          |                          |            |

Does Child have to be reminded to do these things?

Yes

No

Child usually bathes in

- |  |   |
|--|---|
| <input type="checkbox"/> Tub                         | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Shower                      | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Camper is afraid of showers |   |

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**Sleeping**

Please mark the box if applies to camper.

- |   |   |
|---|---|
| <input type="checkbox"/> Child generally sleeps well      | <input type="checkbox"/> Child is afraid of the dark? |
| <input type="checkbox"/> Child is afraid to sleep alone   | <input type="checkbox"/> Child wets the bed           |
| <input type="checkbox"/> Child needs night light to sleep | <input type="checkbox"/> Child sleepwalks             |
| <input type="checkbox"/> Other: _____                     |   |

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Is there anything else that you wish for the Camp F.L.E.A. staff to know about your child that would make their time at camp more enjoyable? \_\_\_\_\_

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Signature of Parent/Guardian

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Date

**2018 CAMP F.L.E.A. PICTURES**

Occasionally pictures, newspaper articles or videos are taken of campers during activities at Camp F.L.E.A. These are shown to other program participants, parents, and community groups to help explain Camp F.L.E.A. Articles and pictures may appear in local newspapers.

I, \_\_\_\_\_ parent/guardian

of \_\_\_\_\_

Do Not Object	Object	
_____	_____	Photo/Video for the presentation at end of camp
_____	_____	Newspaper articles
_____	_____	Camp F.L.E.A. brochure
_____	_____	online/social/print media
_____	_____	

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **CAMP F.L.E.A. CODE OF CONDUCT**

- 1.) CAMPERS WILL SHOW RESPECT-- BY FOLLOWING ALL VERBAL AND WRITTEN RULES, BY FOLLOWING THE DIRECTIONS GIVEN TO THEM BY STAFF AND OTHER ADULTS, AND BY GRACIOUSLY ACCEPTING THE DECISIONS OF THOSE IN CHARGE.
- 2.) CAMPERS WILL DEMONSTRATE A POSITIVE ATTITUDE BY LISTENING TO INSTRUCTIONS AND DEMONSTRATIONS, BY BEING OPEN TO LEARN NEW SKILLS AND IDEAS AND BY PARTICIPATING IN ACTIVITIES.
- 3.) CAMPERS WILL BE TEAM PLAYERS. EACH CAMPER WILL BE ASSIGNED TO A TEAM OF OTHER CAMPERS AND A STAFF TEAM LEADER. TASKS AND COMPETITIONS WILL REQUIRE THE TEAM TO LEARN TO WORK TOGETHER TO ACCOMPLISH SUCCESS. CAMPERS WILL BE GIVEN THE OPPORTUNITY TO LEARN AND USE GOOD LEADERSHIP SKILLS AS WELL.
- 4.) CAMPERS ARE TO REMAIN WITH THEIR TEAM, THROUGHOUT EACH ACTIVITY. CAMPERS WILL USE THE BUDDY SYSTEM. CAMPERS MUST TRAVEL IN PAIRS. THEY ARE NEVER ALONE, WHENEVER THEY GO ANYWHERE IN THE CAMP.
- 5.) CAMPERS WILL TREAT THE CAMP PROPERTY AND FACILITIES WITH RESPECT. CAMPERS WILL NOT DELIBERATELY DAMAGE OR DESTROY CAMP PROPERTY.
- 6.) TENT SITES WILL BE INSPECTED DAILY. CAMPERS ARE RESPONSIBLE TO KEEP THEIR TENT AND SURROUNDING AREA CLEAN AND NEAT, WITH "BEDS" MADE, CLOTHES PACKED AWAY AND ALL BELONGINGS IN AN ORDERLY FASHION. CAMP SITES MUST BE KEPT CLEAR OF TRASH AND PAPERS. NO FOOD ALLOWED IN CAMPSITES SO AS TO AVOID ANY UNWANTED CRITTER VISITS. TEAM AWARDS WILL BE GIVEN FOR CLEAN SITES.
- 7.) THE LAKE, BOATING AND SWIMMING AREAS ARE OFF-LIMITS TO CAMPERS EXCEPT DURING SCHEDULED WATERFRONT ACTIVITIES. THERE WILL BE PLENTY OF TIME TO FISH, SWIM AND BOAT DURING SCHEDULED, SUPERVISED WATERFRONT TIMES.
- 8.) NO CAMPERS MAY LEAVE THE CAMP WITHOUT THE PERMISSION OF THE CAMP F.L.E.A. DIRECTOR.
- 9.) NO VIOLENCE WILL BE TOLERATED. ANY DISAGREEMENT OR PROBLEM CAN BE TALKED OUT. CAMPERS SHOULD DISCUSS ANY PROBLEMS OR QUESTIONS THEY MAY HAVE WITH A STAFF MEMBER TO HELP THEM TOWARD A POSITIVE, NO-PHYSICAL RESOLUTION.
- 10.) NO SWEARING, CURSING, OR OBSCENE GESTURES WILL BE TOLERATED. AGAIN, CAMPERS WILL DEMONSTRATE RESPECT FOR THEMSELVES AND OTHERS BY DISCUSSING ISSUES IN AN ACCEPTABLE MANNER.

11.) NO SMOKING, NO ALCOHOL, DRUGS OR FIREWORKS ON CAMP PROPERTY. NO RADIOS ARE ALLOWED IN THE CAMPSITE. NO KNIVES OR OTHER WEAPONS ARE ALLOWED IN CAMP.

12.) CAMPERS ARE EXPECTED TO BE AT MEALS AND ACTIVITIES AT THE SCHEDULED TIMES. FOR INSTANCE, CAMPERS WILL RISE NO LATER THAN WHEN THE CAMP BELL SOUNDS AT 7:00 A.M. EACH DAY. CAMPERS ARE EXPECTED TO CLEAN-UP, DRESS, TIDY THEIR TENT SITE AND LINE UP IN FRONT OF THE MAIN HALL WITH THE REST OF THEIR TEAM BY 7:30 A.M. (THEY WILL THEN PROCEED TO BREAKFAST)

CAMP FLEA STAFF WANT ALL CAMPERS TO ENJOY THEIR TIME AT CAMP FLEA. OUR NUMBER ONE PRIORITY IS THE HEALTH AND SAFETY OF ALL CAMPERS. TO ACHIEVE THIS GOAL, A CAMPER WILL BE VERBALLY WARNED WHEN THEIR BEHAVIOR IS NOT MEETING EXPECTATIONS. IF A NEGATIVE BEHAVIOR CONTINUES, THE CAMPER WILL BE EXPECTED TO GO TO A TIME OUT AREA.

CAMPERS WILL AUTOMATICALLY BE ASKED TO LEAVE CAMP FLEA FOR THE FOLLOWING REASONS:

- REFUSES TO GO TO THE TIME OUT AREA,
- HAS BEEN SENT TO THE TIME OUT AREA THREE TIMES,
- ATTEMPTS TO RUNAWAY,
- MAKES VERBAL THREATS TOWARD OTHER CAMPERS OR STAFF,
- IS FOUND IN ANOTHER CAMPERS TENT WHO IS OF THE OPPOSITE SEX,
- BRINGS CONTRABAND TO CAMP, OR
- DEMONSTRATES BEHAVIORS THAT ARE A DANGER TO THEMSELVES OR OTHERS.

IF A CHILD IS ASKED TO LEAVE CAMP FLEA, IT IS THE RESPONSIBILITY OF THE PARENT TO COME TO THE CAMP AND PICK THEM UP.

## 2018 CAMP F.L.E.A.

### SUGGESTED PACKING LIST

#### CLOTHING:

- SHIRTS/ T-SHIRTS (will receive 4 team color t-shirts on first day of camp)
- SHORTS/PANTS
- JEANS/SWEATPANTS
- SWEATSHIRTS
- JACKET
- 8 PAIRS OF SOCKS
- UNDERWEAR (\*Bring a clean pair for every day\*)
- SLEEPWEAR
- SWIMSUIT
- SNEAKERS
- WATER SHOES
- EXTRA PAIR OF SHOES/SNEAKERS

#### HYGEINE:

- TOOTHBRUSH
- TOOTHPASTE
- SOAP
- WASHCLOTHS (At least 3)
- TOWELS (At least 2)
- DEODORANT
- SHAMPOO
- HAIR COMB/ BRUSH
- SUN SCREEN
- HAIR TIE – for those with long hair
- FLIP FLOPS FOR THE SHOWER

#### OTHER:

- SLEEPING BAG OR 3 TO 4 BLANKETS
- PILLOW
- FLASHLIGHT
- BUG SPRAY

**REMEMBER:** Your child will be at camp for 4 days, so pack accordingly. Your child should have clothing for all weather conditions-- warm, cool and rainy. It can get very cool (as low 40<sup>o</sup> at night) so campers bringing a sleeping bag may also want to bring a blanket or two. Tents with cots are provided.

If your camper does not have any of the items, please let the person who is taking your registration know as soon as possible. We can make arrangements to provide the camper with sleeping bags, personal care items, etc.

#### DO NOT BRING:

- Fishing Pole/tackle box – one will be provided
- Flip flops \*for safety reasons (Shower only)