

APPLICATION

Please print or type. Use a separate form for each child you are sending to camp.
Feel free to make copies of this form.



CAMPER INFORMATION:

Camper's Name _____ Girl Boy _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone () _____

Camper's Race (please specify) _____ Camper's School _____

Camper's Height _____ Camper's Weight _____ Grade Completed at the End of This School Year _____

Parent/Guardian Name(s): _____

Relationship to Camper: _____ Who has legal guardianship of this child? _____

Parent/Guardian Employer(s) _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

Is this child in Foster Care? Yes No

Has this child attended Sherwood Forest before? Yes No If Yes, when? _____
Was this child's experience positive mixed negative

Has this child attended any other camp programs? Yes No If Yes, where? _____

How did you hear about Sherwood Forest Camp? _____

At school, has your child ever: (check all that apply and further describe below)

| | |
|--|--|
| <input type="checkbox"/> been on the honor roll | <input type="checkbox"/> been written up for discipline problems: _____ year |
| <input type="checkbox"/> been involved in extracurricular activities | <input type="checkbox"/> been suspended: _____ year |
| <input type="checkbox"/> received a special recognition or award | <input type="checkbox"/> been expelled: _____ year |

At school, is your child in a: (please check one)

regular classroom, at appropriate grade level for his/her age.

regular classroom, behind _____ (how many) grade(s) for his/her age.

resource room, receiving help in: _____

self-contained classroom in a regular school. List diagnosis and severity _____

self-contained classroom in a special school. List diagnosis and severity _____

In general, does your child usually receive: high grades average grades poor grades

Please describe further if necessary:

SPECIAL NEEDS INFORMATION:

Does the camper have any of the following? Check all that apply:

| | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Behavior Problems |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Hearing/ Speech Impaired |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Mental Retardation <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> profound |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physical Disability: _____ |

Please describe further if necessary:

TRANSPORTATION INFORMATION:

Place where camper will board bus - please check only one: (see the Parent and Camper Handbook for more details)

| | |
|--|--|
| <input type="checkbox"/> Kingshighway Entrance of Tower Grove Park | <input type="checkbox"/> Wal-Mart parking lot, 3270 Telegraph Road |
| <input type="checkbox"/> Holman Middle School, St. Ann | <input type="checkbox"/> Driven to camp by parent/guardian |

The following information is needed so that our staff will be better able to help your child have a beneficial camp experience. All information is held in confidence. Please write any additional comments on the final page.

How does this child feel about attending Sherwood Forest? Excited Scared Indifferent Reluctant

What does this child want to gain from his/her camp experience?

What do you want this child to gain from his/her camp experience?

Has this child ever been away from home for more than a weekend without his/her parents? Yes No

In your opinion, this child's self-concept is: positive mixed negative

Does your child have any of the following difficulties? (check all that apply) None

- | | |
|--|---|
| <input type="checkbox"/> Afraid of the dark | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Problems falling asleep | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Problems staying asleep | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Difficulty waking up | <input type="checkbox"/> Other fear(s): |

Have there been any incidents or experiences in this child's life about which he/she might be sensitive? Yes No

If yes, please explain:

Does this child have a friend attending the same session, would they like to be in the same group? No Yes

Name of Friend _____ *The friend must be of the same age. We are unable to guarantee this placement.*

Mother/Guardian's Information

Name

Address

City State Zip

Home Phone Work Phone Cell Phone

E-mail Address

Father/Guardian's Information

Name

Address

City State Zip

Home Phone Work Phone Cell Phone

E-mail Address

Emergency Contact Information

In case neither of the adults listed above can be reached, please give us the name and phone number of someone else who will be available while your child is at camp. If the emergency contact person is the caseworker, please list phone number for evenings and weekends. It is not acceptable to only list the daytime telephone number.

Emergency Contact Person Telephone (Daytime)

Relationship to camper Telephone (Evenings & Weekends)

E-mail Address Cell Phone

Address

City State Zip

SESSION INFORMATION:

- | | |
|--|--|
| <input type="checkbox"/> Boys 1 * June 5 – June 16 | <input type="checkbox"/> Girls 1 * July 6 – July 17 |
| <input type="checkbox"/> Boys 2 * June 19 – June 30 | <input type="checkbox"/> Girls 2 * July 20 – July 31 |
| <input type="checkbox"/> Boys Leadership Challenge * June 5 – June 30 | <input type="checkbox"/> Girls Leadership Challenge * July 6 – July 31 |
| <input type="checkbox"/> Boys Leadership Trek * June 5 – June 30 | <input type="checkbox"/> Girls Leadership Trek * July 6 – July 31 |
| <input type="checkbox"/> Leadership Adventure Co-ed * July 6 – July 31 | <input type="checkbox"/> Leadership Journey Co-ed * June 5 – July 31 |
| <input type="checkbox"/> Co-ed Mini Camp * August 4 – August 8 | |

ADDITIONAL COMMENTS:

HOUSEHOLD INFORMATION:

Total Annual Family Income \$ _____ Number of Individuals in Household: _____

Please List Additional Household Family Members Attending Camp:

| | | |
|-----------|-----------|-----------|
| Child # 1 | Child # 2 | Child # 3 |
| Child # 4 | Child # 5 | Child # 6 |

PAYMENT INFORMATION

The fee for summer camp is \$50 for the 1st child and \$25 for each additional child from the same household.
A non-refundable \$25 deposit MUST accompany each application!
 The remainder of the fee is due by April 20, 2010.

- My check/money order for \$ _____ is enclosed. I will pay any remaining fee by April 20, 2010.
- Please charge the credit card below \$ _____. I will pay any remaining fee by April 20, 2010.
- I recognize the value of a camp experience at Sherwood Forest and understand that camp fees only cover a small portion of the total cost. I would like to make an additional donation of \$ _____ using the above payment method.

| | | |
|-----------|----------------|-----------------|
| Account # | Security Code: | Expiration Date |
|-----------|----------------|-----------------|

CAMPER FEE AGREEMENT

I agree to pay Sherwood Forest Camp for this child's camp experience. I understand that this child's continued participation in camp programs depends upon my complete and timely fee payment. If I am having trouble making a payment, I will contact Sherwood Forest Camp immediately.

PARENTAL RELEASE

As the parent/legal guardian of the child herein accurately described, I have been informed about the activities of the camp and do give my consent and approval for him/her to attend Sherwood Forest Camp and to participate in all aspects of the camp program, and I will inform the camp in writing of any activities that should be limited or prohibited. I have read the Camper Conduct policy and understand my child will be expected to follow these rules while at camp. In the event I am not available to receive this child upon his/her return, I hereby authorize Sherwood Forest Camp to release him/her to a person(s) deemed appropriate by the camp, and I will notify the camp in writing of any person(s) who specifically should not be allowed to receive this child. This child's photograph may, may not, be used by Sherwood Forest Camp for publicity purposes. Permission will be assumed if not specifically denied.

| | |
|-------------------------------------|--------------|
| * Parent/Guardian Signature: | Date: |
|-------------------------------------|--------------|

Parent/Guardian Name:

Please return this information to:
 Sherwood Forest Camp
 2708 Sutton Boulevard
 St. Louis, MO 63143