

P.E.A.C.E Ministries
Summer Camp 2017 Registration Form
 Carson Simpson Farm Christian Camp
 3405 Davisville Rd, Hatboro, PA 19040
 215-659-0232 fax 215-659-5129 contact www.csfarm.org

EVENT NUMBER	GROUP NAME	DATES

CAMPER INFORMATION: please PRINT and use a separate form for each camper.

Camper's last name _____ First name _____ Likes to be called _____

Street Address _____ City _____

State ____ Zip _____ Home telephone () _____ Parent Email _____

Birthday ____/____/____ Male ____ Female ____ Grade completed by June 2017 _____ T-shirt size _____

Church Name and Town _____

Name of Father/Guardian (circle) _____ Home tel. () _____ Work tel. () _____ ext. _____

Name of Mother/Guardian (circle) _____ Home tel. () _____ Work tel. () _____ ext. _____

I would like to purchase the 2017 CSF Camper Yearbook (payment must be a separate check/payment than camp payment) Fee for yearbook is \$15.00.

Please mail the yearbook to me – include an additional \$3.00

CAMPER PROFILE

Who do you live with? (example: Mom, brother, Grandparent) _____

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? Yes No
2. Ever been treated for emotional/behavioral difficulties, self-harm or an eating disorder? Yes No
3. Ever have need for an aide at school? Yes No
4. Speak a primary language other than English? Yes No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages or contact the camp to provide additional information if needed.

Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate successfully in the camp program (shyness, fears, etc.). List any strategies used to manage the concern or enhance the camper's ability.

Are there any visitation restrictions of which the camp must be aware? Yes ___ No ___ If Yes, please specify:

 If such a restriction exists, a copy of the current court order must be on file at camp. Every camper, regardless of family issues or disputes, must be safeguarded when in our care. Without legal documentation, we cannot enforce any instructions with regard to parental custody/visitation.

SIGNATURES

- I give my permission for the above named camper to attend the above listed summer camp event with the Eastern PA Conference-UMC/Carson Simpson Farm. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules.
- Upon signing, permission has been granted to Carson Simpson Farm to use photos and video images of the camper for publicity purposes. This could include, but is not limited to brochures, flyers, DVDs, newspapers, publications of Am. Camping Assoc., CCCA and UM Church, and use on the camp website and social media pages. If you do not agree to this, you must make your request known in writing at the time of registration.

Signature of Parent or Guardian _____ Date _____
 (Only parents or legal guardians of camper may sign)

2016-2017 Scholarship Guidelines – Carson Simpson Farm Christian Camp

1. If your household meets this criteria continue. If not check here

HOUSEHOLD SIZE	ANNUAL EARNING	MONTHLY EARNINGS	WEEKLY EARNINGS
1	\$21,978	\$1,832	\$423
2	\$29,537	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455

For each additional household member add: \$7,696 per year, \$642 per month, \$148 per week.

2. Is this a FOSTER CHILD? If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____. Go to section #5.

3. OTHER BENEFITS: Are you getting FOOD STAMPS or TANF? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.
 Food stamp case number: _____ TANF case number: _____

4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Names of Household Members (include the child listed on registration form)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

5. SIGNATURE

I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct, or that all income is reported.

Signature of Adult: _____ **Printed Name:** _____

PLEASE REPORT ALL INCOME LISTED BELOW

Earnings from work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned Business, day care business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income/Self-employment

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estates/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Military allowance for off-base housing
- Any other income

Welfare/Child Support/Alimony

- Public assistance payments
 - Welfare payments
 - Alimony/child support payments
- CSF Ed. 11/16

Carson-Simpson Farm Christian Center Camper/Disciple Contract



Please read over this entire contract with your child and sign

The purpose of camps and retreats are to enjoy the outdoors, to have fun, to enjoy friendships, and also to have a chance to reflect on our own lives and our relationship with Jesus Christ. Each person attending camp or a retreat at Carson-Simpson Farm Christian Center is required to make a commitment to the following statements by signing this contract.

- I agree to **Respect** all other persons attending camp by treating them with kindness and patience, putting the needs of others before my own. I will show respect through both my words and actions toward others. I will also show respect for all personal property of others and of the camp.
- I agree to **Follow Directions** of all camp staff, **Attend All Events** on time and **Participate** in all camp activities, and I will not leave the camp grounds.
- I agree to **Follow All Camp Rules Including:**
 - *God's name should be held in reverence and only used when praying or in worship.*
 - *Personal electronics including cell phones, toys, trading cards, etc. are forbidden at camp.*
 - *Body piercings, other than ears, shall be covered or removed for camp attendance.*
 - *Bathing suits must be modest in appearance, properly covering the body.*
 - *Clothing should be modest with appropriate undergarments. Underwear should not be seen.*
 - *Cursing or current slang that is improper will not be tolerated.*
 - *Behavior not honoring to God (fighting, racism, gossiping, bullying etc.) will not be tolerated.*
 - *Possession of any kind of weapon is reason for immediate dismissal from camp.*
 - *Possession or use of any illegal substance or alcohol is prohibited.*
 - *Agreeing to follow the camp internet policy (OVER)*
- I understand that this camp will present **Biblical Teaching**. I agree to respectfully listen and consider the presentation of Christian attitudes and teaching. If I do not agree with everything, I will still allow others to listen and consider the opinions offered, by showing respect in my words and actions.
- I **Understand** that if I do not follow the statements of this contract that the camp staff will take disciplinary measures as follows, including the possible search of camper's belongings if the camp feels the health or safety of campers is threatened or the child has violated camp rules:

Disciplinary Steps (written records kept for all steps)

1. Verbal warning by counselor, followed by loss of store or pool time if behavior continues.
2. 1st Disciplinary visit, child meets with Disciplinary Staff, parent is notified.
3. 2nd Disciplinary visit, child calls parent themselves, Disciplinary Staff notifies parent of next step
4. 3rd Disciplinary visit, child must be picked up from camp and must take the following day off from camp (no refund)
5. 4th Disciplinary visit, child will be dismissed from camp for the remainder of the summer (no refund on balance of week and loss of deposit for the remaining weeks)

As a parent or guardian, I agree to be partners with Carson-Simpson Farm Christian Center in the discipline of my child. I agree to support the camp disciplinary code.

Signature of Parent of Guardian _____

Name of Camper/Disciple (please print) _____

As a Camper/Disciple at Carson-Simpson Farm, I agree to follow the Camper Contract and understand the consequences if I do not.

Signature of Camper/Disciple _____



Mid-Town Parish United Methodist Church

P.O. Box 3415, Phila., PA 19122

Physical Address: 700-18 West Norris Street

Rev. Eric W. Carr Jr, Pastor

Website: www.midtownparish.org Email: midtownparish@yahoo.com

Parent's Permission

_____ will be participating in the MID-TOWN
PARISH UNITED METHODIST CHURCH trip to

_____ on _____.

I understand that the Program is under organized supervision and no imprudent risks will be taken; assured of this, I agree that in case of loss or injury, I will not hold the MID-TOWN PARISH UNITED METHODIST CHURCH or any person connected with the program liable.

If emergency medical attention should be required, I authorize the supervisor to procure it and agree to hold him/her and the physician blameless from any charge of malpractice.

Date

Print Parent/Guardian Name

Address

Phone

Email Address

Signature

Completed form **MUST** be received **BEFORE** the first day of camp!

HEALTH HISTORY FORM – page 1

Carson-Simpson Farm Christian Center

IDENTIFICATION

NAME: _____
Last First MI

Birth Date: _____ Age: _____ Gender: M _____ F _____

Height _____ Weight _____

Home Address: _____
Street Address

City State Zip

EMERGENCY CONTACTS

1st _____ Home: _____

Work: _____ Cell: _____

2nd _____ Home: _____

Work: _____ Cell: _____

3rd _____ Home: _____

Work: _____ Cell: _____

HEALTH PROVIDER INFORMATION

Physician: _____ PH: _____

Dentist: _____ PH: _____

INSURANCE INFORMATION

Covered by medical insurance? Yes _____ No _____

Carrier/Plan Name: _____ Policy/Group #: _____

Name of insured: _____

Relationship: _____

ALLERGIES

No known allergies

Allergic to: Food Medicine Environmental (hay fever, insects, etc.)

Describe below the allergy and the reaction seen.

AUTHORIZATION

1. I certify that the information on this health history form is, to the best of my knowledge complete and accurate.
2. The person described herein, has permission to engage in all camp activities except as noted.
3. I hereby give permission to the camp to provide non-prescription, over-the-counter medications and treatments to myself/my child at the discretion of the CSF Camp Nurse in accordance with the written treatment procedures. Treatment procedures are available to view at check-in.
4. I agree to the release of any records necessary for insurance purposes or medical treatment.
5. In the event of an emergency, I hereby give permission for the camp director or his designee to act in my behalf in securing medical treatment including hospitalization and for emergency transportation for myself/my child.



Signature of Staff Member/Parent/Guardian Date

HEALTH HISTORY

Check Yes or No for each statement. Have you/your child ever had or have any of the following?

- | | |
|-------------------------------------|--|
| 1. Hospitalization/surgery | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Heart murmur | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Joint or back problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Chest pain during/after exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Diarrhea or constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Skin Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Abnormal menses or cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Hearing impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Visual impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Recurrent or chronic illness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Recent injury/illness/infection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Blood disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Glasses/contacts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Bed-wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Special diet | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "Yes" answers in the space below, noting the number of each question requiring a response.

IMMUNIZATIONS

All up to date? Yes _____ No _____

Date of Last Tetanus (DPT, DT, TT) _____ If applicable, Tuberculin Test: Type: _____ Results (circle): + --

Completed form **MUST** be received **BEFORE** the first day of camp!

HEALTH HISTORY FORM – Page 2
Carson-Simpson Farm Christian Center

<u>MEDICATIONS TAKEN ON A REGULAR BASIS</u>	<u>WILL THERE BE MEDICATIONS GIVEN AT CAMP BY THE NURSE?</u>
Med #1 _____ Dosage _____ Times _____ Reason _____	Yes ___ No ___ If yes, please list:
Med #2 _____ Dosage _____ Times _____ Reason _____	Med #1 _____ Dosage _____ Times _____ Reason _____
Med #3 _____ Dosage _____ Times _____ Reason _____	Med #2 _____ Dosage _____ Times _____ Reason _____
	Receiving Nurse's Signature _____

Note: ALL medications received MUST be in original pharmacy bottle/packaging accompanied by a doctor's note indicating current dosage.

ADDITIONAL INFORMATION

Please use this area to indicate any limitations or restrictions and any additional information for camp health care staff:

CAMP USE ONLY

Illnesses experienced in the last 30 days ___ Yes ___ No
If Yes, _____

Any recent updates to health history ___ Yes ___ No
If Yes, _____

Screened by _____ Date: _____

Overnight Campers only:

Head check: ___ Positive ___ Negative

Skin Lesions/Bruising: ___ Positive ___ Negative

Dear CSF Parents:

We share the concerns of many families, schools, and camps regarding the dangers associated with young people's use of social networking Web sites such as Twitter and Facebook. As you may know, the risks range from online sexual solicitation to cyber-bullying to the damaging of one's own reputation, school or camp admission status, or job prospects by posting inappropriate information, photos or comments on personal pages.

The American Camp Association (ACA), by whom we are accredited, is working with its members to develop model policies designed to keep campers, employees, and camps safe. Our policy is below for your review. We hope you will discuss it with your child and encourage him or her to share any inappropriate postings by or about members of our camp community.

Please know that we remain committed to the health and safety of all members of our community. As always, we appreciate your support and welcome your comments.

Carson-Simpson Farm Christian Center
Internet Social Networking and Blogging Policy for Campers, Disciples and Staff

In general, our camp views social networking sites (e.g. Twitter, Facebook), personal Web sites, and Weblogs positively and respects the right of campers, disciples and staff to use them as a medium of self-expression. If a camper, disciple or staff member chooses to identify himself or herself as a part of our camp community on such Internet venues, some readers of such Web sites or blogs may view the camper, disciple or staff as a representative or spokesperson of the camp. In light of this possibility, our camp requires, as a condition of participation in the camp, that campers, disciples and staff observe the following guidelines when referring to the camp, its programs or activities, its campers, disciples and/or employees, in a blog or on a Web site.

1. Campers, disciples and staff must be respectful in all communications and blogs related to or referencing the camp, its employees, and other campers or disciples.
2. Campers, disciples and staff must not use obscenities, profanity, or vulgar language.
3. Campers, disciples and staff must not use blogs or personal Web sites to degrade the reputation of the camp, other campers, disciples or employees of the camp.
4. Campers, disciples and staff must not use blogs or personal Web sites to harass, bully, or intimidate other campers, disciples or employees of the camp. Behaviors that constitute harassment and bullying include but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
5. Campers, disciples and staff must not use blogs or personal Web sites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
6. Staff and disciples must not tag or identify any camper in a photo.

Any camper, disciple or staff found to be in violation of any portion of this Social Networking and Blogging policy will be subject to immediate disciplinary action, up to and including dismissal.

Overnight Checklist

1. Sleeping Bag or Sheet Set for a Twin Bed
2. A Blanket or Cover for a Twin bed
3. Pillow and Pillow Case
4. At least 2 Towels: 1 for bathing and 1 for swimming
5. At least 2 Wash Cloths
6. Soap
7. Toothbrush and Toothpaste
8. Deodorant
9. 2 pairs of long pants
10. Jacket or Long-sleeved shirt
11. Undergarments for 5 days
12. Clothing for 5 days (shorts and shirts)
13. Swim wear : **NO 2 piece bathing suits!**
14. Sneakers and socks for 5 days
15. Old sneakers (for creek walking and or hiking)
16. Insect repellent/ bug spray
17. Flashlight
18. A bible, notebook or writing paper
19. Backpack or Drawstring bag
20. Clothing for talent show (optional)

*Clearly Label Campers belongings

Please: No Cell Phones/Electronics
No Food
No Money