

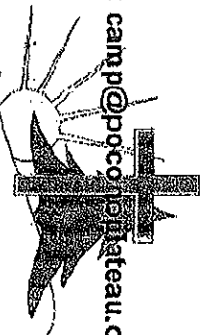
# Pocono Plateau Summer Camp Registration Form

304 Pocono Plateau Road, Cresco, PA 18326

Tel: 570-676-3665

Fax: 570-676-9388

Email: [camp@pocono-plateau.org](mailto:camp@pocono-plateau.org)



**CAMPER INFORMATION:** Please PRINT and use a SEPARATE form for each camper.

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Male  Female

Camper Lives at address below with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Name and Town \_\_\_\_\_ Grade Completed by June 2017 \_\_\_\_\_

Email (Required) \_\_\_\_\_ Bunk Mate Preference \_\_\_\_\_ (one only - campers must choose one another)

Name of Father/Guardian (circle) \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Name of Mother/Guardian (circle) \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

List major health concerns: \_\_\_\_\_

List food allergies/special dietary needs: \_\_\_\_\_

Yes, I am a first time camper at Pocono Plateau. I was referred by \_\_\_\_\_ (List name of referring camper who referred you)

EVENT NO.	EVENT TITLE	ELECTIVE CHOICE (For Event #610 & 688)	DATES	TIER (Circle one)	FEE
1st Choice				Tier 1 Tier 2	
2nd Choice				Tier 1 Tier 2 Tier 3	

I give my permission for the above named camper to attend the listed summer camp event at Pocono Plateau of the Eastern PA Conference of

The United Methodist Church. I acknowledge my responsibility for payment of all fees in full to Pocono Plateau

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

**SCHOLARSHIP REQUEST** There are a variety of need-based scholarships available. If you are requesting a scholarship, please indicate below and we will contact you regarding the best source of support. I request a Scholarship for the event indicated above for the following reasons: \_\_\_\_\_

## Camper Payment Information

Please pay \$100 minimum deposit for full week events - \$50 minimum deposit for half-week camps. Installment payments accepted.

All deposits are non-refundable. All other fees paid prior to check-in may be refunded if the camper must withdraw from a scheduled event due to illness or family emergency. Notification of

### PAYMENT METHOD

Total Payment \$ \_\_\_\_\_

Check  Money Order

Discover  Mastercard  VISA

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CCV# \_\_\_\_\_

### CHURCH PAYMENT

Check enclosed

Check expected

AMOUNT \$ \_\_\_\_\_

(SIGNATURE / CHURCH REPRESENTATIVE)

# P.E.A.C.E Ministries

## Summer Camp 2017 Registration Form

Pocono Plateau Camp

304 Pocono Plateau Rd Cresco, PA 18326

570-676-3665, fax: 570-676-9388 Website: [www.poconoplateau.org](http://www.poconoplateau.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



**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](http://www.midtownparish.org) Email: [midtownparish@yahoo.com](mailto:midtownparish@yahoo.com)**

Parent's Permission

\_\_\_\_\_ will be traveling in the church van and 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 of Parent/Guardian



# HEALTH HISTORY FORM - Pocono Plateau Camp

(To be completed and signed by parent/guardian. Please print all entries)  
Bring completed form along to camp at check in - **PLEASE DO NOT MAIL.**

**For Camp Use Only**  
Camp#: \_\_\_\_\_  
Housing: \_\_\_\_\_  
Counselor: \_\_\_\_\_

## GENERAL INFORMATION

CAMPER'S NAME: \_\_\_\_\_ Name Preferred: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Grade completed by June: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Work Phone: Mother: (\_\_\_\_) \_\_\_\_\_ Father: (\_\_\_\_) \_\_\_\_\_

Mother cell: (\_\_\_\_) \_\_\_\_\_ Father cell: (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY** (indicate by number the order desired: 1, 2, 3). Parents/Guardians will be notified of camper illness/injury if the condition warrants outside medical attention, or involves a fever for more than 24 hours.

( ) Parent/Guardian named above

( ) \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

( ) \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Please Print)

Family Medical/Hospitalization Insurance: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

## IMMUNIZATIONS

Are all immunizations (required for school attendance) up to date? Yes \_\_\_ No \_\_\_ H1N1: Yes \_\_\_ No \_\_\_

Date of last Tetanus (DPT, DT, DTaP, Td, Tdap (Circle latest ones that apply). Date **MUST** be listed here: \_\_\_\_\_

**DATE OF CAMPER'S LAST HEALTH EXAM** \_\_\_\_\_

Were any problems noted at that time? \_\_\_\_\_

Is camper currently under a physician's care for a medical problem? Y N Explain: \_\_\_\_\_

Does camper regularly take medications during the school year? Y N Medication(s): \_\_\_\_\_

PLEASE FILL OUT A SEPARATE 'AUTHORIZATION FOR MEDICATION' FORM FOR EACH MEDICINE BRINGING TO CAMP WHICH IS TO BE COMPLETED AND SIGNED BY YOUR PHYSICIAN.

### Since camper's last health exam, has he/she had:

- \_\_\_\_\_ A serious injury requiring medical attention? Date: \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ A surgical operation or fracture? Date: \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ A diagnosed infectious/communicable disease? Date: \_\_\_\_\_ Disease: \_\_\_\_\_
- \_\_\_\_\_ Medication prescribed by a physician to be taken on a regular basis? Date: \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ A physician's restriction from participating in any school physical activity? \_\_\_\_\_

**NOTE:** A written statement from the camper's physician may be needed in order for your child to participate in strenuous camp activities such as swimming, boating, hiking, horseback riding, or sports if you checked any of the above questions.

**ILLNESSES AND INJURIES (Check those that apply)**

Asthma                       Convulsions/Seizures                       Heart Disease/Defect                       Sickle Cell Disease  
 ADD/ADHD                       Diabetes                       HIV                       Tuberculosis  
 Bleeding/Clotting Disorder                       Frequent Ear Infection                       Hypertension                       Frequent Upper Respiratory Infections  
 Chicken Pox                       Frequent Sore Throats                       Kidney Disease                       Other (Specify) \_\_\_\_\_

**ALLERGIES (Check those that apply)**

Animals                       Foods                       Insect Stings                       Seasonal/Environmental  
 Medications                       Plants (Poison Ivy, etc)                       Other (Specify) \_\_\_\_\_

Please explain any allergies checked above and list treatment if any is necessary:

**OTHER HEALTH CONDITIONS (Check those that apply)**

Athlete's Foot                       Bed Wetting                       Constipation                       Ear Tubes (How protected)  
 Emotional Problems                       Fainting                       Hearing Impairment                       Previous Homesickness  
 Menstrual Cramps                       Motion Sickness                       Nosebleeds                       Ringworm  
 Sleepwalking                       Stomach Upsets                       Wears Glasses/Contacts                       Special Dietary Regimen

Please explain any of above checked items or other conditions not mentioned: \_\_\_\_\_

**CAMPER MEDICATIONS**

**ALL camper medications will be checked by the Camp Health Supervisor upon arrival.** The Health Care Supervisor will insure that medications are administered in accordance with physician's instructions. For these purposes, Medication is broadly defined to include prescription and non-prescription medications, home remedies, vitamins, inhalers, drops, and medicated creams. Limited types of common over-the-counter medications are available at each camp. We ask your full cooperation in this matter so that every camper's health and well being can be properly safeguarded. **Please complete one 'Authorization For Medication Administration' form for each medication.** You may copy the form.

- **NO MEDICATION WILL BE GIVEN WITHOUT THIS COMPLETED MEDICATION FORM!**

**\*\*IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE\*\***

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided on both sides of this Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form why my son/daughter should not participate in all camp activities. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical condition, restrictions, or limitations of my child. I understand the State of Pennsylvania requirement that all campers be examined by the Health Care Supervisor on the day of registration and give my permission for the conduct of such an examination.

My son/daughter \_\_\_\_\_, has permission to participate in the activities associated with the summer camping program of the Eastern Pennsylvania Conference/United Methodist Church. Further, in the event of an illness or emergency, the Program Center Director or designee is authorized to act in my behalf in securing medical treatment for my child names above.

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

**FOR CAMP USE ONLY:**

**ON-SITE HEALTH EXAMINATION**

General Health Condition: \_\_\_\_\_

Illness experienced or exposed to during preceding 30 days: \_\_\_\_\_

Recommendations and restrictions (activity, diet, etc.) \_\_\_\_\_

Counselor advised of any above conditions: \_\_\_\_\_

Signature of Camp Health Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



**POCONO PLATEAU CAMP & RETREAT CENTER 304 Pocono Plateau Road, Cresco, PA 18326  
570-676-3665**

**AUTHORIZATION FOR MEDICATION ADMINISTRATION**

*(Form may be copied)*

**Due to legal policies that govern healthcare at camps, all Prescription & Non-Prescription Medications must have a doctor/health care providers signature on this document for our healthcare team to dispense to your child.**

**Pocono Plateau Medication List**

The Nurse may dispense this list of medications to your child with your permission from the signed **Camper Health History Form**. Our health care office has the following medications: Acetaminophen(Tylenol-Regular-Strength & Extra-Strength), Ibuprofen (Advil), Naproxen (Aleve), Diphenhydramine Antihistamine(Benadryl),/allergy medicine, Antihistamine/allergy medicine Loratidine (Claritin), Laxatives (Bisacodyl) for constipation, Calaclear for itching, Hall's cough drops, Triple Antibiotic Ointment, Burn gel, Loperamide (Imodium) for diarrhea, Antacids (Tums), Hydrocortisone Cream 1%. All according to our Standing Orders, signed by the camp physician.

Child's Full Name \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

**PHYSICIAN CERTIFICATION** - I certify that the medication listed below are to be taken during this child's camp week and are medically necessary. This includes prescribed and over the counter medications.

\_\_\_\_\_  
(Health Care Provider Name -Printed)      (Health Care Provider Signature)      (Phone)      (Date)

Medication Name(s) / Dosage(s)	Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime, PRN
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> HS <input type="checkbox"/> Other_____

**PARENT/GUARDIAN AUTHORIZATION**

I give my consent to the Health Care Staff to administer the above medication(s) to my child/camper

\_\_\_\_\_ during their time at Pocono Plateau from \_\_\_\_\_ thru \_\_\_\_\_  
(Name of Camper)      (Starting Date)      (Closing Date)

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

**THIS SECTION COMPLETED BY HEALTH CARE STAFF ONLY**

- Name of child is on label       Permission form completed       Safety type container
- Original prescription label, date on prescription label is current/expiration date not passed.
- Name of drug, dose, & frequency of administration on label is consistent with instructions given.
- OTC, original container, name of drug, dosage, & frequency of administration on label.
- Inhaler and/or Epi-Pen w/ camper (will be carried with individual or counselor).

(Health Care Staff Approval) \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETE & BRING TO CHECK-IN. DO NOT MAIL.

**AUTHORIZATION FOR CAMPER RELEASE,  
PHOTOGRAPHS AND ACTIVITIES**

**POCONO PLATEAU CAMP AND RETREAT CENTER**

A camp/retreat ministry of the Eastern PA Conference UMC  
304 Pocono Plateau Rd., Cresco, PA 18326  
Phone: 570-676-3665 Fax: 570-676-9388

Event # \_\_\_\_\_  
Dates \_\_\_\_\_ to \_\_\_\_\_  
20\_\_\_\_

**Directions:** The Custodial Parent/Guardian must complete and sign Part I. This form should be given to the Program Director at camper registration. On the last day of camp, the Camper Release form in Part II must be signed in the presence of the counselor before your child can be released to go home.

**~ Part I Parent/Guardian's Authorizations ~**

Camper's Name first \_\_\_\_\_ mi \_\_\_\_\_ last \_\_\_\_\_

As the custodial parent/guardian of the camper named above, I give my permission to Pocono Plateau Camp & Retreat and the Eastern Pennsylvania Conference-United Methodist Church to:

- > Photograph, videotape, record, and interview my child during the camp session for the purpose of evaluation, promotion, or advertisement of camp and retreat ministries. This is including, but not limited to, newsletters, displays, and internet websites. Photographs used in the "Daily Journal" and "Photo Gallery" sections of the camp's website are password protected.
- > Share, in writing, my child's name and mailing address with staff in their specific program, and with my church (as listed on the registration form) for the purposes of communication and on-going support and friendship. Pocono Plateau will NOT distribute names, addresses or phone numbers to any individual or organization not related to their ministries and mission.

> Release my child for pick up from Pocono Plateau to the following person(s): Circle number(s) to indicate the authorized person(s).

1. Mother and/or Father
2. Mother only
3. Father only
4. Legal Guardian
5. name \_\_\_\_\_ relationship \_\_\_\_\_
6. name \_\_\_\_\_ relationship \_\_\_\_\_

Furthermore, I understand that part of the camping experience involves activities 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 and policies.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

X \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_

**~Part II SIGN-OUT SECTION, END OF CAMP PROGRAM~**

The Person(s) named in (circle one) 1 2 3 4 5 6 above picked up the camper named above at Pocono Plateau

Date \_\_\_\_\_ Time \_\_\_\_\_

Counselor verification that person signing below picked up camper signed: \_\_\_\_\_

Authorized Release Signature: \_\_\_\_\_





# POCONO PLATEAU CAMPER NEWS



CHILDREN & YOUTH CAMPS

SUMMER 2017

## WELCOME!

We're excited about this year's summer camp theme "Jesus Is". Campers will explore who Jesus is and how Jesus can be part of their everyday life. Jesus is: The Son of God, Our Healer, Our Teacher, Our Savior, & Our Friend!

*We can't wait for you to arrive!*  
Rev. Ron Schane, Camp Director

## PACKING FOR CAMP

Pack for temperatures from 45°-95°, sunny & rainy! We suggest putting your name on your luggage and sleeping bag. If you can, label your clothes with your name, as well.

## PACKING LIST

- Health, Medication & Release forms
- Bible
- pen or pencil
- sleeping bag, pillow
- bath towel, washcloth
- soap\* & shampoo\*
- toothbrush & toothpaste\*
- other personal care items & toiletries
- rain jacket
- two or more pairs of sneakers (*tie*) or hiking boots
- flip-flops (*for use in bathroom/shower*)
- beach towel
- swim suit (*Please make a modest selection. Staff reserves the right to require swimmers with overly revealing swimsuits to wear a t-shirt.*)
- flashlight
- sunscreen, bug repellent\*

### OUTDOOR CLOTHING FOR THE WEEK (INCLUDING COOL WEATHER)

- T-shirts\*
- jeans/ slacks/ shorts
- sweatshirts\* /jacket
- hat\*
- 6-8 pair socks & undergarments

### OPTIONAL:

- Camp Store money (*including camp photo*)
- fishing gear
- camera
- envelopes, paper, postcards\*, stamps\*
- backpack (*Adventure Site Campers*)

\* Available in Camp Store

## PLEASE DO NOT BRING

Please NO cell phones, electronics, iPods, etc. These detract from the camp experience and should stay at home. No need to bring any food, we'll supply all the meals & snacks.

*Because we believe that camp should be a safe place to play and grow, the Plateau does not allow weapons of any kind, or clothing with inappropriate language or pictures.*

## BUNKMATE REQUESTS

Before you arrive at camp, bunkmate assignments will have been made by the Program Director. One bunkmate request will be honored, and bunkmates must request each other when registering for camp, or at least two weeks before your camp week. We assure you we will do our best to honor your request.

## FORMS! FORMS! FORMS!

Please have the following forms completed & with you at registration.

- 1] Health History Form.
- 2] Authorization for Medication (*signed by a physician*). The form must be completed for all prescribed and non-prescribed medication you bring.
- 3] Authorization for Camper Release, Photographs and Activities.

## CAMP PICTURES

A group picture is available to purchase for \$8.50. It must be ordered and paid for at registration.

## CAMP STORE

Spending money for the week will be deposited in the store bank at registration. A store card will be on file for use when the store is open. Parents are encouraged to stop in our camp store during registration and at check-out.

### Some items available in the store are:

beverages: \$1.00	sweatshirts: \$18 - \$32
candy, snacks: .20 -.75¢	T-shirts: \$10 - \$18
ice cream: \$1.50	postcards: .35¢-.50¢

## STAYING IN TOUCH

### Mail

Parents, friends, & relatives may write to campers. Please address mail like this:

Camper's Name
Camp # _____
Pocono Plateau Camp
304 Pocono Plateau Rd.
Cresco, PA 18326

### E-MAIL

Camper e-mail is printed once daily (approx. 1pm) and delivered with the regular camper mail. Please type the camper's name & Camp# in the subject line of the email and send it to [mycamper@poconoplateau.org](mailto:mycamper@poconoplateau.org)

*Note: (Campers are not able to email back).*

### DAILY JOURNAL & PHOTOS

Each day photos and a journal entry are posted for parents/guardians. To view our 'Photo Gallery & Journal' you will need to have an online account. If you registered for camp online you will use the same username/password. If you did not register for camp online, you will receive an email prior to your camp week with a link to setup viewing capabilities. Once you are setup you can send an 'invitational link' by email to share access with your family & friends.

### PHONES

Campers may not make or receive phone calls, unless it's an emergency. The camp staff will be able to contact parents/guardians if necessary.

### SWIM EVALUATIONS

For the safety of all campers, it's important to determine swimming ability. Main Site campers have swim evaluations on Sunday afternoons. Adventure Site campers have swim evaluations on Monday before waterfront time.

## ARRIVING FOR CAMP!

Registration is between 3pm-4pm.

- 1] You will be directed where to park & register.
- 2] Then take all your forms, medications, & store money to registration. Leave your luggage in your car. Campers & parents/guardians should be in the registration line together.
- 3] At registration you will meet the Camp Nurse who will check your forms, check-in your meds, and ask some health-related questions.
- 4] You can open a Store account and may purchase a camp group photo.
- 5] Your Program Director will greet you, take your camper release form, tell you who your counselors are, and give you your group assignment and lodging location.

**NOW YOU CAN GET YOUR LUGGAGE**, settle into your room (Main Site campers), OR bring it to the Pavilion/registration area (Adventure Site campers), meet your counselors, and say your goodbyes.

## CHECK-OUT TIME

**Check-out is at 9:30 a.m. on Saturday.**

Parents will be instructed where to go once they arrive. Before campers leave, the person taking the camper home must sign the Camper Release form in the counselor's presence.

## SPECIFIC CAMP INFORMATION

**Camp #611 -Jr. High Camp:** Bring dark clothing (*pants, shirt, shoes*) for a 'night' game.

**Camp #612 -Youth Camp:** Bring dark clothing & flashlight for a 'night' game. Bring instruments, music, props, etc. for the talent show.

**Camp #642 -Sr. High Adventure Camp**  
Bring spending money for our off-site day trip to Knoebels Amusement Park.

**Camp #681 -Music & Performance Camp**  
Bring along your musical instruments.  
Saturday Musical Program begins at 10am.

**Camp #688 - Children's Adventure Camp**  
Please bring a white (or light color) t-shirt, hat, or socks (*one item only*) to tie-dye.