

MINIWANCA 2010
CAMPER INFORMATION
TO BE FILLED OUT BY PARENT/GUARDIAN

Print Camper's Name:

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First *Middle*

Last

**Phone number where you can be reached
in an emergency:**

(_____) _____

ARE PARENTS/GUARDIANS: Married/Domestic Partnership Separated/Divorced Single Parent

If Separated/Divorced: Who has custody of the camper? _____

Name(s) of stepparent(s): _____

If you will be away during the camp session, please list dates: _____

Parent/ Guardian contact information during this time: _____

EMERGENCY CONTACT Other than parent/guardian to notify in an emergency situation when parent not available:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

RELEASE OF PARTICIPANTS

It is AYF policy and state law to release a camper only to those who have been previously approved in writing.

1. Name _____ Relationship _____
2. Name _____ Relationship _____
3. Name _____ Relationship _____

Please list any individual who is legally denied access to your child:

Name _____ Relationship _____

Number of other siblings living in your household: Sisters: _____ Brothers: _____

Names and ages of siblings:

Names (and relation) of other adults living in your household: _____

Has the camper ever been away from home without his/her parents? Yes No

Approximate number of times and length of stays: _____

CAMPER INFORMATION

Camper's T-Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

Name of camper's school: _____ Grade entering Fall 2010: _____

Please comment on camper's school experience:

Does the camper make friends: easily fairly easily with difficulty

What has occurred in the camper's life in the past two years that may affect your child's behavior or experience at camp? (such as divorce, death of relative or friend, loss of a pet, etc.) Please describe your child's reaction to this situation (he/she is more withdrawn, angry, school problems, etc.):

Is the camper afraid of any of the following? the dark animals water lightning
 thunder other: _____

Does your child have special dietary concerns or food allergies? no meat no dairy

Epi-Pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

 peanut allergy no wheat/ gluten no tree nut
 other, please explain: _____

Is it the camper's choice to attend camp? Yes No

Describe the camper's attitude about coming to camp:

What do you hope your camper gains from experiences at camp?

MINIWANCA 2010

PAYMENT / ACCOUNT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Camper's Last Name: _____

First & Middle Name: _____

Circle session(s) camper is attending:

A B Voyager Odyssey

PAYMENTS AND ACCOUNTS Please complete amounts below. For more information about these items, please refer to the Camper and Family Handbook.

\$ _____ **Camp Store Account** Recommendation: \$30 per week (see Handbook)

\$ _____ **Travel Pocket Money** Required for returning home via plane or bus. \$20

\$ _____ **Airport Shuttle for Grand Rapids Airport** \$55 one-way/\$110 round-trip

\$ _____ **Charter Bus for St. Louis** \$135 one-way/\$270 round-trip

\$ _____ **Total Amount Enclosed**

Please be sure to include payment with this form or provide credit card payment information below.

CAMP STORE REFUNDS All balances above \$10.00 will be refunded.

Dare to Share - Please check here if you would like to donate the balance of your child's camp store account to the AYF Scholarship Fund. A letter acknowledging your gift and the amount will be sent to you in the fall. Thank you for your generosity.

PAYMENT INFORMATION

Please check one of the following method of payments:

1) _____ Please use credit card on file for tuition.

2) _____ I do not have a credit card on file, or the credit card on file is incorrect, please use the credit card below:

Visa MasterCard Discover American Express

Credit Card Number: _____ - _____ - _____

_____ Exp. Date

_____ Cardholder Signature

_____ Name as it appears on card

3) _____ I am enclosing a check: Check #: _____

I understand that parents are responsible for additional expenses that may be incurred during the camp session, including prescription medications, physician or hospital co-pay, uninsured or underinsured medical fees, overweight baggage fees at airport, unaccompanied minor fees at airport, trip equipment or gear needs, equipment damage or lost items, trunk shipping.

Please complete and mail all forms no later than May 15, 2010 to:
Camp Miniwanca, Registrar, 8845 West Garfield Rd., Shelby MI 49455

MINIWANCA 2010

ARRIVAL TRAVEL FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Camper's Last Name: _____

First & Middle Name: _____

Circle session(s) camper is attending:

A B Voyageur Odyssey

DATE OF ARRIVAL

Confirm the date of your camper's arrival in the list of Opening Days below. Please check one only.

Session A:

- 1 week - Sunday, June 20
- 2 week - Sunday, June 27
- 3 week - Sunday, June 20

Session B:

- 1 week - Sunday, July 11
- 2 week - Sunday, July 18
- 3 week - Sunday, July 11

Odyssey Trip (Arrive at Miniwanca):

- Sunday, June 20

Voyageur Trip:

- Sunday, June 20

TRAVEL PLAN FOR ARRIVAL

Select your camper's arrival travel plan. Please refer to the Travel Information sheet enclosed in this packet for more details about each method of travel.

Auto

- Camper will arrive with parent/guardian in car at Miniwanca between 2:00pm and 4:00pm.
- Odyssey Camper will arrive with parent/guardian in car at Miniwanca between 2:00pm and 4:00pm.

Please note your approximate arrival time: _____

AYF Policy on Release of Participants: If you are planning to have someone other than the parent/guardian drop off the camper, please list that person's name: _____

Airport Shuttle

- Camper will arrive at Gerald R. Ford Airport (GRR) in Grand Rapids, Michigan.

Airline: _____ Flight #: _____

Arrival Time: _____ Confirmation #: _____

Arriving From: _____

Charter Bus (available on all Opening Days)

Camper will board charter bus at MICDS in St. Louis. Details will follow by email.

MINIWANCA 2010
DEPARTURE TRAVEL FORM
TO BE COMPLETED BY PARENT/GUARDIAN

Camper's Last Name: _____
First & Middle Name: _____
Circle session(s) camper is attending:
A B Voyager Odyssey

DATE OF DEPARTURE

Confirm the date of your camper's departure in the list of Closing Days below. Please check one only.

Session A:

- 1 week - Saturday, June 26
- 2 week - Thursday July 8
- 3 week - Thursday, July 8

Session B:

- 1 week - Saturday, July 17
- 2 week - Friday, July 30
- 3 week - Friday, July 30

Odyssey and Voyager Trips:

- Friday, July 30

TRAVEL PLAN FOR DEPARTURE

Select your camper's departure travel plan. Please refer to the Travel Information sheet enclosed in this packet for more details about each method of transportation.

Auto

Camper will be picked up by parent/guardian in car.

Parents should plan to arrive **between 8:30-9:30 a.m.** and depart after Closing Council **by 12:30**. Please call to make special arrangements if you need to depart before 12:30.

AYF Policy on Release of Participants: If you are planning to have someone other than the parent/guardian pick up the camper, please list that person's name: _____

Airport Shuttle

Camper will depart from Gerald R. Ford Airport in Grand Rapids, Michigan.

Airline: _____ Flight #: _____

Departure Time: _____ Confirmation #: _____

Departing to: _____

Charter Bus (available only on Thursday, July 8 and Friday, July 30)

Camper will travel from camp on the charter bus to St. Louis, Missouri.

AYF Policy on Release of Participants: If you are planning to have someone other than the parent/guardian pick up the camper, please list that person's name: _____