TEEN HAVEN 2020 ART CAMP REGISTRATION



Dear Parents,

We are thankful to be able to continue to provide a unique opportunity for youth to connect with God through our summer day camp program at Teen Haven. Due to the difficulties many families may have encountered with Covid-19, **Teen Haven would like** to offer camp at no cost for the summer of 2020.

Our theme for the summer is: *Creative Camp*. We will build on this theme through teaching bible lessons, helping campers memorize bible verses and having daily activities that reinforce the theme. *Day camp is Monday through Friday, from 10am – 3pm for students who will be going into 5th grade through students who just completed 9th grade. To sign up please complete the Camp Registration on the reverse side of this form with your desired week of day camp. <i>Then return your completed Registration form along with your payment to Teen Haven, at 205 S. Queen St., to reserve your spot, by Monday, July 6th. You can also visit wsm.org/teens for a downloadable form. We will then call or email you to confirm your child's registration!*

To help us ensure the safety of our camp, we are asking all of our families to take the following steps to screen your child before camp each day.

- Please, check your child's temperature each day before arriving at camp. If your child's temperature is over 100 degrees, we ask that you do not send your child to camp. We will be doing periodic temperature checks throughout the day and will notify you if anything changes with your child.
- Please check in with your child for any symptoms typical of COVID-19, such as <u>cough shortness of breath, difficulty breathing or a combinations of the following symptoms</u>:

Fever

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

☐ Check

New loss of taste or smell

• If your child presents with these symptoms, we ask that you refrain from bringing your child to camp and highly recommend that you immediately call your family Doctor.

The heart of Teen Haven is that every child will be able to attend camp regardless of what their family can afford to pay. The actual cost of camp is \$350 per week for each camper. However, due to the generosity of our donors, we are able to offer camp at no cost this summer. However, if you would like to make a donation, you may do so by check or by going to wsm.org/teens. If you give with a check, please fill out the information below.

Thank you for your partnership in our ministry to serving the youth of our community! Your contribution will go towards Teen Haven as we live out our purpose, "To advance the kingdom of God by reaching urban youth with the gospel, discipling them to maturity, and equipping them to be leaders in their communities."

God Bless, All of us at	Teen Haven								
		-FOR OPTIONAL DO	NATION CONTRIBUTIONS (DNLY					
	Please fill in the amount you'd like to donate: \$ Please continue to the reverse side to complete the registration details. Thanks!								
	Official Office Use <u>Only</u> :		\Box Confirmed Call	Notes:					
	Form of Payment: Number: Cash Money Order	Amount:	Date:						

TEEN HAVEN ART CAMP 2020 REGISTRATION

PARENTS, PLEASE PRINT NEATLY & COMPLETE <u>ALL</u> THE INFORMATION Camp is FREE, but this form is due by 4pm Monday, July 6th.

Select Camp Week: ☐Week 1: July 13 th - 17 th ☐Week	3 2: July 20 th – 24 th	□Week 3: Ju	ly 27 th - 31	st (middle school s	through 10 th grade)						
DAY CAMPER'S NAMECURRENT GRADE											
AGE BIRTH DATE/											
Shirt Size: ☐ Child M ☐ Child L ☐ Adult S ☐ Adult M											
PARENT/GUARDIAN NAME #1											
PARENT/GUARDIAN NAME #2			WI	3.5							
ADDRESS	APT#_	CITY									
STATEZIP CODE	HOME PHONE		CELL PH	ONE							
EMAIL	- A I			~	>						
How would you prefer to be contacted a	bout your child's regist	ration? Hou	me phone	☐ Cell phone	☐ E-mail						
ADDITIONAL PHONE											
EMERGENCY CONTACT (<i>not</i> same as parent/guardian)RELATIONSHIP											
EMERGENY CONTACT HOME PHONECELL PHONE											
MEDICAL INSURANCE COPOLICY #											
Is your child taking any medications? NO YES, What kind?											
What do they take them for?											
*Please send any medications that need to be taken during the day with your child.											
Does your child have any allergies, asthma, etc. ☐ NO ☐ YES, What kind?											
TREATMENT FOR THE ABOVE											
Is your child allergic to any medication? ☐ NO ☐ YES, What kind?											
NAME OF PRIMARY PHYSICIAN/CLINIC PHONE #											
CONSENT & RELEASE FORM Reminder to not mail cash payments! As parent or legal guardian of the below named day camper, I give my permission for my child to go to Teen Haven Day Camp. I do hereby release and indemnify Teen Haven and/or Water Street Ministries of any and all responsibility resulting from injuries, which may be obtained by											
my child in route to or from, or while at Teen Haven. I hereby give Teen Haven staff and/or volunteer's full permission and authorization to secure emergency medical treatment for my child in the event that I cannot be reached. I understand the likeness of my child may appear in day camp/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.											
·	X			-	Guardian Signature)						
Ouestions? (Contact the Lancaster Your	th Center: Lanc	aster: 717-30	92-1995							

To learn more about Teen Haven visit us online at: www.TeenHaven.org or on Facebook at: www.facebook.com/TeenHaven