

# TEEN HAVEN 2021 CAMP REGISTRATION



Dear Parents/Guardians,

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.

Our theme for the summer is: **Summer in 3D**. 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 4<sup>th</sup> grade through students who just completed 9<sup>th</sup> grade.* To sign up please complete the Camp Registration on the reverse side of this form with your desired week of day camp. *Then return your completed Registration form along with your payment of \$50 per week to Teen Haven, at 205 S. Queen St.,* Registration begins June 1<sup>st</sup>, and once we have reached capacity students will be placed on a waiting list, until spots potentially become available.

You can also visit [wsm.org/teens](http://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 temperature checks upon arrival, Students will have the option to wear a mask this year.*
- Please check in with your child for any symptoms typical of COVID-19, such as cough, shortness of breath, difficulty breathing or a combination of the following symptoms:*

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <i>Fever</i>                        | <i>Headache</i>                   |
| <i>Chills</i>                       | <i>Sore throat</i>                |
| <i>Repeated shaking with chills</i> | <i>New loss of taste or smell</i> |
| <i>Muscle pain</i>                  |                                   |

- 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 a reduced cost. However, if you would like to make a donation, you may do so by check or by going to [wsm.org/teens](http://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 DONATION CONTRIBUTIONS ONLY-----

Please fill in the amount you'd like to donate: \$ \_\_\_\_\_

Please continue to the reverse side to complete the registration details. Thanks!

<b>Teen Haven Office Use <u>Only</u>:</b>			
<b>Form of Payment:</b>			<b>Date:</b> _____
	<b>Number:</b>	<b>Amount:</b>	<b>Staff:</b> _____
<input type="checkbox"/> <b>Cash</b>	_____	_____	<input type="checkbox"/> <b>Confirmed Call</b>
<input type="checkbox"/> <b>Money Order</b>	_____	_____	<b>Notes:</b> _____
<input type="checkbox"/> <b>Check</b>	_____	_____	_____

# TEEN HAVEN SUMMER IN 3D CAMP 2021 REGISTRATION

PARENTS, PLEASE PRINT NEATLY & COMPLETE ALL THE INFORMATION

**\*\*DUE: by 4pm the Monday before the week you are registering your child for.\*\***

**Select Camp Week:**

Week 1: July 5<sup>th</sup> – 9<sup>th</sup>  
(4<sup>th</sup>-8<sup>th</sup> Grade)

Week 2: July 12<sup>th</sup> – July 16<sup>th</sup>  
(6<sup>th</sup>-10<sup>th</sup> Grade)

Week 3: July 19<sup>th</sup>-July 23<sup>rd</sup>  
(4<sup>th</sup>-8<sup>th</sup> Grade)

Week 4: July 26<sup>th</sup> –July 30<sup>th</sup>  
(6<sup>th</sup>-10<sup>th</sup> Grade)

\*Campers may attend more than one camp week, however, payment is due at registration to secure their place\*

DAY CAMPER'S NAME \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  M  F

Shirt Size:  Child S  Child M  Child L  Adult S  Adult M  Other \_\_\_\_\_

PARENT/GUARDIAN NAME #1 \_\_\_\_\_

PARENT/GUARDIAN NAME #2 \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

How would you prefer to be contacted about your child's registration?  Home phone  Cell phone  E-mail

ADDITIONAL PHONE \_\_\_\_\_

EMERGENCY CONTACT (**not** same as parent/guardian) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MEDICAL INSURANCE CO \_\_\_\_\_ POLICY # \_\_\_\_\_

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 # \_\_\_\_\_

**PAYMENT INFORMATION**

*Reminder to not mail cash payments!*

Day Camp Payment \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

- Cash  
 Check - # \_\_\_\_\_  
 Money Order - # \_\_\_\_\_

**\*\*\*CONSENT & RELEASE FORM\*\*\***

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.

Questions? Contact the Lancaster Youth Center: **Lancaster: 717-392-1995**

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