



Koinonia/St Peters Church Day Camp Registration Handbook

Thank you for registering your child for Day Camp 2022! We are excited to start an amazing summer experience for your family. Enclosed in this packet you will find all the necessary information to complete the registration process. Please note that no participant will be accepted into the program until all the information is completed and given to our office.

Upon completion, please email/scan this information to our office info@koinoniany.org or mail to **Koinonia Attn: Day Camp, 165 Lakeview Drive Road, Highland Lake, NY 12743.**

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Contact:

Questions? Contact our office at (845) 456-0214 or info@koinoniany.org

Payment Options and Policies

1. Payment Options

A non-refundable deposit of \$50 per week(s) attending is needed to reserve your child's space. Full tuition is due one week before the camp session begins, because we will have a waiting list.

2. Scholarships and Discounts

Partial scholarships and discounts are available for families with three or more children, or families with income restrictions. If you would like to request a scholarship or discount, please fill out the Scholarship Application form and return it to the office. Scholarships are available based on need. We will try to honor all scholarship requests.

3. Refunds

Refunds are available to families with a minimum of two weeks' notice of cancellation. If a family experiences a financial or family hardship, or medical emergency, please contact our office to discuss your options for a refund.

4. General Policies

We accept payments through credit cards (Visa, MasterCard, Discover, AMEX), personal checks (payable to Koinonia). We will charge a \$50 fee for returned checks.



Drop-off and Pick-up Procedures

Regular Drop-off 8:30 A.M. – West End Beach

The drop-off location is the parking lot of the West End Beach in Port Jervis when it not raining. On rainy days the drop off location is St Peter's Lutheran Church in Port Jervis. Families will be notified by email if the drop off is not at the beach. Campers must be escorted daily by the child's family to the Koinonia staff check in. At this time the daily health check will be performed, temperature taken and staff will escort your child to the program area to begin their day. Please do not check in your child before 8:30. If you arrive earlier, please remain in your vehicle until we are open.

Regular Pick Up 3:00pm – St Peters Church

Families will drive their car up to the entrance on Hudson street, staff will check in with you, your child will be brought to you, and you will sign them out. If you are 15 minutes late you will be charged a late fee of \$10.

Authorized Drivers

Parents and/or guardians may have up to two additional authorized drivers, excluding themselves. Please fill out the authorized driver form and return it to our office, with all other forms. If a staff person does not recognize the driver, they will request to see the driver's license to confirm their identity, before allowing the child to go with them to the car.

Extended Day Pick up – 5:00pm St Peters Church

Families will drive their car up to the entrance on Hudson street, staff will check in with you, your child will be brought to you, and you will sign them out. Please come on time because our camp staff needs to prepare for the next day.

Medical Release Form (Please fill out one for each child) and return with a copy of each child's 2021 – 2022 physical and vaccination records.

Child's Name (please print) _____ Date of Birth _____

Address _____ Home Phone _____

Parent/Guardian 1 Name _____

Parent/Guardian 1 Work Phone _____

Parent/Guardian 1 Cell Phone _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Work Phone _____

Parent/Guardian 2 Cell Phone _____

Name of Child's Physician _____ Phone _____

Name of Child's Dentist _____ Phone _____

Medical Insurance Company _____

Insured Person _____ Policy Number _____

Medical Insurance Company _____

Insured Person _____ Policy Number _____

The following are names of people other than myself who can be contacted IN CASE OF AN EMERGENCY, AND/OR MAY PICK UP MY ILL CHILD if I cannot be reached. You must list someone in addition to yourself & your spouse.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Authorization for Pick-up Unless otherwise specified IN WRITING, both parents will be allowed to pick up their child without being placed on this authorization list. If there are any specifications about custodial rights or pick-up rights, they must be submitted IN WRITING to Koinonia. Your child will not be allowed to go with anyone else unless a written note is provided. This will be strictly enforced. The following people have permission to pick up my child at the end of the Koinonia Day Camp:

Authorized Drivers (please list up to two drivers)

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

Please indicate any allergies your child may have and provide any other pertinent information. This is the only record of medical information we have on your child. It is important that you fill this out honestly and completely. It is for your child’s well-being and safety. Please mark N/A for all that do not apply.

ASTHMA ___ FOOD ___ INSECT BITES OR STINGS ___ LATEX ___ MEDICATIONS ___ OTHER ALLERGIES (Please explain) _____

Is your child presently taking prescription medications for any health reasons? If yes, please explain.

Will these medications be taken during the Day Camp Program? _____

Is your child presently taking over-the-counter or non-prescription medications for any health reasons? If yes, please explain and list medications.

According to New York State Childcare Regulations, prescription and over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that the program may administer such medication and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child’s complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber’s name and license number. Are there any restrictions your child is presently under or will be under during the Day Camp Program, that we should be aware of? Are there any special health or dietary needs or problems we should be aware of?

In the event of an emergency, I, _____, authorize a Koinonia Day Camp Staff Member to take my son or daughter to the hospital for treatment at my own expense. I further give my consent that any emergency medical care needed may be given to my son or daughter in case I cannot be reached. Furthermore, I confirm that all the information above is accurate and completed in full.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Day Camp Registration Agreement and Payment Information

Payment: Check (payable to Koinonia) or Credit,
\$50 deposit due to reserve your space for each week registered

plus

\$100 for one week of camp from 8:30-3:00pm due one week before opening day

\$150 for one week of camp from 8:30-5:00pm due one week before opening day

I understand my child will be expected to abide by the expectations to be a kind community member set by the Day Camp Program directors and staff. If these reminders to be a kind community member are ignored repeatedly, I understand that my child could be dismissed from the Day Camp Program. My child is permitted to participate in all scheduled program activities, unless contradicted by a medical report, which I will provide.

This day camp includes 45 minute daily swim lessons and a 15 minute uphill hike to the church. If you feel your child is unable to participate in these physical activities, we suggest you look at other day camp options.

In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Martin Luther Camp Corporation – Koinonia, and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by my son or daughter in connection with this activity. My son/daughter is in suitable physical condition to participate in any activities specified in my application. I further understand that photographs, photographic images, videotapes, and likenesses of my child may be used in connection with publicity of the Day Camp Program, Martin Luther Camp Corporation – Koinonia.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Credit Card Payment

Name on card: _____ Today's date: __/__/__

Address _____

City _____ State _____ Zip Code _____

Type of card: Visa MC Discover AMEX

Card #: _____

Exp. Date: __/__ CVV: _____

Total: \$ _____

Authorized Signature: _____

Check Payment

Please make check out to **Koinonia**, with Day Camp and your child's name in the memo line.

Koinonia Day Camp
Scholarship Application/Scholarship Donation Form

_____ I would like to request a scholarship for my child/children

Please complete this application for consideration of a scholarship to Koinonia, and send to Koinonia, 165 Lakeview Drive Road, Highland Lake, NY 12743, at least one week before the session before begins. If you have any questions, please contact the office. Scholarship forms will not be considered unless accompanied by a registration form.

Please PRINT clearly and if you wish, include a narrative.

Name(s) of Children attending Day Camp

- Name: _____
- Name: _____
- Name: _____
- Name: _____
- Name: _____
- Name: _____

Reason for requesting scholarship: _____

Dollar amount requested: \$ _____ .00

I certify that the above information is true. I understand that the scholarship application to Koinonia does not guarantee acceptance and participation in the camp program.

Signature of Parent/Legal Guardian: _____ Date: _____

_____ I would like to make a contribution to Koinonia to help a child attend Day Camp

The Koinonia Day Camp is funded by a generous grant which has lowered the cost of camp significantly. If you would like to add an additional donation to your child's Day Camp costs, these funds will be used to fund scholarships so all children can attend Day Camp. This donation will be tax deductible.

Thank you for your support!

\$ _____ .00 Amount Donated in addition to my child's Day Camp Costs

KOINONIA 2022 Day Camp Registration

Name of child: _____ Age: _____ Grade completed: _____

School: _____ Email: _____

Address: _____

Mailing Address (if different from Address): _____

Phone Number (h) _____ (c) _____ (w) _____

Day Camp Rates:

Standard Rate: \$150 per week session

Extended Day Rate: \$200 per week session

Sessions: (Please check the following sessions your child will be attending)

Session 1 – July 11-15th: ____

Session 2 – July 18-22nd: ____

Session 3 – July 25-29th: ____

(Please check the following that apply to your child's Registration Plan)

Standard Rate: Yes ____

Extended Day Rate: Yes ____

Questionnaire

Please complete the following questionnaire so we can learn more about your child, so our staff can work out the best options and planning to make your child's experience one-of-a-kind. Thank you.

Child's Name _____ Grade Completed 2022 _____

Number of Siblings _____

Question 1: Does your child have any specific interests, hobbies, or recreational activities they participate in? Please list them.

_____.

Question 2: How would you best describe your child's personality?

_____.

Question 3: Please check the following daily activities in which your child would be especially interested.

- | | |
|-----------------------|---------------------------|
| Bible Study ___ | Storytime ___ |
| Swimming ___ | Arts & Crafts ___ |
| Boating ___ | Organized Sport Games ___ |
| Hiking ___ | Nature Lessons ___ |
| Large Group Games ___ | Small Group Games ___ |

Question 4: Is there anything else you'd like us to know about your child that may be helpful for our staff?

If you have any further questions or concerns, please direct them to our Executive Director Kathleen Ruen, info@koinoniany.org. Thank you.