

TEEN HAVEN 2022

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: **The Good Life**. The Good Life Summer Camp is inspired by Luke 15:18. We will build on this theme through teaching bible lessons, helping campers memorize bible verses and having fun daily activities. We will also taking campers on various field trips. All field trip costs are included in the weekly cost for camp. Each day will also include a bagged lunch and a snack. However, if your child is a selective eater, we have refrigerators store any lunch they may bring from home.

Teen Haven is offering 1 week of day camp for 1st and 2nd graders and 4 weeks of day camp for 3rd through 8th graders. To enroll your child in the week that fits their age group, please see below:

For campers who will be going into 1st or 2nd grade in the upcoming school year, please sign up for the following week:

Week of: June 27th through July 1st, this week is \$20 per camper.

For campers who will be going into 3rd through 9th grade in the upcoming school year, please sign up for one or more of the following week: *(These weeks are \$25 per camper, per week)*

Week of: July 5th through July 8th **Week of:** July 11th through July 15th **Week of:** July 18th through 22nd **Week of:** July 25th through 29th

To enroll, 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 to Teen Haven, at 205 S. Queen St.* Registration begins May 4th. Once we have reached capacity, campers will be placed on a waiting list until spots potentially become available. You can also visit wsm.org/teens for a downloadable form. Once completed you may send it via email to teenhaven@wsm.org. Once your registration form is received, we will contact you to confirm your child's enrollment.

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 about \$350 per week for each camper. However, due to the generosity of our donors, we are excited to be able to offer camp at the reduced cost of **\$25 max per week!** However, we are able to offer scholarship assistance for families who are experiencing hardships. Please see a Teen Haven staff member for more information.

Thank you for considering Teen Haven for your child's summer camp. We hope to provide a safe, fun and loving environment for them and create great memories! Please continue to the reverse side to complete the registration details. Thanks! If you have any questions, please feel free to contact us at 717-392-1995 or at teenhaven@wsm.org.

God Bless,

Teen Haven Staff

-----**FOR OPTIONAL DONATION CONTRIBUTIONS ONLY**-----

If you would like to make a donation, you may do so by check or by going to wsm.org/teens. Every gift goes right back to reaching youth of our community. 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."*

Teen Haven Donations Only:

Donation Amount: _____		Donor Name: _____	Date Received: _____
Number	Amount	Amount	
Check: _____	_____	Cash: _____	Staff Name: _____

THE GOOD LIFE: TEEN HAVEN SUMMER CAMP 2022 Registration Form

Select Camp Week: (1st & 2nd Graders only) ☐ June 27th – July 1st

Select Camp Week: (3rd – 8th Graders) ☐ July 5th – 8th ☐ July 11th – July 15th ☐ July 18th – July 22nd ☐ July 26th – July 29th

A Camper may be enrolled for more than 1 week, but payment is needed to hold their spot

CHILD INFO:

DAY CAMPER'S NAME _____ PREFERRED NAME _____

CURRENT GRADE (going into after summer) _____ AGE _____ BIRTH DATE ____/____/____ ☐ M ☐ F

Shirt Size: _____ Dismissal: ☐ Walking ☐ Pick Up, please list who we have permission to release your child to: _____

MEDICAL INFO:

Medical Insurance Company _____ 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, food, asthma, etc. ☐ NO ☐ YES, What kind? _____

**Treatment instruction for any of the above: _____*

Is your child allergic to any medication? ☐ NO ☐ YES, What kind? _____

NAME OF PRIMARY PHYSICIAN/CLINIC _____ PHONE # _____

PARENT/CARETAKER INFO:

PARENT/GUARDIAN NAME #1 _____

ADDRESS _____ APT# _____ CITY _____

STATE _____ ZIP CODE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

PARENT/GUARDIAN NAME #2 _____

ADDRESS _____ APT# _____ CITY _____

STATE _____ ZIP CODE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

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

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

EMERGENCY CONTACT CELL PHONE _____

PAYMENT INFORMATION

Reminder to not mail cash payments!

Day Camp Payment:

☐ Cash - \$ _____

☐ Check - # _____

☐ Scholarship - _____

Total payment: \$ _____

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.

X _____ (Parent/Caretaker Signature)

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

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