

**PHILANTHROPY CAMP 2017**  
**Camper Application**  
**Rising 1st Graders – Rising 6<sup>th</sup> Graders**  
(One application for each child attending)

Philanthropy Camp is a one-week day camp designed to provide elementary-age children with opportunities to “give back” to others and to understand the positive differences they can make in their community. Through hands-on-activities, games, field trips, speakers, art and drama, campers will explore the concept of and the relationship between philanthropy, faith, family and community. Philanthropy Camp is a joint program of Chattanooga First Church of the Nazarene and the Jewish Federation of Greater Chattanooga.

**Contact:**           **Ann Treadwell**  
[Camp@jewishchattanooga.com](mailto:Camp@jewishchattanooga.com)  
**423-667-9657 ext. 13**

**Date:**               July 31-August 4, 2017  
**Time:**              9 a.m. to 4 p.m. daily

**Drop off/Pick up**

**Location:**       Chattanooga First Church of the Nazarene  
5455 North Terrace, Chattanooga, TN 37411

**Camp Tuition:** \$130.00 for the first child  
\$110.00 for each additional sibling

**Payment details:**

Please see the PAYMENT FOR CAMP page

# PHILANTHROPY CAMP APPLICATION

*Please complete one form for each camper.*

## Camper Information:

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Grade child is entering in the fall 2017 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**T-shirt Size** (please circle):    YS    YM    YL    AS    AM    AL

## Parent/Guardian 1 Information:

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Parent/Guardian 2 Information:

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Additional Emergency Contact: *if parents cannot be reached*

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list other adults to whom your child **may** be released or who may provide transportation.

\_\_\_\_\_

Is there anyone who **may not** pick up your child? \_\_\_\_\_

## PAYMENT FOR CAMP

First camper is \$130.00 and each additional sibling is \$110.00. Payment is due in full with registration.

Please complete the credit card information below; we accept Visa, MasterCard, American Express, and Discover. We also accept checks and cash.

Camp will be filled on a first-come basis. Your completed form and payment in full will be your child's reservation. We do not hold spots without payment.

**Please email all your completed forms and credit card payment to: [camp@jewishchattanooga.com](mailto:camp@jewishchattanooga.com)**

You may mail or drop off your completed forms and payment (payable to Jewish Federation) to:

Mail to: Jewish Federation  
PO Box 8947, Chattanooga, TN 37414

Drop off: Jewish Federation  
5461 North Terrace Road, Chattanooga, TN 37411

ATTENTION: PHILANTHROPY CAMP

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### Please consider sponsoring tuition for Philanthropy Camp

Teaching kindness and compassion to young children is the objective of Philanthropy camp.

**YES**, I would like to give another child the opportunity to participate at camp.  
Thank you for your generosity.

#### Please circle your sponsorship level below.

Each level of sponsorship represents a percentage that will provide for a child's participation.

\$33.00	\$65.00	\$98.00	\$130.00	other \$ _____
25%	50%	75%	100%	

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#### Credit Card Information

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
mm/dd/yyyy

Credit Card Type:            Visa    MC    Amex    Discover

Name as it appears on the card: \_\_\_\_\_

Amount to be charged: Philanthropy Camp \$ \_\_\_\_\_ Sponsorship \$ \_\_\_\_\_

Phone number: \_\_\_\_\_

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Registration for camp closes at 5 p.m. on Monday, July 3. Registrations received after July 3 will be put on a waitlist. Cancellations received after 9 a.m. ten (10) business days prior to the start will forfeit 50% of camp cost. Cancellations received after 9 a.m. five (5) business days prior to the start of camp forfeit all camp fees.

## PARENT/GUARDIAN AUTHORIZATION - RELEASE

I am the parent or legal guardian of \_\_\_\_\_ (the "Participant"), who has my permission to participate in all programs and activities in Philanthropy Camp. I recognize and acknowledge that participation in the camp necessarily involves the risks of accident, personal injury and/or property damage. I consent to the Participant's participation in the camp and assume all these risks in connection with the camp. Participating in any activity is an acceptance of some risk of injury and I agree that the Participant is primarily dependent on his/her taking proper care of him/herself. Accordingly, in consideration for Chattanooga First Church of the Nazarene and the Jewish Federation of Greater Chattanooga (hereafter called the organizations) allowing the Participant to participate in the camp, I hereby release both organizations, its officers, directors, employees, agents, and volunteers from any and all claims, causes of action, injuries, damages and liabilities allegedly caused by any negligent act or omission of the organizations, arising out of or relating to participation in the camp. Additionally, in consideration of the organization's allowing the Participant to participate in the camp, I hereby agree to indemnify and hold harmless the organizations for any and all costs, losses, damage, or expense, including attorney's fees, arising out of any claim for personal injuries allegedly caused by any negligent act or omission of the organizations, arising out of or relating to participation in the camp. I agree that Participant is attending the camp voluntarily and for purely recreational purposes.

Additionally, I agree to allow the organizations to use pictures of my child for promotional and news purposes. I agree to allow the organizations to transport my child to and from program activities by licensed adults over the age of 18, in private or the organizations vehicles or in the event of an emergency.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION FOR EACH CAMPER:**

Camper Full Name: \_\_\_\_\_

Physician Name \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Dates when child last received the following shots: MMR \_\_\_\_\_ Tetanus \_\_\_\_\_

Does your child have any allergies (such as food allergies or bee stings) that we should be aware of?

Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

List any conditions that have been diagnosed by a physician, psychologist or psychiatrist:

\_\_\_\_\_

Does your child have any learning or behavior challenges?

\_\_\_\_\_

Does your child have any special conditions not already addressed? If so, please describe:

\_\_\_\_\_

Will your child be taking any medication, including over-the-counter, during summer camp?

Yes \_\_\_ No \_\_\_

*This includes medicines taken before arriving and after departing summer camp.*

Will the organizations staff be required to administer the medication for the child?

Yes \_\_\_ No \_\_\_

Will your child be taking any medications beyond their expiration date? Yes \_\_\_ No \_\_\_

*The organizations staff cannot administer expired medication.*

If you answered yes above, you must provide the medications and complete the information below.

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Medication \_\_\_\_\_ Dosage Amount \_\_\_\_\_

Schedule or indication of taking medicine \_\_\_\_\_

Special activities to be encouraged or restricted

\_\_\_\_\_

Special dietary regimen to be followed (e.g. vegetarian, lactose intolerant)

Does your child carry an Epi-pen? Yes \_\_\_ No \_\_\_ (See Doctor's Authorization below)

If the organizations staff needs to administer an Epi-pen, you must obtain the prescribing physician's authorization:

**DOCTOR'S AUTHORIZATION**

Doctor's Name \_\_\_\_\_ (please print)

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I authorize the Organizations staff to give the medications listed to my child: over the counter, prescribed, emergency medicines – Epi-pen etc. I authorize the organizations staff to give permission for medical treatment of my child in the event of an emergency. I also certify that the personal and medical information contained herein is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PHILANTHROPY CAMP BEHAVIOR CONTRACT

Parent/Guardian are required to discuss the following with their child

## Camper Expectations/Behavior Contract:

**Policy and procedures have been put in place for the safety of all.**

1. Always follow the directions of the Camp Directors, and the adult and teen counselors.
2. Always stay with the group.
3. Be courteous to others. Remember to treat others as you would like to be treated. Keep your hands, feet and other objects to yourself.
4. Pay attention and listen when someone else is speaking.
5. Always use respectful language and be helpful to others. Your helping hands will make Philanthropy Camp a wonderful experience for you and all other campers.
5. Always talk to a counselor or another adult if you have a question or a problem during camp. We want to be able to help you with anything that you are uncomfortable with.

The camper should recognize that his/her actions can positively or negatively impact the camp community. The camper must follow the above expectations, and comply with the general rules set out by Philanthropy Camp. Everyone at camp will work diligently to create a safe and enjoyable environment so all may enjoy the benefits of a healthy and happy summer camp atmosphere.

Should a camper demonstrate inappropriate behavior, the following steps will be taken:

- Counselors will discuss the behavior with the camper.
- The camper will be given a “time out” or will not be allowed to participate in a subsequent activity.
- Counselors will discuss the behavior with one of the Directors.
- The Director will discuss the situation with the parent/guardian.
- The parent will be called to pick up his/her child from camp immediately.
- The child may or may not be permitted back at camp.

Note: There are no refunds when a child’s own behavior requires he/she be sent home.

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I have read and understand the Philanthropy Camp Behavior Contract, and I have discussed it with my child in a manner that he/she can understand.

Camper’s Name: \_\_\_\_\_ Camper’s Signature: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PHILANTHROPY CAMP

## INFORMATION SHEET AND FAQs

**What ages can attend?** Philanthropy Camp is for rising 1st through rising 6th graders.

**Does Philanthropy Camp offer before and after care?** No. Philanthropy Camp does not offer before or after care. Campers must be dropped off and picked up at the times specified for camp.

**The Philanthropy Camp is full! What do I do?** It is important to get on the waitlist! Unless you tell us otherwise, we will put you on the waitlist, and hold your payment. If your child is unable to attend because camp is full, we will return your payment to you.

**My child is on a waitlist; how do I know when a spot becomes available?** As soon as a spot becomes available, we will call you using the contact number(s) you have listed during the registration process. Please make sure these numbers are updated. The spot will be held for **24 hours** and then be offered to the next registrant on the waitlist. Please do not call to check on waitlist status.

**May I put my child in camp if they will be in kindergarten or going into the 7<sup>th</sup> grade in the fall?** No. The camp has been developed for specific age groups, and we require that campers register for the appropriate camp. Philanthropy Camp is for rising 1<sup>st</sup> graders through rising 6th graders.

**Will my child need to pack a lunch?** Yes. Campers are given snacks and drinks during the day, but it is required that they bring a packed lunch. Lunches should be vegetarian, and they should not contain any meat products. *A suggestion list will be available.* The packed lunch should include a drink that does not require refrigeration. Please include a refillable water bottle in your child's pack. ***Please alert us to any food allergies!***

**What other items should I pack for my child's day at camp?** Once we receive your completed registration form and payment, we will send you a supply list for camp.

**What should my camper wear?** Comfortable summer clothes, closed-toe sneakers (Please, no flip-flops).