

# 2024 All God's Children Camp ENROLLMENT FORM



A week-long overnight camp for children ages 7-12 with an incarcerated parent.

*This form can include information for all children in one family enrolled in the program.*

**Check the camp that your camper(s) will attend:**

- June 9-14 Westview on the James **(this week is for Richmond area campers)**
- June 16-21 Camp Chanco on the James **(this week is for Richmond area campers)**
- Aug 11-16 Camp Chanco on the James **(this week is for VA Beach area campers)**

***\*Will you need help with transportation to and from camp?***

**YES or NO (circle one)**

## CAREGIVER INFO:

Name: \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Address (complete with box or Apt #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## ALTERNATE CONTACT:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

## CAMPER INFO: Fill out a section for each child

1. Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Age when camp starts: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

1. Has the camper ever attended overnight camp before? YES or NO (circle one)

2. Any important information that will help the staff prepare for them such as allergies, conditions, routine medicine, or bedtime issues that we should be aware of? \_\_\_\_\_

3. Shoe size: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Age when camp starts: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

1. Has the camper ever attended overnight camp before? YES or NO (circle one)

2. Any important information that will help the staff prepare for them such as allergies, conditions, routine medicine, or bedtime issues that we should be aware of? \_\_\_\_\_

3. Shoe size: \_\_\_\_\_

3. Student Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Age when camp starts: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

1. Has the camper ever attended overnight camp before? YES or NO (circle one)

2. Any important information that will help the staff prepare for them such as allergies, conditions, routine medicine, or bedtime issues that we should be aware of? \_\_\_\_\_

3. Shoe size: \_\_\_\_\_

INCARCERATION INFORMATION:

Mother's and/or Father's Name: \_\_\_\_\_

Institution where incarcerated: \_\_\_\_\_ Release Date: \_\_\_\_\_

*\*Information provided for funding to camp; campers may still attend if the parent was released on or after the child's 7th birthday*

CAMPER AGREEMENT:

At camp, I will cooperate in every way with the leaders of the camp. I will obey instructions and be involved in the activities offered. I will respect the leaders and campers. I will not bring or use any drugs, alcohol, or weapons. I understand that if my behavior is not appropriate, I will have to leave.

1. Signature of Camper 1: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signature of Camper 2: \_\_\_\_\_ Date: \_\_\_\_\_

3. Signature of Camper 3: \_\_\_\_\_ Date: \_\_\_\_\_

CAREGIVER AGREEMENT:

I, as the caregiver, understand that All God's Children Camp takes reasonable precautions to ensure that qualified personnel conduct programs and activities at camp in a safe and responsible manner. However, I further understand that all activities involve certain risks. I, the undersigned, individually and on behalf of the camper, recognize that there are risks and agree to assume these risks by allowing the camper to attend the All God's Children Camp. I hereby release, discharge and agree to indemnify camp officers and employees, the All God's Children staff, volunteers and mentors, from all liability for damage, injury, or illness to the camper or loss of his/her property relating to or deriving from his/her presence at camp or participation in or travel to or from camp activities.

Camp Publicity: All God's Children Camp has my permission to use my child's picture in printed and audio-visual materials and social media. Child's name will not be used.

Signature of Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Will you need help with transportation to and from camp? YES or NO (circle one)**

**Please include a \$10 per family registration fee (Paid by money order or cashier's check; payable to Virginia Conference UMC). This registration fee is for the entire household and not dependent on the number of children you are registering. This registration fee is non-refundable. Donors of the Virginia United Methodist Church provide all additional camp fees and supplies.**

**Acceptance is based on availability, therefore we cannot guarantee a spot. Please turn in your application ASAP and no later than May 20, 2024**

**Send Complete application to:  
Lori Smith, Director of All God's Children Camp  
PO Box 5606  
Glen Allen, VA 23058  
571-245-9591  
agcc@vaumc.org**