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:

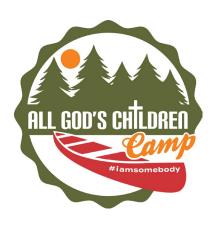
□ June 9-14 Westview on the James (this week is for Richmond area campers)

□ 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)



<u>CAREGIVER INFO:</u>			
Name:	Relationship to child(ren)		
Address (complete with box or Apt #): City: Work Phone: (
City:	State: Zip:		
Home Phone: (Work Phone: (Cell		
Phone:()			
Email:			
ALTERNATE CONTACT:			
1. Name:	Relationship to child:		
1. Name:	Alt. Phone:()		
2. Name:	Relationship to child:		
Phone: ()	Alt. Phone: ()		
CAMPER INFO: Fill out a section for each child			
1. Student Name:Birth Date:		M	F
Age when camp starts:Birth Date:	Grade Completed:School:		
1. Has the camper ever attended overnight camp before	e? YES or NO (circle one)		
2. Any important information that will help the staff pre	epare for them such as allergies, condition	ıs, routine	e 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			
2. Any important information that will help the staff pre	epare for them such as allergies, condition	ıs, routine	e medicine,
or bedtime issues that we should be aware of?			
3. Shoe size:			
3. Student Name:		M	F
3. Student Name:Birth Date:	Grade Completed:School:_		
1. Has the camper ever attended overnight camp before			
2. Any important information that will help the staff pro			e medicine,
or bedtime issues that we should be aware of?			
3. Shoe size:			

INCARCERATION INFORMATION:	
Mother's and/or Father's Name:	Release Date:
*Information provided for funding to camp; campers may child's 7th birthday	v still attend if the parent was released on or after the
CAMPER AGREEMENT: At camp, I will cooperate in every way with the leaders of th activities offered. I will respect the leaders and campers. I wunderstand that if my behavior is not appropriate, I will have	vill not bring or use any drugs, alcohol, or weapons. I
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 personnel conduct programs and activities at camp in a safe that all activities involve certain risks. I, the undersigned, in there are risks and agree to assume these risks by allowing release, discharge and agree to indemnify camp officers and mentors, from all liability for damage, injury, or illness to the deriving from his/her presence at camp or participation in control of the control o	and responsible manner. However, I further understand dividually and on behalf of the camper, recognize that the camper to attend the All God's Children Camp. I hereby employees, the All God's Children staff, volunteers and e camper or loss of his/her property relating to or
Camp Publicity: All God's Children Camp has my permission materials and social media. Child's name will not be used.	n to use my child's picture in printed and audio-visual
Signature of Caregiver:	Date:
*Will you need help with transportation to and from car	nn? VES 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