

2025 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 15-20 Chanco on the James **(if you need transportation and live in the Richmond area, please mark this week)**
- Aug 10-15 Camp Chanco on the James **(if you need transportation and live in the VA Beach area, please mark this week)**

****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: _____

Cell Phone: (_____) _____ Email: _____

ALTERNATE CONTACT:

1. Name: _____ Relationship to child: _____

Cell Phone: (_____) _____ Alt. Phone: (_____) _____

2. Name: _____ Relationship to child: _____

Cell 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: _____ 4. Shirt 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: _____ 4. Shirt 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: _____ 4. Shirt size: _____

****Information provided is for funding to camp. This MUST be completed in order to attend camp. Please note you can still attend camp if the child had an incarcerated parent when they attended camp in the past and that parent is now released.***

INCARCERATION INFORMATION:

Mother's and/or Father's Name: _____

Institution where incarcerated: _____ Release Date: _____

Has your child received a Christmas gift through the Angel Tree program? _____

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, payable to Virginia Conference UMC). Registration fee is for the entire household, not the number of children registered. 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, so please turn in your application ASAP. If you want to attend our June 15-20 week, applications are due by **May 15, 2025. If you want to attend our Aug 10-15 week, applications are due by **July 1, 2025**.**

Send Complete application to the physical address or email address below:

**Lori Smith, Director of All God's Children Camp
10330 Staples Mill Rd.
Glen Allen, VA 23060
571-245-9591
agcc@vaumc.org**