PEACE WORKS CAMP DETAILS

- **What:** A Woman's Place (AWP) Peace Works Camp is a one-week camp for students entering Kindergarten-6th grade. Each week is full of fun activities, games, and friendship-building exercises that promote healthy, happy, and respectful relationships while empowering students to recognize their own self-worth. Campers will receive a Peace Works Camp t-shirt as well as several handmade crafts throughout the week.

- **Dates:** **Session I –** Monday- Friday, July 30 - August 3, 2018, 9:00 a.m.- 3:00 p.m.
  Session II – Monday - Friday, August 6 - 10, 2018, 9:00 a.m.- 3:00 p.m.

- **Times:** **Check-in/Registration –** 8:45 a.m. - 9:00 a.m.
  Pick-up – 3:00 p.m. - 3:15 p.m.

- **Location:** Doylestown Mennonite Church (DMC), 590 N Broad St, Doylestown, PA 18901

PEACE WORKS CAMP REGISTRATION DETAILS

- **Registration Fees:**

1. $125 for the first child per household and $100 for each additional child in the same household.
2. A discount will be offered for children of AWP volunteers, $100 for the first child per household and $75 for each additional child in the same household.
3. Registration fee will be waived for any children of AWP clients.
4. A scholarship program is available; please contact Jen Hinds at jhinds@awomansplace.org or 215-343-9241, ext. 117 for scholarship information.

- **Registration Paperwork:**

  Please complete pages 2 & 3 of this Registration Packet for **each** camper and return to **Jen Hinds** by email jhinds@awomansplace.org, faxing to 215-343-3411 or mailing to:

  A Woman's Place
  Attn: Jen Hinds
  P.O. Box 299
  Doylestown, PA 18901

A Woman's Place Peace Works Camp Registration Form

CAMPER INFORMATION

Camper's Full Name _____

Camper's Birthdate ____/____/____ Camper's Children's T-Shirt Size (circle one): S M L XL

Camper's School _____ Camper's Grade Level (**as of Fall 2018**) _____

Street Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Camper's Guardian Name_____Phone:_____

Camper's Guardian Name _____Phone:_____

Email Address _____

Session Attending (Please circle)- Session I: Jul.30 - Aug. 3 **OR** Session II: Aug. 6- 10 (both run 9am- 3pm)

Please choose ONE session. If you would like to come to two weeks of camp, you will be placed on a wait list for your second choice. If you have chosen both weeks, please specify your top choice. _____

How did you find out about Peace Works Camp? _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please provide the following information regarding your child's primary care physician as well as two additional emergency contacts (may include a parent/guardian).

1. Physician Name _____
   Physician Phone _____ Name of Doctor's Office _____
2. Emergency Contact (after Guardian)_____
   Phone _____ Alt Phone/Cell_____

Please list any allergies or medical conditions you would like us to know about:

_____

PAYMENT INFORMATION

Circle all that apply to this registration form:

First Child Camper Registration: $125 **AWP Volunteer First Child: $100**

Additional Child Camper Registration: $ 100 X_____ **AWP Volunteer Additional Child: $75**

Payment Type (please circle one): Cash Check Visa MasterCard American Express Discover

Credit Card No._____

Exp. Date____/_____ CCV (Security code on the back of your card)_____

Please make checks payable to **A Woman's Place.**

ACKNOWLEDGEMENT, WAIVER, & RELEASE

Please sign each section below only if you have read and agreed to each item.
Please do not sign sections with which you do not agree.

Authorization of Treatment:
I hereby give my permission to the medical personnel selected by Peace Works Camp staff to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, Peace Works Camp staff have my permission to call my child's pediatrician, and may secure and administer treatment for my child.

_____
Parent/Guardian Signature

Release of Liability:
I acknowledge that there may be natural hazards associated with camp-related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing camp activities. I hereby release and forever discharge the staff, volunteers, and supporters of Peace Works Camp from all claim of liability for any damages, injuries, or medical fees that may be sustained while my child is at camp.

_____
Parent/Guardian Signature

Photo Release:
I hereby give my permission for my child to be photographed at Peace Works Camp, and for my child's picture to be used on AWP's website, publications, or video programs.

_____
Parent/Guardian Signature

Release of Camper:
Unless ordered by a court to do otherwise, all campers will be released at the end of each day to their parent/guardian OR one of the individuals listed below. **NO EXCEPTIONS. Parents MUST supply AWP with a copy of EACH individual's photo ID prior to Day One of Camp, and photo ID must be provided at time of pick-up.** An addition to the parent/guardian(s) listed on page one, _____ may be released to the following individual(s):
First & Last Name of Camper

Name:_____ **Telephone #: ( ) _____**

Name:_____ **Telephone #: ( ) _____**

_____
Parent/Guardian Signature

CAMPER CODE OF CONDUCT

In order to ensure a safe, fun, and peaceful camp experience for all, we require parents/guardians and campers to read and understand the importance of abiding by the following code of conduct:

I will respect Peace Works Camp staff and campers by using appropriate language, expressing my feelings calmly, and participating in activities. I understand that fighting, name-calling, and foul language will not be tolerated. I will follow all safety rules set forth by Peace Works Camp staff.

Camper Signature _____ Date _____/_____/_____

I agree to help my child understand and abide by this code of conduct.

Parent/Guardian Signature _____ Date _____/_____/_____

PEACE WORKS CAMP FAQs

1. **What should my child bring?** Campers should come each day with a packed lunch and water bottle. One small snack will be provided by camp each day. Due to the nature of various activities, campers are advised to bring an extra set of clothing each day. Please be sure to label any personal items with your child's name. Any items left at camp at the end of the day will be placed in our Lost & Found box and can be claimed at the Registration Desk. We ask that campers NOT bring handheld video games, MP3 players, or other electronic devices, with the exception of personal cell phones which need to be stored away during camp times 9am-3pm.

2. **How should my child dress?** Please be aware that there is no central air conditioning at Doylestown Mennonite Church. We will make every effort to keep the building cool using fans and will provide campers with plenty of water. Campers should wear comfortable clothing for summer weather (no bathing suits, please) and closed-toe shoes for safety reasons. Please remember to prepare your child with sunscreen in case of outdoor activities.

3. **Are there scholarships available?** AWP may be able to work with families in need of financial assistance. Please contact Jen Hinds at 215-343-9241 ext. 117 to discuss possibilities.

4. **What forms are required for registration?** Please be sure to complete and return pages 2 & 3 of this packet. Paperwork can be faxed to AWP at 215-343-3411 or mailed to P.O. Box 299, Doylestown, PA 18901, or emailed to Jen Hinds at Jhinds@awomansplace.org.

5. **When is payment due?** Payment in full is required in order to process your child's registration. Registration packets must be received by **5:00 p.m. on Monday, July 16, 2018**.

6. **What time is check-in and check-out?** Check-in and registration will be held from 8:45 a.m. - 9 a.m. each morning. Check-out/pick-up will be from 3 p.m. - 3:15 p.m. each afternoon. Parents are expected to pick campers up on time.

7. **What is the cancellation policy?** Should you need to cancel your child's registration, please contact Jen Hinds at 215-343-9241 ext. 117 or by email at Jhinds@awomansplace.org no later than **5 p.m. on Monday, July 16, 2018** for a full refund. We regret that we will not be able to provide refunds after that date.

8. **Who can I contact during the day in the event of an emergency?** Please call AWP's administrative office at 215-343-9241. All messages will be immediately relayed to Peace Works Camp staff.

9. **Is this a religious-based camp?** Our program is not rooted in any religious teachings/ affiliations, but AWP is extremely grateful to Doylestown Mennonite Church for the use of their facilities for Peace Works Camp. We've drawn from a variety of sources to create our weekly program and ultimately hope campers will walk away with a sense of self-worth, respect for their peers, healthy friendship-building skills, and plenty of memories!