GENERAL INFORMATION about DICK JOHNSTON CHILDREN'S CAMP 2021 at FERNCLIFF in Little Rock

(Keep this info and mail remaining forms to register for camp.)

Dear Campers and Parents/Guardians,

Dick Johnston Children's Camp will be held **Sunday, June 20 to Friday, June 25, 2021,** at Ferncliff in Little Rock, AR, for children **from 8 through 12 years of age** at the time of camp. Children who are 13 years of age and have participated in this camp previously may also attend. The camp is free to children of currently or previously incarcerated parents. We have moved to Ferncliff this year because Camp Mitchell remains closed, but we hope that we may return to Camp Mitchell in the future. Some of the counselors from Camp Mitchell will be at Ferncliff this year.

Space is limited, so please return forms promptly. Campers will be accepted on a first come (complete application submitted), first served basis. If we do not have at least 20 campers signed up before April 20, 2021, this year's camp session will be cancelled. **The camp will be full once 30 campers have submitted their completed applications.** If the camp is not full, then the final deadline for applications to be accepted is **June 1, 2020**.

Enclosed you will find your application/medical form/release for Ferncliff, camper covenant, Angel Tree Camping form, and a release form for the Dick Johnston Children's Camp. We have some exciting plans for this year's camp and hope that you can join us!

While at camp, your child will be living in a cabin with several other campers of similar age. They will be supervised by counselors who have been selected for maturity, integrity, sensitivity, and spiritual commitment to Jesus Christ. It is our desire to help your child develop spiritually, physically, and socially while at Ferncliff. Completing the camp application will help your child's counselor provide encouragement and opportunities to make this camping experience as meaningful and productive as possible. If you feel some information is too sensitive or confidential to disclose, you may speak personally with the counselor or camp director before your child arrives at camp.

This year's camp will be quite different from previous years because of Covid-19 restrictions. All counselors who are staying with your children in the cabins will be vaccinated. All children and staff will be socially distanced and wearing masks while awake. At night, children/counselors will be in socially distanced beds in a cabin at half-capacity (5 kids per cabin), but they will not be required to wear masks while sleeping. Kids will be in "family groups" of the same 10 children for the entire week in order to limit potential exposure should a child or counselor become ill with Covid-19. We will not be having large group activities this year. If a child in the same family group should develop Covid, all exposed children will be isolated and the parents/guardians will be responsible for picking up their children from camp.

A COVID-19 test is required for all campers within 96 hours of the start of camp. This means that your child must have a test after Wednesday, June 16 at 4 p.m. We recommend being tested on Wednesday evening or Thursday, June 17 if possible so that the test results are available by Sunday. You may text or email test results or bring copy of test with you to camp. Children will not be able to attend camp without documentation of a negative COVID-19 test. We encourage all adults in the household to receive COVID-

19 vaccines if possible in order to decrease risk of COVID-19, but also to decrease risk of having an outbreak at camp.

<u>ARRIVAL TIME:</u> Camp check-in is on <u>Sunday, June 20</u>, between <u>4:00 p.m.</u> and 5:00 p.m. The staff will be busy preparing for camp prior to check-in time. <u>Early admittance will not be allowed!</u> Campers should be picked up <u>between 11:00 a.m. and 12:00 noon on Friday, June 25</u>.

If your child cannot attend camp because of a family or other emergency, <u>please call Kristi Palmer at (501) 940-1591 as soon as possible</u>. We have a waiting list and would like to give another child the opportunity to attend camp. WE WILL CALL YOU IF YOUR CHILD DOES NOT ARRIVE BY 6:00 P.M. ON SUNDAY, June 20, AND YOU HAVE NOT CALLED US.

Directions to Ferncliff: The address is: 1720 Ferncliff Rd, Little Rock, AR 72223

From I-630/Chenal Pkwy:

Take I-630 west towards Little Rock. The highway will turn into Chenal Parkway; continue on Chenal for about 3.5 miles. Turn left onto Kanis Road *after* you pass the large Kroger on your left (there's a Kanis Road before the Kroger as well.) Follow Kanis for about 6 miles until you reach a 4-way stop. Turn left at the 4-way. Less than a half-mile from the 4-way you'll see a sign for Ferncliff on the left. Turn onto our property at the sign.

From Cantrell:

Take Cantrell Road (Highway 10) west. Turn left onto Ferndale Cutoff Road. Follow Ferndale Cutoff Road for about 5 miles until you reach a 4-way stop. Keep going straight through the 4-way. Less than a half-mile from the 4-way you'll see a sign for Ferncliff on the left. Turn onto our property at the sign.

HOW TO STAY IN TOUCH WITH MY CAMPER:

Mail is <u>very important</u> to campers, especially for kids who are away from home for the first time. Since the camp session is short and delivery usually takes 2-3 days, you might want to mail a letter before your child's camp, or you may leave letters on the day of registration (label with day you would like each one to be delivered). We encourage parents to leave letters with the counselor at check-in to be given to your child each day (Mon, Tues, Wed, Thurs) of camp; the counselors will distribute mail to the children each day, usually after lunch. Keep letters upbeat and informative rather than letting them know how much you miss them. Please do not send food or candy; if sent, these items will be kept in the office and returned to the camper at the end of camp. (Three meals and three snacks are provided each day during camp.) If you choose to mail your letters, please address mail as follows:

Camper's full name Ferncliff Dick Johnston Children's Camp 1720 Ferncliff Road Little Rock, AR 72223

We do not allow campers to make or receive phone calls, or to carry cell phones. If you are concerned about your camper, feel free to give us a call and we will check on your child. In the case of a family emergency, contact the camp staff at the Ferncliff telephone number-501-821-3063 (leave message if no one answers the phone) or call DJCC Director - Kristi Palmer at 501-940-1591. In the case of any emergency for your child, you will be notified promptly. If your child starts running fever or develops another contagious illness, a guardian must be available to pick up the child from camp in a timely manner.

In addition, our summer staff will take photos of campers to post on our photo website. You will receive the access information to this secure website upon registration or drop-off. Viewing photos is a great way to check up on your child and see what they are doing throughout the week!

WHAT TO BRING TO CAMP: Sturdy closed-toe walking shoes such as tennis shoes must be worn for hiking and certain outdoor activities (may also wear sandals when not hiking/running but these must have straps or laces), pajamas, twin bed sheets with blanket (or sleeping bag), pillow, shampoo, bath towel/washcloth, deodorant, toothbrush and toothpaste, shampoo, swimsuit (appropriate for summer camp), hat, sunglasses, water bottle, underwear/socks, shorts, comb/brush, several face masks, and medications. You may bring books or other activities for quite time. NOTE: A tee-shirt will be provided for each day of camp. We recommend labeling all personal items with child's name. We always have items which are left behind after camp is over, so please label each of your child's belongings!

PLEASE DO NOT PACK ANY MEDICATIONS IN SUITCASE OR BAG. Bring medications in original bottles/containers with you to registration. The medical staff will check-in any medications during registration and confirm directions with caregiver. This includes prescription as well as over-the-counter medications.

<u>WHAT NOT TO BRING TO CAMP</u>: Electronic games, Ipod/cell phone, expensive/sentimental items, clothes that can't get dirty, money/wallet, skateboards/bikes, knives/fireworks/firearms, tobacco products, alcoholic beverages, illegal drugs, pets, food/snacks/drinks, aerosol cans.

Note: FLIP FLOPS may be worn in the cabin only - not around the camp.

What else do I need to know about check-in and pick-up?

Prior to check-in time, staff members are busy preparing for campers, so we ask that all campers arrive during the scheduled times. Please arrive within the hour-long check-in window. You may **not** exit your vehicle when you check in or pick up your camper. A staff member will come to your vehicle to sign your camper in and out, unload or unload luggage, and to walk with your camper to their group.

Pick-up on Fridays will also be conducted with parents remaining in vehicles. Please arrive within the hour-long pick-up window, as our staff members have other responsibilities and duties following camp sessions.

When dropping off and picking up your child, please stay on camp roads and obey the camp speed limit, which is 10 miles per hour. Be aware of any animals, pedestrians, or bike riders as you drive through camp.

Where will my overnight camper stay?

Your child will be in a cabin with campers of the same gender and approximate age. Our Belden Pond cabins have air conditioning, bunk beds, showers, and toilets.

Do you have medical staff on duty?

Yes. We have a registered nurse on call at all times. In addition, all of our staff are trained and certified in First Aid and CPR.

What's the camper-to-counselor ratio?

A family group will have no more than 10 campers and one to two staff members. All campers in a group will be the same approximate age, usually within a couple of grades. Occasionally, a family group may be comprised of all female campers and counselors or all male campers and counselors. These ratios are consistent with the standards of the American Camp Association.

We look forward to seeing you this summer!!! ©©© The Staff of Dick Johnston Children's Camp

If you have any questions about camp or information above, please call/text Kristi Palmer at 501-940-1591.

COVID-19 Policies & Procedures

These policies and procedures related to COVID-19 are what we are currently anticipating and are subject to change given the changing nature of the pandemic. We are following and will continue to follow guidance and directives from the Arkansas Department of Health. As updates and new information are released, we will keep updated information about our policies and what this will look like at camp at www.ferncliff.org/camp-COVID19-policies.

Basic Policies

- In order to attend Overnight Camp, campers will need to have documentation of a negative COVID-19 PCR test taken within 96 hours before arrival at camp.
- Campers will undergo a health screen including questions regarding symptoms and a temperature check each morning.
- During drop off on Sunday and pickup on Friday, parents are not to enter any buildings or exit their vehicles. Staff will help unload and load luggage. Masks are required for all adults in vehicles during these times. We cannot accommodate arrivals outside of the designated times.
- Groups will consist of 10 or fewer children. All groups will do all activities separately from other groups.
- Indoor spaces will be arranged for distancing. Cabins will be at a reduced capacity to ensure that campers are spaced out 6ft apart or greater. Campers will only be allowed in their own bunk, and camper belongings must stay in their own bunk area and cubbies.
- Family groups will be served meals cafeteria-style by a staff member wearing a mask and gloves. Family groups may eat outdoors, weather permitting. Campers will be sitting together but distanced from other campers in their group. Groups will be spaced apart from other groups.
- Staff will wear masks except when they are exercising, swimming, eating, or more than 6 feet away from any other person while outdoors. Children over the age of 10 are required to wear masks during the same times. Children under the age of 10 are encouraged but not required to wear masks.
- Increased hygiene and sanitization procedures will be enforced. Campers will wash or sanitize their hands often throughout the day. Any indoor areas used by campers will be sanitized daily before use by another group. Each group will have their own indoor spaces and sets of activity supplies.

Policies Regarding Exposure and Confirmed Cases

- We will look to our licensing specialist and the Arkansas Department of Health to guide us on notifying families, advising quarantining and testing, and program cancellation procedures if we have a confirmed positive case of COVID-19 within our program at any time.
- If a child or staff member in a group is potentially or confirmed positive, that group may be required to head home/quarantine and the site would be sanitized. Depending on exposure, the entire site may be closed for a time, as determined by the health department.
- All staff and campers will be screened regularly and will be asked to stay or go home when sick or symptoms are present. Families/staff will be required to notify the camp if they believe they have been exposed or potentially/confirmed positive with COVID-19.

DICK JOHNSTON CHILDREN'S CAMP (DJCC) 2021 at FERNCLIFF APPLICATION

Your child's spot at camp is not confirmed until all paperwork is submitted and you receive confirmation by letter or phone from the camp director (501-940-1591).

Please complete and mail to: Kristi Palmer

1391 N Edgehill Drive, Fayetteville, AR 72703

Please also complete one Angel Tree Camping Scholarship form per family (enclosed). The Angel Tree Camping program provides partial camp scholarships to summer camp. We send your scholarship application to Angel Tree so that the camp may receive partial reimbursement for the cost of camp.

Camper's Legal Name:	Gender:		
Name Camper wishes to be called if different than legal first name:			
	Age: Grade entering in the Fall:		
Address			
City	State Zip		
	is one and you would like number to be shared with other campers/counselors):		
Race/Ethnicity:	- D1 1 /AC: A :		
•	□ Black/African American		
□ Latino/a			
□ Asian	□ Native American		
□ Pacific Islander	□ Other		
Camper lives with:			
□ Both Parents (one hom	ie)		
☐ Both Parents (separate	homes)		
□ One Parent Only			
□ Grandparent(s)			
□ Foster parents			
□ Other relatives			
Commende To a altim Circ	Advitor and		
Camper's Tee-shirt Size			
Youth Sizes: S M L	XL Adult Sizes: S M L XL XXL		
Parent/Guardian #1:			
Parent/Guardian cell pho	one: Work phone if applicable:		
Are you able to receive te	ext reminders regarding camp? Yes No		
Email:			
Parent/Guardian #2 (if	f applicable):		
Parent/Guardian cell pho	one: Work phone if applicable:		
	ext reminders regarding camp? Yes No		
Email:			
Emergency Contact and	d Phone Numbers (list at least one person other than parents/guardians above)		
Relationship to camper:			
Cell phone number:	Work phone if applicable:		

Name of incarcerated parent (presently or previo Facility name (most recent)	usly)
Is a parent presently incarcerated? No	
Church Affiliation (if any):	Home Church Name:
List any siblings who plan to attend Dick Johnsto	on Children's Camp 2021:
Has your child attended an overnight camp before	re? □Yes □ No
If your child has not attended a camp before, has days? $\Box Yes \ \Box \ No$	s your child been away from home alone for two or more
What are your child's greatest interests? In what	groups is he/she active? (Church, school, etc.)?
What do you most desire for your child to get out	t of camp?
	s form. Our intention is to have a picture of each camper so the you do not have a printed picture to send with applications, you er) at 501-940-1591.
for camp, we recruit "Partners for Camp". These Partners	DJCC) is free to every camper. As part of our fundraising effort rtners, primarily churches from all over Arkansas, will help fund ren. If you have any suggestions for potential partners who might tact information.
us to share this information. If you would like to wri	s/her Camp Partner unless you notify us that you do not wish for te to your child's Camp Partner, please ask Camp Director for wish to participate in the "Partners for Camp" program, please
	other after camp and during the next school year. If you prefer not unselor and camp friends, please note your wishes here:

MEDICAL FORM for DICK JOHNSTON CHILDREN'S CAMP 2021 at FERNCLIFF

Child's Name:
Date of Birth:
Primary Physician's Name:
Primary Physician's Phone Number:
My child has: Arkansas Medicaid Private Insurance Arkansas Medicaid Number: Private Insurance Company: Policy#: Phone # for claims: () Policy Holder's Name: Policy Holder's relationship to child: Private Insurance No Insuranc
Please attach a copy of insurance card or text a copy of both sides of card to Kristi Palmer at (501)940-1591.
Allergies:
The camper has allergies: If yes, what is the camper is allergic to? Food Medicine Environment (insect stings, grasses, etc) Other:
Describe any allergies including the reaction and treatment (Example: requires EpiPen, Benadryl, etc.)
Physical and Dietary Restrictions:
I have reviewed the program and activities of the camp and feel the camper can participate without any physical or dietary restrictions.
Please describe any special dietary needs or restrictions (gluten-free, lactose intolerance, vegetarian, vegan, allergies, etc.).

General Health History

Has/does the camper:

Please explain "Yes" answers in the space by each question

1.	Ever been Hospitalized □ Yes □ No
2.	Ever had surgery □ Yes □ No
3.	Have recurrent/chronic illnesses □ Yes □ No
4.	Had a recent infectious disease □ Yes □ No
5.	Had a recent injury □ Yes □ No
6.	Had asthma/wheezing/shortness of breath □ Yes □ No
7.	Have diabetes □ Yes □ No
8.	Ever had seizures □ Yes □ No
9.	Every had chronic or serious headaches
10.	Wear glasses, contacts, or protective eyewear □ Yes □ No
11.	Had fainting or dizziness □ Yes □ No
12.	Passed out/had chest pain during exercise □ Yes □ No
13.	Had mononucleosis ("mono") during the past 12 months □ Yes □ No
14.	If female, have problems with periods/menstruation □ Yes □ No
15.	Have problems with falling asleep/sleepwalking □ Yes □ No
16.	Ever had back/joint problems □ Yes □ No
17.	Have a history of bedwetting □ Yes □ No
18.	Have problems with diarrhea/constipation □ Yes □ No
19.	Have any skin problems □ Yes □ No
20.	Traveled outside the country in the past 9 months \Box Yes \Box No
	If yes, name countries visited and dates of travel:

Mental, Emotional, and Social Health

the death of a loved one during the pandemic?

1.

2.

3.

Please explain "Yes" answers in the space by each question. The camp may contact you for additional information.
Has the camper:
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD) \Box Yes \Box No
Ever been treated for neurodevelopmental disorders □ Yes □ No
Ever been treated for emotional or behavioral difficulties or an eating disorder

6. Had a significant or ongoing anxiety/stress related to the COVID-19 pandemic, and/or been struggling with

□ Yes □ No

4. During the past 12 months, seen a professional to address mental/emotional health concerns. □ Yes □ No

5. Had a significant life event that continues to affect the camper's life (History of abuse, death of a loved one,

family change, adoption, foster care, new sibling, survived a disaster, others).

7. Does your child have any special needs or concerns not listed above that we need to know about in order to better understand and help your child? ☐ Yes ☐ No

Medications:

'Medication' is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Will the camper be taking any prescription or over-the-counter medications while at camp? □ Yes □ No If yes, please list below:			
Medication:	Dose/Frequency:		
Medication:	Dose/Frequency:		
Medication:	Dose/Frequency:		
Modigation:	Doso/Fraguency:		

The camp staff does not give Aspirin to any child. Are there any over-the-counter medications that the
camper cannot or should not receive should your child have a minor illness or injury?
STATE LAW REQUIRES ACTUAL DATE (MONTH, DAY, YEAR) OF IMMUNIZATION.
CAMPERS WILL NOT BE ADMITTED WITHOUT DATES! LIST DATES HERE OR
ATTACH A COPY OF THE CHILD'S SHOT RECORD INDICATING THE FOLLOWING:
DTP:/
DTP://(4 doses required with one after 4 th birthday; 3 required if series started after 7 th birthday)
Tdap:(1 dose required if child turned 11 by Sept 1 of previous calendar year)
Any other tetanus boosters given:
Polio (OPV or IPV)://///
(4 doses with one dose after 4 th birthday)
MMR: / (2 doses)
Varicella: / (2 doses)
Tuberculin Test (if done):
Gardisil (if given): / (2 or 3 doses depending on age given)
Cardisir (ii given) (one dose required prior to / grade)
If you do not have a copy of the child's shot record and all of your child's required immunizations
are recorded in the database kept by the State of Arkansas, you may sign for these records to be
released to Dick Johnston Children's Camp and we will obtain immunization record prior to camp:
I give permission to Dick Johnston Children's Camp to obtain immunization record from the State of
Arkansas prior to summer camp 2020.
Parent/Legal Guardian Signature: Date:

Child's Name:
Statement of Accuracy
The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel.
Parental Consent
I recognize that my child will be outside and active for a large portion of the day. I recognize that though all care will be taken to ensure my child's safety and wellbeing, camp activities, by their nature, carry the risk of injury.
I give permission to Ferncliff to use photographs, video, and audio recordings of my child in camp publicity. I give permission to Ferncliff to transport my child as needed for camp activities.
I give permission to Ferncliff staff to apply insect repellent and sunscreen on my child as needed for camp activities.
I recognize that my child may be asked to interview by licensing staff, child maltreatment investigators, and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. These participant interviews do not require parental notice or consent.
Authorization for Treatment
I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child.
In the case of injury or illness, the nurse and camp directors will determine if and when the child's parents will be notified depending on the severity of the incident. Minor injuries and illnesses that can be treated by a nurse or staff member and do not prevent the camper from participating in most camp activities will not require a phone call to a parent or guardian. Parents will instead be informed of the injury or illness when they pick up their camper at the end of the week (for residential overnight camp) or at the end of the day (for day camp).
Moderate injuries and illnesses that can be treated by a nurse or staff member and might prevent the camper from participating in most camp activities will require a phone call to a parent or guardian.
Major injuries and illnesses that cannot be treated by a nurse or staff member will require a phone call to a parent and for the camper to leave camp.

I agree to the terms listed above.

Parent/Guardian Signature:

Signature Date: _____

ANGEL TREE CAMPING SCHOLARSHIP APPLICATION



Angel Tree Camping® is pleased to partner with your camp to provide funds to allow children with incarcerated parents to attend camp at little to no cost. **Please fill out one sheet per family.**

Name of Camp Attending	Date of Camp Attending
CAREGIVER INFORMATION	
Parent/Caregiver's Name	
•	
Parent/Caregiver's Phone Number	Parent/Caregiver's Relationship
INCARCERATED PARENT'S INFORMATION (Mu	st be complete for scholarship purposes)
Incarcerated Parent's Name	
Incarcerated Parent's Location: Prison Name	□ Unknown □ Released
*This information WILL NOT be shared with the child.	
or electronically imaged (Images) and that my child's first (Statements); and that such Images and Statements (Ma als, news releases, websites, and other published formats.	the "Camp"), I acknowledge that my child may be photographed for print, videotaped, that name and biographical information, and/or comments and quotes may be obtained aterials) may be used by Prison Fellowship and/or the Camp in promotional material. I hereby release Prison Fellowship and the Camp, and anyone working on their behalf the I might have arising out of the use of such Materials, to include rights of publicity and Fellowship and/or the Camp.
Caregiver's Signature	Date
CHILDREN'S INFORMATION	
Child's Name	
Name of Camp Attending	Date of Camp Attending
Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)
☐ The child does not have an incarcerated parent but live (Check the box if this statement is true.)	gel Tree on behalf of their incarcerated parent? Yes No sin the same household with another child who has an incarcerated parent. es not live in the same household with another child who has an incarcerated parent.
Child's Name	
Name of Camp Attending	Date of Camp Attending
Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)
☐ The child does not have an incarcerated parent but live (Check the box if this statement is true.) ☐ The child does not have an incarcerated parent and do	gel Tree on behalf of their incarcerated parent? Yes No es in the same household with another child who has an incarcerated parent. es not live in the same household with another child who has an incarcerated parent.
(Check the box if this statement is true.)	-

CHILDREN'S INFORMATION continued

Г	Child's Name			
	Name of Camp Attending Date of Camp Attending			
	Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)			
	Please check appropriate box.			
	Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? 🛚 Yes 🗀 No			
	The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.			
	Check the box if this statement is true.)			
	The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.			
L	Check the box if this statement is true.)			
Г	Child's Name			
	Name of Camp Attending Date of Camp Attending			
	Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)			
	Please check appropriate box.			
	Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? 🛘 Yes 🗎 No			
	☐ The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.			
	Check the box if this statement is true.)			
	The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.			
L	Check the box if this statement is true.)			
Г	Child's Name			
	Name of Camp Attending Date of Camp Attending			
	Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)			
	Please check appropriate box.			
	Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? 🗌 Yes 🗎 No			
	The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.			
	Check the box if this statement is true.)			
	The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.			
L	Check the box if this statement is true.)			
Г	Child's Name			
	Name of Camp Attending Date of Camp Attending			
	Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)			
	Please check appropriate box.			
	Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? 🛘 Yes 🗎 No			
	☐ The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.			
	Check the box if this statement is true.)			
	The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.			
L	Check the box if this statement is true.)			
Г	Child's Name			
	Name of Camp Attending Date of Camp Attending			
	Child's Date of Birth Child's Ethnicity (Hispanic, African American, Caucasian)			
	Please check appropriate box.			
	Has the child ever received a Christmas gift through Angel Tree on behalf of their incarcerated parent? 🗌 Yes 🗎 No			
	The child does not have an incarcerated parent but lives in the same household with another child who has an incarcerated parent.			
	Check the box if this statement is true.)			
	The child does not have an incarcerated parent and does not live in the same household with another child who has an incarcerated parent.			
L	Check the box if this statement is true.)			



<u>DICK JOHNSTON CHILDREN'S CAMP 2021</u> <u>CAMPER COVENANT</u>

We are so excited that you are coming to Dick Johnston Children's Camp at Ferncliff this summer! We consider it a privilege to be used by God to bring a Christ-centered camping experience to your child's life. To ensure an optimal camping experience for everyone, we ask that the camper, along with their caregiver, read and sign this covenant agreeing to abide by its guidelines.

I pledge to respect the following:

- Counselors and Staff: They give their time and talent to you; we treat them with respect.
- Each other: Summer Camp is a place to lift each other up, not put each other down.
- Other's property: If it's not yours, don't touch it (unless given permission).
- Ferncliff: Stay in the prescribed boundaries at all times unless instructed otherwise. Keep your counselor advised of your whereabouts. Do not damage camp property. In the event of property damage, the camper and caregiver will be held responsible.
- The program: If you're attending Summer Camp, participate!
- No profanity: We like good words, not bad ones.
- No Drugs, Alcohol or Tobacco. These are not allowed at camp.
- No Firearms, Knives, or other Weapons. These are not allowed at camp.

During the course of your child's camping experience, the child will be held accountable to this agreement. Should a problem arise, every effort will be made to resolve the issue with love and respect. Continual disregard for this covenant will result in dismissal from the camping experience, and the parent/guardian will be responsible for picking the child up from camp.

I have read an	d understand the	e Dick Johnstor	n Children's Cam	p Covenant and	agree to abide
by the above g	guidelines.				
•	•				

Camper's Signature Caregiver's Signature