

## Camp Conewago 2010 Registration Form

**When:** July 19<sup>th</sup> -22<sup>nd</sup> and Aug 2<sup>nd</sup> -5<sup>th</sup> from 9:00 am-12:00 pm daily

**Where:** Conewago Elementary School

**Who:** Children ages 5-11

**Cost:** \$20.00/ week per camper

**Checks made payable to:** Conewago Township (Write Camp Conewago in the memo section)

**Return Registration Forms Due by June 30<sup>th</sup> to:**

**Conewago Township, 3279 Old Hershey Road, Elizabethtown, PA 17022**

**Camp Conewago is run by the Conewago Township Parks and Recreation Board.**

**(It is not associated the Conewago Elementary School or the Lower Dauphin School District.)**

**My child will attend: (Please circle) July 19<sup>th</sup>-22<sup>nd</sup> --\$20**

**Aug. 2<sup>nd</sup>-5<sup>th</sup> --\$20**

**Both weeks--July 19<sup>th</sup>-22<sup>nd</sup> and Aug. 2<sup>nd</sup>-5<sup>th</sup> --\$40**

**Child's Name:** \_\_\_\_\_ **M/F (Circle)**

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade completed as of June 2010:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Mother Work #:** \_\_\_\_\_ **Father Work #:** \_\_\_\_\_

**Mother Cell #:** \_\_\_\_\_ **Father Cell #:** \_\_\_\_\_

**In Case of Emergency who should be notified first?** \_\_\_\_\_

**T-shirt size (circle one):** Youth: **M L** Adult: **S M**

**Medical Conditions/Allergies:**

\_\_\_\_\_

**Emergency medications you will be sending to camp (Epi-Pen, inhalers, etc.):**

\_\_\_\_\_

(Please note all medications must be given to camp director. All medicines must be accompanied by a physician's order that includes reason for giving medication, directions on how much medicine to take and how often medication can be given.)

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Date of last tetanus shot:** \_\_\_\_\_

### MEDICAL RELEASE

**\*\*\*In EXTREME EMERGENCY IT MAY BE NECESSARY TO TRANSPORT YOUR CHILD TO THE NEAREST HOSPITAL\*\*\***

**I give permission to the staff of Camp Conewago to call 911 for transportation of my child to receive medical care in the event of an emergency when parent/guardian or emergency contacts cannot be reached.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Camp Conewago 2010 Information



## **Theme: Awareness Of Nature And Its Beauty Within Our Community**

\*We will discover a variety of habitats, plants, and animals/insects

**Cost:** \$20/week per camper

**Who:** Children ages 5-11

**When:** July 19<sup>th</sup>-22<sup>nd</sup> and Aug. 2<sup>nd</sup>-5<sup>th</sup>

**Where:** Conewago Elementary

### **Letter from the Directors**

Dear Parents,

We would like to introduce ourselves as the Directors for Camp Conewago's 2010 Summer Program. Our names are Lisa Irving and Sherry Weaver. We are educators with over 24 years of combined experience and our passion is working with children ages 5-11.

Camp Conewago is a program sponsored by the Conewago Township Parks and Recreation Board. **(It is not associated the Conewago Elementary School or the Lower Dauphin School District.)** We were contracted to direct this year's summer program. We look forward to making camp an educational and enjoyable experience for your child this summer.

Please feel free to contact us @ 534-8556 or [BOS.Conewagotwpdauphin@comcast.net](mailto:BOS.Conewagotwpdauphin@comcast.net) if you have any additional questions.

Sincerely,  
Lisa Irving &  
Sherry Weaver