

CAMP CELO APPLICATION

For New Campers 2017

Please attach a current photo.

You may also email one to campcelo@gmail.com

Camper

First Name:		Last Name:	
Preferred Name:		Gender: M / F	Birthdate:
Age at Camp Time:	School:		Grade Completing:
Home Phone:			
Mailing Address:			
		(CITY)	(STATE) (ZIP)

Parent and Family Information

1st Parent's Name:	
Relationship to Camper:	Occupation:
Home Phone: (IF DIFFERENT)	Cell Phone:
Email Address:	
Names & Ages of Siblings:	
2nd Parent's Name:	
Relationship to Camper:	Occupation:
Home Phone: (IF DIFFERENT)	Cell Phone:
Email Address:	

Session Request

Junior Camp (Ages 7-10)	Senior Camp (Ages 11-12)
<input type="checkbox"/> A = June 11 - June 17 \$1050	<input type="checkbox"/> 1st = June 11 - July 1 \$2250
<input type="checkbox"/> B = June 18 - July 1 \$1600	<input type="checkbox"/> 2nd = July 2 - July 22 \$2250
<input type="checkbox"/> C = July 2 - July 22 \$2100	<input type="checkbox"/> 3rd = July 23 - August 12 \$2250
<input type="checkbox"/> D = July 23 - August 5 \$1600	
<input type="checkbox"/> E = August 6 - August 12 \$1050	

Deposit Enclosed \$500 (3 week session) \$400 (2 week session) \$300 (1 week session)

Camper Information Sheet

Parents of younger campers, please feel free to help your child answer these questions.

1. How do you feel about coming to Camp Celo? _____

2. What are your favorite things to do? Do you have special hobbies or interests? _____

3. What are you especially excited to do at Camp Celo? _____

4. Do you think you might feel a little homesick? If so, how can your counselor help? _____

5. Is there anything else that you would like to tell your counselors before you come to camp? _____

Parent/Guardian Information Sheet

The following information will only be shared with your child's counselors and will help us to better meet his/her needs. If you need more space to write, feel free to attach an additional letter or write on the back.

1. Does your child have any food allergies or special needs? Our ability to accommodate food allergies is limited.

We need to know in advance if you have concerns. _____

2. How does he/she relate to peers? To adults? _____

3. How does she/he relate at home? At school? _____

4. Are there any challenges, special circumstances, or behaviors you would like us to know about and be sensitive to? (Such as bedwetting, sleepwalking, nightmares, a recent move, recent divorce or death?)

5. Is there anything else you would like to share about your child? _____

7. On occasion we like to add new photos to our websites. Is it ok if your child appears in one of these photos?

Camp Celo Website: Y / N

Camp Celo Facebook: Y / N

8. Will you be applying for a need based scholarship from The Friends of Camp Celo? Y / N

If so, you will need to submit this application to Camp Celo, and a separate scholarship application to FOCC. The application can be found at www.friendsofcampcelo.org. Families applying for financial help may pay half the stated deposit, or may call to request a special arrangement. Your deposit is refundable if the scholarship is not granted.

9. How did you learn about Camp Celo? _____
