

Wooden Acres Adventure Programs

2011 Summer Application

ONE CHILD PER APPLICATION

Please return to: Wooden Acres Adventure Programs

P.O. BOX 725037 Berkley MI 48072

CAMPER INFORMATION

Name of Camper _____ Sex _____ Birthdate: ____/____/____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Camper E-mail _____ Grade entering fall '11 _____

May we publish contact information for a camp roster to be given to Wooden Acres Campers? Yes _____ No _____

Has child attended camp before? YES _____ NO _____ If yes, which camp and when? _____

Which school is child attending? _____ Which religious school does your child attend? _____

Doctor's Name & Phone Number _____

Medical Insurance Name and Numbers _____

Emergency contact (other than parents) Name: _____ Relationship _____

Home Phone _____ Business _____ Cell _____

Program Choices: Please refer to schedule. CIRCLE program and dates desired

PROGRAM	GRADE ENTERING	DATES	
1-Week Adventure	2-7		July 26-July 31
2-Week Highpoint	2-7		July 26-August 7
3-Week Ultimate	2-7	July 5-24	OR July 26-August 14
Total Camp	2-7	July 5-Aug. 14	
Co-ed Teen Travel	8/9	July 5-July 31	OR July 26-August 14
Total Co-ed Teen Travel	8/9	July 5-Aug. 14	
Westward Bound & Pre-Cit Program, 4 or 6 weeks	10	July 5-July 31	OR July 5-August 14
3-Week CIT Program	10		July 26-Aug. 14

Family Information

Mother's Name: _____ Home Phone _____ Cell _____

Summer Phone (if different) _____ E-mail Address _____ Fax _____

Mother's Occupation _____ Business Phone _____

Father's Name _____ Home Phone _____ Cell _____

Summer Phone (if different) _____ E-mail Address _____ Fax _____

Father's Occupation _____ Business Phone _____

May we use your email address for correspondence? YES _____ NO _____ Mom's _____ Dad's _____

Please circle one Parents are: *Married* *Divorced* *Separated* *Widowed* *Remarried* *Single Parent*

If mother is remarried: spouse's name _____ Business Phone _____ Cell _____

If father is remarried: spouse's name _____ Business Phone _____ Cell _____

Are there other children from your immediate family applying to camp this year? _____

Name

Age

Billing Address: (If different from camper address)

Name: _____ Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Please note that enrollment is not confirmed until written notice is received from the camp office. A refundable deposit of \$750 per child with a maximum of \$1,500 per family is required with each application/program. You may use one check for all family members. Sorry, no credit cards. BALANCE IS DUE BY MARCH 15, 2011.

Parent Authorization - Please Sign

Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure treatment for to order injections, anesthesia or surgery for my child named herein. I also understand that I am responsible for the costs incurred on behalf of my child as named herein. I also understand that I am responsible for the costs incurred on behalf of my child relating to accident or illness when treated outside the camp. **This application cannot be processed without signature.**

Signature of Parent or Guardian _____