



Koinonia Nature Camp Registration Application for 2023

Thank you for registering your child for Koinonia Nature Camp 2023! We are excited to start an amazing summer experience for your family. Enclosed in this packet you will find all the necessary information to complete the registration process. Please note that no participant will be accepted into the program until all the information is completed and given to our office.

Upon completion, please email/scan this information to our director at program@koinoniany.org or mail to Koinonia Attn: Day Camp, 165 Lakeview Drive Road, Highland Lake, NY 12743. You may also return this application to school with your child.

Contact:

Questions? Contact our director, Rebecca Morabito at (845) 239-7370 or program@koinoniany.org

Child's Name:

Payment Options and Policies

1. Payment Options

A non-refundable deposit of \$10 per camp week is needed to reserve your child's space. This is a one time fee, in addition to your weekly rate. The deposit is due at time of registration, and tuition is due one week before the camp session begins. Jean Sandberg will reach out to you once your child's application is received to set up payment arrangements. You have two ways to pay:

1. Weekly: You will be billed the week prior to the session your child is signed up for.
2. In full: If you are only signing up for certain weeks, you can pay in full for all sessions signed up for, or you may prepay for all 10 weeks!

Please note: If you prepay but your child does not attend that week, no refund will be given without a 2 week notice.

If you pay in full for all 10 weeks, you will receive 1 week free!

We will also be accepting payments through the Sullivan County Childcare Council for those who qualify. Please indicate whether or not you will be applying. It will be your responsibility to apply through the Childcare Council and inform Koinonia Child Care Director of your acceptance so we can bill appropriately.

2. Scholarships and Discounts

Partial scholarships and discounts are available for families, on a case by case basis. If you would like to request a scholarship or discount, please fill out the Scholarship Application form and return it to the office. Scholarships are available based on need. The deposit is not eligible for scholarships.

3. Refunds

Refunds are available to families with a minimum of two weeks' notice of cancellation. If a family experiences a financial or family hardship, or medical emergency, please contact our office to discuss your options for a refund. The rate is set per week, and partial refunds will not be given in the event your child does not attend a full week.

4. General Policies

We accept payments through credit cards (Visa, MasterCard, Discover, AMEX), personal checks (payable to Koinonia). We will charge a \$50 fee for returned checks.



Drop-off and Pick-up Procedures

Regular Drop-off 8:30 A.M. – Chapel in the Pines Parkinglot on Mud Pond Road

The drop-off location is the parking lot in the Chapel in the Pines unless rainstorms are severe. On those days the drop off and pick up location will be the Conference Center. Families will be notified by email or text if the drop off is not at the camp. Please do not exit your vehicles, staff will be present to escort your child into camp. Please do not arrive with your child before 8:30. If you arrive earlier, please remain in your vehicle until we are open.

Regular Pick Up 3:00pm – Chapel in the Pines Parking lot on Mud Pond Road

Families will drive their car up to the entrance of the Chapel in the Pines, staff will check in with you, your child will be brought to you, and you will sign them out. If you are 15 minutes or more late you will be charged a late fee of \$10.

Authorized Pick Up People

Parents and/or guardians may have up to two additional authorized Pick Up People, excluding themselves. Please fill out the authorized form and return it to our office, with all other forms. If a staff person does not recognize the Pick Up Person, they will request to see the driver's license to confirm their identity, before allowing the child to go with them to the car.

Extended Day Pick up 5:00pm – Chapel in the Pines Parking lot on Mud Pond Road

Families will drive their car up to the entrance at the Chapel in the Pines Parking lot, staff will check in with you, your child will be brought to you, and you will sign them out. Please come on time because our camp staff needs to prepare for the next day.

Alternative Camp Location (Inclement Weather)/ Emergency Pick up Location

In the event that we are expecting moderately inclement weather, camp will be held at the Koinonia Conference Center. *Turn into main entrance, located at 165 Lakeview Drive, Highland Lake; stay straight on road (passing office on right) and follow signs to the Conference Center. Drop off/pick up will be along the circular driveway at the front of the building.* This is also the location we will evacuate to from the chapel in the pines in the event of an emergency

Registration and Medical Release Form (Please fill out one for each child) and return with a copy of each child's 2022 – 2023 physical and vaccination records.

Child's Name (please print) _____ Date of Birth _____

Grade Completed _____ Gender _____

Ethnicity _____

Address _____

Home Phone _____

Parent/Guardian 1 Name _____

Parent/Guardian 1 Cell Phone _____

Parent/Guardian 1 Work Phone _____

Parent/Guardian 1 Place of Employment _____

Parent/Guardian 1 Email Address _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Cell Phone _____

Parent/Guardian 2 Work Phone _____

Parent/Guardian 2 Place of Employment _____

Parent/Guardian 2 Email Address: _____

Should both parents receive emails/phone calls/texts? _____

If no, please indicate primary parent for communication: _____

Name of Child's Physician _____ Phone _____

Date of most recent physical: _____

Are your child's immunizations up to date? _____

Name of Child's Dentist _____ Phone _____

Medical Insurance Company _____

Insured Person _____ Policy Number _____

Medical Insurance Company _____

Insured Person _____ Policy Number _____

The following are names of people other than myself who can be contacted IN CASE OF AN EMERGENCY, AND/OR MAY PICK UP MY ILL CHILD if I cannot be reached. You must list someone in addition to yourself & your spouse.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Authorization for Pick-up Unless otherwise specified IN WRITING, two parents/guardians will be allowed to pick up their child without being placed on this authorization list. If there are any specifications about custodial rights or pick-up rights, they must be submitted IN WRITING to Koinonia. Your child will not be allowed to go with anyone else unless a written note is provided. This will be strictly enforced. The following people have permission to pick up my child at the end of the Koinonia Day Camp:

Authorized Drivers (please list up to two drivers)

Name _____ Relationship _____

Phone Number _____

There _____ are, _____ are not custody/safety concerns the Koinonia staff need to be aware of.

If there are, please explain here: _____

Please indicate any allergies your child may have and provide any other pertinent information. This is the only record of medical information we have on your child. It is important that you fill this out honestly and completely. It is for your child's well-being and safety. Please mark N/A for all that do not apply.

ASTHMA ____ FOOD ____ INSECT BITES OR STINGS ____ LATEX ____ MEDICATIONS ____ OTHER ALLERGIES (Please explain) _____

Is your child presently taking prescription medications for any health reasons? If yes, please explain.

Will these medications be taken during the Day Camp Program? _____

Is your child presently taking over-the-counter or non-prescription medications for any health reasons? If yes, please explain and list medications.

According to New York State Childcare Regulations, prescription and over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that the program may administer such medication and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber's name and license number. Are there any restrictions your child is presently under or will be under during the Day Camp Program, that we should be aware of? Are there any special health or dietary needs or problems we should be aware of?

In the event of an emergency, I, _____, authorize a Koinonia Day Camp Staff Member to take my son or daughter to the hospital for treatment at my own expense. I further give my consent that any emergency medical care needed may be given to my son or daughter in case I cannot be reached. Furthermore, I confirm that all the information above is accurate and completed in full.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Day Camp Health History Form**DAY CAMP**

CAMPER'S NAME: _____ AGE: _____ SEX: _____

PARENT'S NAME: _____

LOCAL ADDRESS: _____

PHONE: (____) _____ CELL PHONE: (____) _____

EMERGENCY CONTACT NAME: _____

PHONE: (____) _____ CELL PHONE: (____) _____

LOCAL ADDRESS: _____

Health History:

(Check--giving approximate dates)

Frequent Ear Infections _____
 Heart Defect/Disease _____
 Convulsions _____
 Diabetes _____
 Bleeding/Clotting Disorders _____
 Seizure Disorder _____

Allergies

Hay fever _____
 Ivy Poisoning _____
 Insect Stings _____
 Penicillin _____
 Other Drugs _____
 Food Allergy _____

Diseases

Chicken Pox _____
 Measles _____
 German Measles _____
 Mumps _____
 Asthma _____

Immunization Record: (fill-in date of last vaccination)

Diphtheria _____	Influenza Type b _____	Hepatitis b _____
Measles _____	Mumps _____	Poliomyelitis _____
Rubella _____	Tetanus _____	Varicella _____

Operations or serious injuries (dates) _____

Chronic or recurring illness: _____

Other disease or details of above: _____

Current medications: _____

Allergies: _____

Parent/Guardian Signature: _____

Date: _____

Nature Camp Registration Agreement and Payment Information

Payment: Check (payable to Koinonia) or Credit,
\$10 per week non-refundable deposit due to reserve your space, due at time of registration.

TOWN OF HIGHLAND CHILDREN ONLY:

\$115 weekly camp rate from 8:30-3:00pm (Standard Day)
\$175 weekly camp rate from 8:30-5:00pm (Extended Day)

If paying for all 10 weeks of camp in full at time of registration, receive 1 FREE WEEK-
\$1035 for camp 8:30-3:00 (Standard Day)
\$1575 for camp 8:30-5:00 (Extended Day)

NON-RESIDENT RATES (ALL OTHER CHILDREN RESIDING OUTSIDE OF THE TOWN OF HIGHLAND)

\$200 weekly camp rate from 8:30-3:00 (Standard Day)
\$275 weekly camp rate from 8:30-5:00 (Extended Day)

If paying for all 10 weeks of camp in full, due at time of registration to receive discount of 1 FREE WEEK-
\$1800 for camp 8:30-3:00 (Standard Day)
\$2475 for camp 8:30-5:00 (Extended Day)

1/2 day (resident and non-resident) rates also available for children attending summer school with the Eldred School District. Busing from school to camp will be provided!
Summer school is Monday-Thursday. Your child will be dropped off from the bus on those days, and attend a full day of camp on Friday.

\$70 per week for 3:00 pickup

\$115 per week for 5:00 pickup

If paying for all 10 weeks of camp in full (including 4 weeks of summer schools) at time of registration to receive discount of 1 FREE WEEK

Town Of Highland Resident with 3:00 pickup- \$900

Town Of Highland Resident with 5:00 pickup- \$1395

Non-Town Of Highland Resident with 3:00 pickup- \$1410

Non-Town Of Highland Resident with 5:00 pickup- \$1995

Please indicate which session your child will be attending

Session 1 – June 26-June 30

Standard Day_____

Extended Day_____

Session 2 – July 3-7 *CAMP CLOSED MON & TUES (Same rate applies)

Standard Day_____

Extended Day_____

Session 3– July 10-14

Standard Day_____

Extended Day_____

Half Day Summer School _____

Session 4– July 17-21

Standard Day_____

Extended Day_____

Half Day Summer School _____

Session 5- 24-28

Standard Day_____

Extended Day_____

Half Day Summer School _____

Session 6– July 31-August 4

Standard Day_____

Extended Day_____

Half Day Summer School _____

Session 7– August 7-11

Standard Day_____

Extended Day_____

Session 8– August 14-18

Standard Day_____

Extended Day_____

Session 9– August 21-25

Standard Day_____

Extended Day_____

Session 10– August 28-September 1

Standard Day_____

Extended Day_____

_____ I will be paying in full for the entire tuition

_____ I will be paying weekly (Tuition due one week before enrolled session)

CHILD NAME:_____

PARENT NAME:_____

PARENT EMAIL:_____

_____ I will be applying for child care assistance through the Sullivan County Child Care Council

_____ I will NOT be applying for child care assistance through the Sullivan County Child Care Council

Behavior Policy

I understand my child will be expected to abide by the expectations to be a kind community member set by the Day Camp Program directors and staff. If these reminders are ignored repeatedly, I understand that my child could be dismissed from the Day Camp Program. My child will receive verbal warnings first. If after verbal warnings, my child's behavior has not improved, my child will be issued a written warning. After **THREE** written warnings, my child may be dismissed from Koinonia Nature Camp, and my money will be non-refundable.

I further acknowledge that my child is permitted to participate in all scheduled program activities, unless contradicted by a medical report, which I will provide.

This day camp includes hiking, swimming, and being outdoors the whole day. If this does not suit your child we suggest you look at other day camp options.

In consideration for accepting this application, I, the undersigned, intending to be legally bound for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages I may have against any and all agents, chaperones, employees of the Martin Luther Camp Corporation – Koinonia, and any other sponsors, their representatives, successors and assigns for any and all injuries and/or damage suffered by my son or daughter in connection with this activity. My son/daughter is in suitable physical condition to participate in any activities specified in my application. I further understand that photographs, photographic images, videotapes, and likenesses of my child may be used in connection with publicity of the Day Camp Program, Martin Luther Camp Corporation – Koinonia.

Parent/Guardian Name (Please Print) _____ Date _____

Parent/Guardian Signature _____

Swimming/Swim Lesson/boating/kayaking

Your child will be tested by our certified life guards to determine their swimming ability level. This level will determine which area of the lake will be the safest for your child to swim in. Please understand that this is a natural lake, and water levels can change, and there are fresh water vegetation, fish, and other living things in the lake. Your child will not be permitted to swim, kayak, or boat without a lifeguard present. Koinonia is not liable for any injury or death that may result in your child participating in these activities. Swim lessons are also offered, free of cost, to every child. This is not mandatory.

Please initial next to the activities you wish for your child to participate in.

_____ Swimming

_____ Swim Lessons

_____ Boating

_____ Kayaking

Over-the-Counter Topical Ointments, Lotions, and Creams, Sprays (Including Sunscreen Products and Topically Applied Insect Repellents)TO/S/R Guidelines for Use and Parent Consent Form

The program will have parent permission to apply and over the counter TO/S/R

Any over the counter TO/S/R will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, the program will obtain health care provider or authorized prescriber instructions before applying the TO/S/R

All over the counter TO/S/R will be kept in its original container. All child specific TO/S/R will be labeled with the child's first and last name.

TO/S/R will be kept in a clean area that is inaccessible to children.

All leftover or expired TO/S/R will be given back to the child's parent for disposal. TO/S/R not picked up by the parent may be disposed of in a garbage container that is not accessible to the children.

All over the counter TO/S/R applied to a child during program hours will be documented and maintained in a child specific log that must be completed by the staff member administering the TO/S/R.

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

Parent permission will be obtained before any non- child specific, over the counter TO/S/R will be applied. Parents will be made aware that the TO/S/R being applied is not child-specific and may be used by multiple children.

Child Name:

Child DOB:

_____ I do give permission for Koinonia staff to apply any TO/S/R for my child during program times. This includes products I supply specific for my child in addition to products that may be used by multiple children.

_____ I do NOT give permission for Koinonia staff to apply and TO/S/R for my child during program times.

Comments/Special Instructions:

Parent Signature

Date

Photo Release

I, _____

Do _____ Do Not _____

give my permission for my child's _____ photograph to be taken by Koinonia Nature Camp staff and be used for publication, advertisement, and/or used on social media platforms.

Parent/Guardian Signature

Staff Vehicle Transportation

I understand that if my child will be transported to the Koinonia Nature Camp by school bus, my child may be transported to the Camp location or other area of Koinonia property by staff's personal vehicle OR Koinonia van. My child may be transported by a staff vehicle to the emergency location in the event an emergency evacuation is necessary.

Parent/Guardian Signature

Inclement Weather/Camp Closure

In the event of severe weather, camp it may be safest to close camp either for the day, or early. Parents will be notified by camp staff. If camp must close early, I agree to do my best to have my child picked up as soon as possible. This is for the safety of my child as well as Koinonia Nature Camp Staff. If an emergency closure is necessary during summer school session, it is the parent/guardian responsibility to pick the child up from school as they will not be transported via bus to Koinonia Nature Camp bus stop. I understand that any emergency closure is non-refundable.

Parent/Guardian Signature

Koinonia Nature Camp
Scholarship Application/Scholarship Donation Form

I would like to request a scholarship for my child/children

Please complete this application for consideration of a scholarship to Koinonia, and send to Koinonia, 165 Lakeview Drive Road, Highland Lake, NY 12743, at least one week before the session begins. If you have any questions, please contact the Director. Scholarship forms will not be considered unless accompanied by a registration form.

Please PRINT clearly and if you wish, include a narrative.

Name(s) of Children attending Day Camp

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Reason for requesting scholarship: _____

Dollar amount requested: \$ _____ .00

I certify that the above information is true. I understand that the scholarship application to Koinonia does not guarantee acceptance and participation in the camp program.

Signature of Parent/Legal Guardian: _____ Date: _____

I would like to make a contribution to Koinonia to help a child attend Nature Camp

The Koinonia Day Camp is funded by a generous grant which has lowered the cost of camp significantly. If you would like to add an additional donation to your child's Day Camp costs, these funds will be used to fund scholarships so all children can attend Day Camp. This donation will be tax deductible.

Thank you for your support!

\$ _____ .00 Amount Donated in addition to my child's Day Camp Cost

Questionnaire

Please complete the following questionnaire so we can learn more about your child, so our staff can work out the best options and planning to make your child's experience one-of-a-kind. Thank you.

Child's Name _____ Grade Completed 2022 _____

Number of Siblings _____

Question 1: Does your child have any specific interests, hobbies, or recreational activities they participate in? Please list them.

_____.

Question 2: How would you best describe your child's personality?

_____.

Question 3: Please check the following daily activities in which your child would be interested.

Storytime _____

Singing/Drama

Swimming _____

Arts & Crafts

Boating _____

Fishing

Hiking

Nature Lessons

Large Group Games

Small Group Games _____

Question 4: Is there anything else you'd like us to know about your child that may be helpful for our staff?

If you have any further questions or concerns, please direct them to our Day Camp Director, Rebecca Morabito program@koinoniany.org. Thank you.

Bible Stories Option

Koinonia is a Lutheran Camp and has been in operation nearly 60 years. It has the following mission:

“Koinonia is where God prepares people in an outdoor environment to love and serve one another”

As a part of our mission, we would like to offer families the opportunity to learn some Lutheran Theology during camp. This is optional and not required.

If you would like your child to join the Bible Story group, they will gather for 15-20 minutes after lunch while the Day Camp is having a rest time. Counselors will use the Sparks Bible and read Old and New Testament stories, and then engage the children in a brief discussion.

If you would like your child to join the Bible Story Group check below and sign.

 I would like my child, _____ to attend Bible Stories

Signature

Date

____ / ____ / ____