

# Wooden Acres Adventure Programs

## 2009 Summer Application

ONE CHILD PER APPLICATION

Please return to: Wooden Acres Camp, 25120 E. Roycourt, Huntington Woods, MI 48070

### CAMPER INFORMATION

Name of Camper \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Camper E-mail \_\_\_\_\_ Grade entering fall '09 \_\_\_\_\_

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 7-12	OR July 28-August 2
2-Week Highpoint	2-7	July 7-19	OR July 28-August 9
3-Week Ultimate	2-7	July 7-26	OR July 28-August 16
Total Camp	2-7	July 7-Aug. 16	
Co-ed Teen Travel	8/9	July 7-July 26	OR July 28-August 16
Total Co-ed Teen Travel	8/9	July 7-Aug. 16	
Westward Bound & Pre-Cit Program, 4 or 6 weeks	10	July 7-August 2	OR July 7-August 16
3-Week CIT Program	10	July 28-Aug. 16	

## 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, 2009.

### 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 \_\_\_\_\_