



Camper Application

Rollstone Church Day Camp @ Camp Wellville
199 Main Street, Fitchburg, MA 01420
8:45 AM to 3:00 PM (including bus ride times)
9:00 AM to 2:30 PM (if meeting us at camp)
Saturday 1/2 Day = 9:00 to 12:30*

June 27 – 29*, 2012

Please deliver by hand or mail this application (**with payment**) on or before **May 31st **** to the Day Camp Director or a member of the Board of Christian Education located at the above address. Separate applications must be filled out for each applicant.

Children must be between the ages of 5 through 13 as of June 1st
The cost per camper is \$30.00.
Please make checks payable to **Rollstone Church Day Camp**.

Child's name _____
Age as of June 1st _____ Current Grade _____
Parent(s) Name(s) _____
Address, _____
Daytime phone # _____ Work or Cell Phone# _____
***Parent E-Mail address** _____

Any health problems or allergies _____
Is your child planning to take the bus? Yes _____ No _____
If your child is not riding the bus daily, please specify alternative arrangements:

Persons authorized to pick up your child:
Name: _____ Phone # _____ Relationship: _____
Name: _____ Phone # _____ Relationship: _____

If you are not a member of Rollstone Church, who referred you to camp?

PERMISSION SLIP

I hereby grant permission for my child to participate in all Day Camp events, activities, swims, candid photos, etc. that are normally a part of this Day Camp program.

In case of an emergency in which I cannot be reached, please contact the following person:
Name: _____ Phone # _____ Relationship: _____

I give permission to the Day Camp Director to take necessary steps should medical attention, emergency treatment, and/or hospitalization be required.

Parent/Guardian Signature _____ Date _____

**** ROLLSTONE CHURCH SCHOOL CHILDREN** have priority if applications are received by APRIL 30th.
*Any families with financial hardship may speak with a Bd of Christian Ed member or the pastor for assistance.
Camperships are limited because they are based on donations from congregation members and friends.

Health Form
For Campers and Jr/Sr Counselors

Rollstone Church Day Camp
199 Main Street, Fitchburg, MA 01420
@Camp Wellville – Stowell Road
Ashburnham MA

1. Send/bring a copy of a current physical:

Each Camper and Jr/Sr Counselor is required to attach a copy of a current physical (within the last 24 months) to this form and submit **both** to us before attending camp.

2. Fill out this form and submit with a copy of child's current physical:

Name (of camper or Jr/Sr counselor):

Date of Birth _____

Home Address _____

Parent's Name _____ Daytime Phone _____

Cell # _____

Doctor's Name _____

Office Phone # _____

Address of Practice _____

Insurance Provider _____

Insurance Policy # _____

Will your child be taking medication at camp? If so, explain? _____

****If your child needs to take medication at camp we must have a written authorization signed by a parent/guardian with the times and dosage amounts. All medications must be in a bottle with your child's name and given to the Camp Director.**

Does the child have allergies? If yes, explain _____

Are there any health conditions that would effect child's participation in camp activities?

If yes, explain _____

Please list any other concerns or information that might be important for us to know. _____
