

**CONGREGATIONAL CHRISTIAN COUNCIL OF MAINE
YOUTH SUMMER CAMP
PRE-CAMPER APPLICATION**

For use by camp staff with pre-camper aged children

Include the following for each pre-camper child: completed application, medical form, \$45 fee

Child's Name: _____ Gender: ___ F ___ M
Date of Birth: _____

Name of Parent/Guardian on Staff: _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Telephone (day): _____ (eve) _____ (cell) _____
Parent's email address: _____

In case of emergency, please notify: _____ Relationship
to pre-camper: _____

T-shirt size: Youth Sm: _____ Youth Med: _____ Youth Lg: _____ Adult Sm: _____

I hereby give permission for my child _____ to participate in all daycare activities of the CCC/ME Summer Youth Camp. I agree to assume all risk of injury, harm or damage to my child's person or property and agree to indemnify and hold harmless all staff and campers from any and all liabilities, actions, damages and claims of any kind or nature that may arise as a result of this child's attendance at camp.

Parent/Guardian Signature: _____

Date: _____

CAMP WINNIAUGUAMAUK PRE-CAMPER – MEDICAL INFORMATION

Submit this form with your application

NAME OF PRE-CAMPER: _____ DATE OF BIRTH _____

ADDRESS: _____

TELEPHONE: (day) _____ (eve) _____ (cell) _____

DATE OF LAST: Tetanus booster _____ physical exam _____

Have you had Covid-19? Y ___ N ___ What is your vaccination status? _____

NAME OF PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE CO: _____ POLICY/GROUP# _____

ALLERGIES TO: (Please list and describe the nature of the reaction)

Medicines: _____

Food: _____

Other: _____

DISABILITIES: Are there any medical reasons why this person may not fully participate in all camp activities? N ___ Y ___ Explain: _____

MEDICAL CONDITIONS: (Please list all)

MEDICINES BROUGHT TO CAMP

All medicines brought to camp MUST be given to the camp nurse, labeled with the original RX label, dosage instructions, camper's name, doctor's name and dates. No camper will be admitted to camp without proper labeling on medicines. This applies to all medicines. We do not want to send any camper home so please check the medications prior to leaving home. If your child forgets to bring essential medicines, DO NOT have medications mailed to camp. They must be delivered, or contact the camp and we will try to find a courier (no guarantees). All packages are subject to inspection by the Camp Director/Administrator.

In case of emergency notify: _____

Relationship to camper: _____ Phone, if different from above: _____

The nurse of the Congregational Christian Council of Maine Summer Camp has my permission to treat this camper with first aid or if necessary to take the above named child to Blue Hill Hospital for treatment. I further agree to assume financial responsibility for any emergency treatment. You will be notified if your child requires hospital care.

Signature of parent/guardian: _____

Date: _____

CAMP WINNIAuGUAMAUK SUGGESTED PRE-CAMPER EQUIPMENT LIST

IMPORTANT: Please bring a refillable water bottle

BEDDING

Sleeping bag or bedroll
Extra blanket, just in case
Pillow
Twin sheet (optional)

CLOTHING-suitable for vigorous outdoor fun and potentially messy crafts

6-7 changes of everything like shorts, sports shirts, socks, underwear, etc.

3 pairs of long pants or jeans

1 rain jacket or poncho

2 sweatshirts or sweaters

1 pair of sneakers and one additional pair of shoes (sneakers, hiking boots, etc)

Water shoes or aqua socks for use at the waterfront (highly recommended)

Sandals (optional)

Bathing suit

Pajamas

“Nice” outfit for the dance and senior night (optional)

PERSONAL ARTICLES

Towel and facecloth

Toiletries (soap, shampoo, toothbrush, toothpaste, etc)

Pen or pencil, notebook

Bible will be provided at camp or you may bring your own

Flashlight

Camera (label camera with name)

Stamps, writing paper and envelopes

Favorite toys, games, stuffed animals, etc.

Water toys, swimmies, life jackets, etc. if needed

Insect repellent

Clothesline or drying racks

Small fan (optional)

Items relating to the theme (decorations for the cabin, costumes for skit, etc.)

Alarm clock

LEAVE THESE ITEMS AT HOME:All electronic devices: CD players, video games, cell phones, computers, and electronic toys. Pre- campers may bring a small radio if needed to sleep and the parent is not in a camper cabin.

PETS-No pets are allowed at camp at any time (including check in and checkout)

Camp Winniaugumauk Post-Camper Application – DUE JUNE 1, 2022

Please complete and mail this post-camper application, medical form, criminal records check authorization form to:

Andrea Cooper, c/o EOCC, 38 Johnson Mill Rd, Orrington, ME 04474 by the due date

NAME: _____ M ___ F ___ DOB: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

Phone number (day): _____ (eve): _____ (cell): _____

Email address: _____

Name/address/telephone number of emergency contact:

T SHIRT SIZE: Sm ___ Med ___ Lrg ___ XL ___ XXL ___ XXXL ___

POSITION INTERESTED IN (no guarantees) ___ Daycare ___ Arts and crafts ___ Athletics
___ Kitchen/Dishwasher ___ Waterfront* (*PLEASE INCLUDE COPY OF CURRENT LIFEGUARD
CERTIFICATION WITH APPLICATION)

PREFERRED SLEEPING ARRANGEMENTS (no guarantees) ___ Cabin or ___ Hotel/Motel

It is the purpose of the CCC/ME to provide a safe environment for our staff and campers. Insurance guidelines have mandated we institute child protection policies/procedures. We require national security checks on all camp staff; please complete the National Security Background Check Authorization Form and return with your completed application packet.

Church: _____ Pastor: _____
(Camp Administrator may call your Pastor for background/references as needed.)

If not a member of a CCC/ME church or if you are a Pastor, please list the names and phone numbers of two references:

1. _____
2. _____

Have you been convicted of any crimes? (not including traffic violations) Y ___ N ___ IF YES, PLEASE EXPLAIN: _____

Signature: _____

Date: _____

CAMP WINNIAUGUAMAUK
MEDICAL INFORMATION – POST-CAMPER APPLICANT

Please submit this form with your application

NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

DATE OF LAST: Tetanus booster _____ Physical exam _____

NAME OF PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE COMPANY _____ POLICY/GROUP _____

ALLERGIES TO (please list and describe the nature of the reaction):

Medicines: _____

Food: _____

Other: _____

DISABILITIES: Are there any medical reasons why this person may not fully participate in all camp activities? N__ Y__ Explain: _____

MEDICAL CONDITIONS (Please list all): _____

MEDICINES BROUGHT TO CAMP:

If you are in a cabin, all medicine brought to camp **MUST** be given to the camp nurse, labeled with the original Rx label, dosage, instructions, staff member's name, doctor's name and dates. **THIS APPLIES TO ALL MEDICINES.** We must have proper labeling to store medications, so please check all medication prior to leaving home. No medications may be kept in camper cabins. Staff living in staff dorms may keep their medications in their rooms or have the nurse store them in the infirmary.

Name/Phone number of parent/guardian: _____

The nurse of the Congregational Christian Council of Maine Summer Camp has permission to treat me with first aid or if necessary, to take me to Blue Hill Hospital for treatment. I further agree to assume financial responsibility for any emergency treatment.

Staff Applicant Signature: _____

Date: _____

CAMP WINNIAUGUAMAUK SUGGESTED POST-CAMPER EQUIPMENT LIST

IMPORTANT: Please bring a refillable water bottle and travel mug for coffee to reduce the use of paper cups. Thanks!

BEDDING

Sleeping bag or bedroll
Extra blanket, just in case
Pillow
Twin sheet (optional)

CLOTHING

6-7 changes of everything like shorts, sports shirts, socks, underwear, etc.
3 pairs of long pants or jeans
1 rain jacket or poncho
2 sweatshirts or sweaters
1 pair of sneakers and one additional pairs of shoes (sneakers, hiking boots, etc)
Water shoes or aqua socks for use at the waterfront Sandals (optional)
Bathing suit no bikinis allowed by staff or campers
Pajamas
"Nice" outfit for dance and senior night (optional)

PERSONAL ARTICLES

Towels and face cloth
Toiletries (soap, shampoo, toothbrush, toothpaste, etc)
Pen or pencil, notebook
Bible (bring your own or borrow one from camp)
Flashlight
Camera
Stamps, envelopes and writing paper
Reading materials, cards, games for quiet time
Insect repellent (no spray insect repellent, if possible)
Sunscreen (no spray sunscreen, if possible)
Clothesline or drying rack/clothespins
Small fan (optional)
Camp chair (optional)
Items relating to camp theme (decorations for cabin, costumes for skit, etc.)
Alarm clock

IMPORTANT: PETS ARE NOT ALLOWED AT CAMP AT ANYTIME