



## CHILDREN'S DISCOVERY CAMP 2023 REGISTRATION PACKET

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Start: Thursday, August 10 at 2:00 p.m.  
End: Saturday, August 12 at 11 a.m.

Brooktondale Nazarene Camp  
and Retreat Center  
120 White Church Road  
Brooktondale, NY 14817

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For children who are going into  
K through 6<sup>th</sup> grade this fall

One parent is **REQUIRED**  
to attend in each family unit

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Cost:  
Child 1: \$75  
Required Parent: \$75  
Each Additional Child: \$50

Scholarship:  
An application for scholarship can be  
made to the NDI Board (see last page)

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A note from your Children's Discovery Camp Director:

Thank you so much for your interest in this NEW Children's Camp experience! It's no secret that parenting has changed over the years. Parents are more hands on and less trusting than they used to be. And we could list all the reasons for that, but the fact is, we want to do things with our kids. As a parent to two children, I want to be involved in my kid's lives and that certainly includes summer camps. Overnights make me nervous, and I am leery of sending my little girl to a week-long overnight camp, so I know that I am not alone in that.

Because of this, a previous District that I Directed camps for, came up with a shorter camp that was parent involved. Parents stay WITH their children in individual family units. Parents care for their child's individual needs without fear or worry that something will be overlooked. Parents have fun WITH their children, and build memories to last a lifetime, as well as friendships with other parents and kids on the district.

As your Director, I bring to you years of experience as a Lead Pastor, a Children's Pastor, a Family Camp Director, and a Children's Camp Director. I know that this is unique, and that this is new. But sometimes, trying something new is just the thing to revitalize a ministry in decline.

This camp may be shorter than before, but we plan to jam pack a whole lot of fun and learning for both kids and parents into this short time. You will not be disappointed, and you will leave wanting more. Together, let's give our kids an incredible Children's Camp experience. It will bring them closer to us, their parents, and ultimately lead them closer to Jesus.

With Love to you in Christ,  
—Pastor Leslie Davies

# FAMILY INFORMATION FORM

## Parent or Guardian Completing the Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Second Parent or Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Mailing Address

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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## Secondary Household Information (if there is an additional parent or guardian at a DIFFERENT address than above, enter their details below)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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## Emergency Contacts

Emergency Contact #1 – Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact #2 – Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

# ATTENDING PARENT/GUARDIAN INFORMATION FORM

Required Attendee Information (the information you provide here is what will be used to run our background checks which are required for all attending adults)

Full First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Medical Allergies/Issues of Concern: \_\_\_\_\_

\_\_\_\_\_

## Personal Information

Have you, at any time, been accused (rightly or wrongly) of sexual abuse, maltreatment, or neglect? No Yes (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever been accused or convicted of possession/sales of controlled substances or of driving under the influence of alcohol or drugs? No Yes (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of any criminal act (aside from a traffic violation)? No Yes (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Is there anything not already discussed, that you would like to share with the Camp Director? \_\_\_\_\_

\_\_\_\_\_

### Signature

By submitting this completed application, I am committing to attend the Children's Discovery Camp as a parent of a camper. I have completed this application to the best of my knowledge and have provided truthful information. I also give permission to the Upstate NY District NDI President and Brooktondale Camp Administrative Director to perform a criminal background check in accordance with NYS Health Department regulations. I understand that all information provided on this application is confidential and will only be used in reference to my status as an Upstate NY District camp attendee.

Adult Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **CAMPER FORM** (Please Fill Out One Form for Each Camper)

### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade this Fall: \_\_\_\_\_

### MEDICAL FORM

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information in order to be able to ensure the safety and well-being of campers during their time at camp. We want to ensure you that these files are confidential and will be in the possession of our Brooktondale Nazarene Nurse at all times while your child is attending camp and in our care.

### Allergies and Dietary Restrictions

Does your child have any allergies? Yes No

If yes, please provide the allergy, allergic reaction details, date, and description \_\_\_\_\_

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Does your child have any dietary restrictions? Yes No

If yes, please explain: \_\_\_\_\_

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*The camp can accommodate dietary preferences within reason. If your camper is not able to eat a regular summer camp menu, please contact our Camp Administrative Director for approval.*

### Immunizations

Are all immunizations up to date for your child?

☐ Not Immunized ☐ Immunized on \_\_\_\_\_ Please provide Date of Last Series (MM/DD/YY)

Tetanus Shot (Dtap/Tdap)

☐ Not Immunized ☐ Immunized on \_\_\_\_\_ Please provide Date (MM/DD/YY)

### Health History

Has your child had or currently has any recurrent/chronic illnesses or infectious diseases?

Recurrent/Chronic Illness: Yes No

Infectious Disease: Yes No

Mono (past 1 year): Yes No

Be sure to fully explain any illness(es) or disease(s) your child currently has \_\_\_\_\_

Has your child been exposed to any communicable diseases within the last 3 months?

Yes No

Does your child have any restrictions on activity? Yes No

Will your child require any special assistance while at camp? Yes No

Please list any other medical information the camp should have about your child. \_\_\_\_\_

### Medical Waiver

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I understand the information on this form will be shared on a "need to know" basis with the Brooktondale Camp Staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.*

# CAMPER AND PARENT EXPECTATIONS

## RESPECT OTHERS AND YOURSELF!

Treat all campers and Brooktondale Nazarene Camp and Retreat Center staff with respect. Swearing, foul language or name calling is not acceptable. Dress modestly. Talk to your parent or a camp staff member if you have a problem or concern while at camp.

## BE SAFE!

All campers are expected to not cause harm to themselves or others. We will not allow any items that could hurt someone such as guns, knives, flammable or explosive materials, etc. Campers and their parents are responsible for damages. Campers may not leave their cabins after lights out. Campers must stay in activity areas with their family unit. Always listen to the directions of your parent or a camp staff member

## BE HEALTHY!

Tobacco, drugs, or alcohol are not permitted at Brooktondale Nazarene Camp and Retreat Center. Shoes must be worn at camp at all times.

## BE ENGAGED!

Camp is designed to be a time where the normal distractions of everyday life are removed. It is a time that is intentionally different from the interruptions that our digitally connected lives often bring to us. Therefore, it is strongly encouraged that all electronic devices be left at home. Brooktondale Nazarene Camp and Retreat Center is not responsible for lost or stolen items.

## HAVE FUN!

### Acceptance of Expectations for Camper by Parent/Guardian

I have read and discussed the "Camper and Parent Expectations" with my camper(s) that are designed for the safety of everyone. My child(ren) and I agree to follow the rules. If my child and I do not abide by the rules, the Camp Director or Camp Administrative Director may require us to remove her/him from camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION AND WAIVER

I approve the participation of my minor child in this children's camp and waive any and all claims against the same, its Board or Representatives, due to injury or other damages incurred to the camper or said camper's property in connection with the Summer Camp Programs at Brooktondale Nazarene Camp and Retreat Center in Brooktondale, New York.

I assure that my child is in good physical health and is able to attend camp. I understand that my camper's participation in summer camp activities may expose him/her to psychological, physical, and challenging situations. I understand that although the camp has taken precautions to provide proper organization, supervision, instruction, and equipment, it is not possible to guarantee absolute safety. Camper and Parent/Guardian understand that they share responsibility for their camper's safety, and they accept that responsibility. I authorize the Brooktondale Nazarene Camp Nurse to render necessary routine first aid and medical care as required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## DORMING PLANS

- ☐ In a camp-owned cabin/dorm/room
- ☐ In an RV on a camp lot
- ☐ In a tent on a camp lot
- ☐ In our family-owned cabin / on our family-owned lot

## REGISTRATION/PAYMENT INFORMATION

**Mail:** [ ] Pages 3-8 of this registration packet

[ ] Immunization Records

[ ] \$50 Non-Refundable Deposit (Balance Due at Camp)

**Payable To: Brooktondale Camp and Retreat Center**

**To:** Chris Davies (Registrar)  
5797 New Hartford Street  
Wolcott, NY 14590

**Postmarked by:** August 1, 2023

**Be Advised:** We anticipate camp-owned sleeping options to fill up quickly and we may need to turn away families or require them to bring their own sleeping accommodations (RV or Tent). To ensure your family gets a cabin/dorm/or room, please don't wait until the August 1 deadline. Secure your spot ASAP.

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## SCHOLARSHIP INFORMATION

**Mail:** [ ] Page 10 of this registration packet (Scholarship Application)

**To:** Elizabeth Criscuolo (NDI President)  
2535 Consaul Road  
Schenectady, NY 12304

**Postmarked By:** July 10, 2023 (or turned in at Family Camp)

# UPSTATE NDI CHILDREN'S DISCOVERY CAMP SCHOLARSHIP APPLICATION

Scholarship Submission Deadline: Postmarked by July 10, 2023

Mail To: Elizabeth Criscuolo (NDI President)  
2535 Consaul Road, Schenectady, NY 12304

Names of Adult(s) and Children Attending: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Given that there is always a financial investment from the families for camp, what percentage or amount do you estimate your family would be able to provide in order to be able to attend Children's Discovery Camp? \_\_\_\_\_

Are there any special financial circumstances that we should be aware of that may indicate a greater financial need for scholarship funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I acknowledge that we are applying for financial assistance for our family to attend Children's Discovery Camp, and that the above provided information is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_, Amount approved \$\_\_\_\_\_, Date Notified \_\_\_\_/\_\_\_\_/\_\_\_\_