

CAMP ACTIVITIES (Check **once** those with which you could assist.
Check **twice** those which you feel qualified to lead).

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| <input type="checkbox"/> Swimming Instruction | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Fire Building |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Softball | <input type="checkbox"/> Axmanship |
| <input type="checkbox"/> Water Ballet | <input type="checkbox"/> Football | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Rowing | <input type="checkbox"/> Badminton | <input type="checkbox"/> Overnight Camping |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Lashing |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Karate | <input type="checkbox"/> Campfire Cooking |
| <input type="checkbox"/> Design & lead camp worship, celebrations | <input type="checkbox"/> Woodcraft | <input type="checkbox"/> Basketry |
| <input type="checkbox"/> Campfire songs, games, stories | <input type="checkbox"/> Stars | <input type="checkbox"/> Painting, Sketching |
| <input type="checkbox"/> Folk Dancing | <input type="checkbox"/> Trees | <input type="checkbox"/> Weaving |
| <input type="checkbox"/> Square Dancing | <input type="checkbox"/> Flowers | <input type="checkbox"/> Nature Crafts |
| <input type="checkbox"/> Interpretive Dancing | <input type="checkbox"/> Birds | <input type="checkbox"/> Pottery, Molding |
| <input type="checkbox"/> Group Games | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Whittling |
| <input type="checkbox"/> Leading Coffee Houses | <input type="checkbox"/> Play Instrument
(which ones?) | <input type="checkbox"/> Candle Making |
| <input type="checkbox"/> Leading in value discussions
(everything from social justice to teenage sex) | <input type="checkbox"/> Make
Instruments | <input type="checkbox"/> Banner Making |
| | | <input type="checkbox"/> Tie Dying |
| | | <input type="checkbox"/> Macrame |

What special abilities, skills and interests have led you to apply for training as a counselor? Why do you want to be a counselor?

Clergy _____
(Name) (Address)

Adult (other than family) _____
(Name) (Address)

Other _____
(Name) (Address)

3. Please give your assessment of the applicant's ability to work with children and youth, grades 3-8. Does he/she work better with one age group than another?

4. Do you think the applicant would benefit personally from the Counselor-in-Training program? In turn, what special skills, interests and potential leadership do you think the applicant could offer to Camp Claire?

Date _____ Signature _____

Please mail to Camp Claire, 62 Colony Street, Meriden, CT 06451



Camp Claire, Inc.

62 Colony Street
 Phone: (203) 235-5705
www.campclaire.org

Meriden, CT 06451
 Fax: (203) 235-8044
campclaire@snet.net

RESIDENTIAL CAMP 2008 SEASON

SESSION	LENGTH	DATES	ENTERING GRADE	FEE / REGISTRATION
Adventure Week (Canoe Trip to the Delaware Water Gap)	1 Week	July 6 – July 12	AGES 10 – 16 (10 & 11 year olds must be accompanied by a parent)	\$400 + \$200 = \$600
Session 1	1 Week	June 29 – July 5	3 - 6	\$400 + \$200 = \$600
Session 2 *	2 Weeks	July 6 – July 19	3 - 6	\$600 + \$200 = \$800
Session 3 *	2 Weeks	July 20 – August 2	6 - 8	\$600 + \$200 = \$800
Session 4 *	2 Weeks	August 3 – August 16	6 - 8	\$600 + \$200 = \$800

* 1 Week Sessions Available Upon Request (except for Adventure Week)

***** Registration is by mail only and MUST be accompanied by a non-refundable \$200 registration fee and Parent's Questionnaire. *****

A pre-camp visit may be arranged by calling the Camp Office, (203) 235-5705.

Cut Here ----- Please Return This Form With Payment ----- Cut Here

CAMP CLAIRE RESIDENTIAL CAMP 2008 APPLICATION FORM

Please Print In Ink!
 Make checks payable to: **Camp Claire Registrar**
A returned check fee will apply
 Mail to: Camp Claire, Inc.
 62 Colony Street
 Meriden, CT 06451

- Adventure Week** (Canoe Trip to the Delaware Water Gap) 1 Week
- Session 1** 1 Week **Session 2** 2 Weeks (1 Week__)
- Session 3** 2 Weeks (1 Week__)
- Session 4** 2 Weeks (1 Week__)

1 Week Session (\$400 + \$ 200 = \$600)
 Please Advise What Week Is Being Requested: _____

Camper's Name: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Grade: _____

PLEASE Complete the Parent's Questionnaire and Application Form and return with the Registration Fee!

TERMS AND CONDITIONS – Residential & Day Camp (please read carefully)

1. Requests to change the weeks of attendance or lengthen a camper’s stay can be made only if space is available. Shortening the camper’s stay cannot be made unless the Camp agrees to the change.
2. No financial allowance (refund, credit or other) shall be made for missed days.
3. The Camp reserves the right to dismiss without any refund a camper whose conduct or influences is, in the opinion of the Camp, unsatisfactory or detrimental of the best interests of the Camp.
4. The Camp is not responsible for loss or damage of any personal belongings of any kind while at Camp.
5. In case of an emergency the Camp will attempt to contact the parents/guardians. If contact is not made, though, the Camp has permission of the parents/guardians to assume full responsibility for, and make all decisions concerning, the camper, including, but not limited to, authorizing first aid and emergency treatment of or for the camper. Medical expenses are the responsibility of the camper’s parents/guardians. If the medical provider does not accept the parents/guardians’ medical insurance, then the parents/guardians shall pay the medical provider directly or reimburse the Camp upon receipt of written invoice.
6. The camper will not be allowed to attend Camp without fully completed and signed medical forms and any other forms the Camp requests to be completed. A completed medical form includes a health history, signed by a physician within the past 24 months. All forms of medication, including over-the-counter drugs must be noted on the health form or medication forms sent to you upon registration.
7. **IMPORTANT NOTE TO PARENTS: DUE TO PAST EXPERIENCES, CAMP CLAIRE NO LONGER ALLOWS WALKMANS, VIDEO GAMES, BEEPERS, CELL PHONE, OR ANY OTHER ELECTRONIC DEVICES. NO FOOD OR DRINK ITEMS BROUGHT OR SENT TO CAMP.**

FEES –

1. It is understood that Camp Claire reserves the right not to admit any camper to the Camp if all tuition fees are not paid in full prior to actual session arrival.
2. Camp’s registration fee is due at time of actual registration and is **non-refundable**. **Parent’s Questionnaire is also due upon registration.**
3. Refunds are not given for early withdrawal from Camp, including withdrawal due to camper or parent “homesickness”.
4. Please make checks payable to **“Camp Claire Registrar”**. Partial payments can be made – please just mark checks with child name and week/session.

<p><i>I HAVE READ AND ACCEPT THE ABOVE TERMS AND CONDITIONS</i></p> <p>Camper’s Name: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Parent/Guardian Signature <i>Required</i></p>
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PLEASE Complete the Parent’s Questionnaire and Application Form and return with the Registration Fee!