

Camp Conewago 2011 Information



Theme: Week 1 A Minute to Win It
Theme : Week 2 Back Yard Fun

Cost: \$20/week per camper

Who: Children ages 5-11

When: June 20th-23rd and June 27th -30th

Where: Conewago Elementary School

Letter from the Director

Dear Parents,

I would like to introduce myself as the Director for Camp Conewago's 2011 Summer Program. My name is Karen Krulock. I am your child's Physical Education teacher here at Conewago.

Camp Conewago is a program sponsored by the Conewago Township Park and Recreation Board. It is not associated the Conewago Elementary School or the Lower Dauphin School District. Camp Conewago is open to all Conewago Township residents, not just children who attend Conewago Elementary School.

I am contracted to direct this year's summer program. I look forward to making camp an educational and enjoyable experience for your child this summer.

Please feel free to contact me @ 903-6238 or BOS.Conewagotwpdauphin@comcast.net if you have any additional questions.

Sincerely,
Karen Krulock

Camp Conewago 2011 Registration Form

When: June 20 -23th and June 27th -30th from 9:00 am-12:00 pm daily

Where: Conewago Elementary School

Who: Children ages 5-11

Cost: \$20.00/ week per camper

Checks made payable to: Conewago Township (Write Camp Conewago in the memo section)

Registration Forms Due to Conewago School by June 4th

Camp Conewago is run by the Conewago Township Park and Recreation Board.

It is not associated the Conewago Elementary School or the Lower Dauphin School District.

My child will attend: (Please circle) June 20th -23th --\$20

June 27th - 30th --\$20

Both weeks--June 20th-23th and June 27th - 30th --\$40

Child's Name: _____ **M/F (Circle)**

Age: _____ **DOB:** _____

Grade completed as of June 2010: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Home Phone #: _____

Mother Work #: _____ **Father Work #:** _____

Mother Cell #: _____ **Father Cell #:** _____

In Case of Emergency who should be notified first? _____

T-shirt size (circle one): Youth: **M L** Adult: **S M**

Medical Conditions/Allergies:

Emergency medications you will be sending to camp (Epi-Pen, inhalers, etc.):

(Please note all medications must be given to camp director. All medicines must be accompanied by a physician's order that includes reason for giving medication, directions on how much medicine to take and how often medication can be given.)

Family Physician: _____ **Phone #:** _____

Preferred Hospital: _____ **Date of last tetanus shot:** _____

MEDICAL RELEASE

*****In EXTREME EMERGENCY IT MAY BE NECESSARY TO TRANSPORT YOUR CHILD TO THE NEAREST HOSPITAL*****

I give permission to the staff of Camp Conewago to call 911 for transportation of my child to receive medical care in the event of an emergency when parent/guardian or emergency contacts cannot be reached.

Parent Signature: _____

Date: _____