

CAMP HOPE HAVEN

2016 APPLICATION — SUMMER CAMP

3000 NORTH LANDING ROAD | VIRGINIA BEACH, VA 23456 | PHONE 757-427-1500 | www.unionmissionministries.org

CAMP DIRECTOR: BEN JACOB

bjacob@ummnorva.org

Welcome! Before you apply, please read the following information carefully.

Camp Hope Haven is a non-demoninational Christian camp that strives to meet children's spiritual, physical and emotional needs. At Camp Hope Haven, campers participate in a variety of fun activities such as pony rides, swimming, arts and crafts, and Bible and nature classes while enjoying the open space of our fifty-four acre campus. Camp is paid for by friends in Hampton Roads who provide scholarships so that children, who otherwise might not be able to afford it, can enjoy a Christian camping experience. If you are able, we encourage you to consider making a donation to help send another child to camp.

Check-list for Applying

- Application is **filled out completely** and **legibly** (all 4 pages). An incomplete application will not be processed.
- The **\$8 non-refundable application fee** is included (if you are unable to pay, please contact the camp director).
- First-time campers** must include **proof of their age** (a photocopy of their birth certificate or legal ID card).

The Deadline to Apply - May 13, 2016

We strongly suggest you apply early since some weeks fill up before the deadline. Applications are accepted on a first-come, first-serve basis. If you are accepted to Camp Hope Haven, you will receive a packet in the mail two weeks before your scheduled week of camp, with your cabin assignment, medical form, and information about camp such as camp rules and a packing list.

We look forward to seeing you this summer!

Benjamin & Bethany Jacob, Camp Directors

❖ Select a Week of Camp for 2016 (✓ only one)

Girls (ages 8-10)

- June 27-July 1
- August 1-5

Girls (ages 11-12)

- July 4-8
- July 18-22

Boys (ages 8-10)

- July 11-15

Boys (ages 11-12)

- July 25-29

❖ Camper Information

Full Name _____ Goes By _____ M F

Birthdate ___/___/_____ Age _____ Have you attended Camp Hope Haven before? Yes No

I would like to be in a cabin with _____ *(List only one name. Both you and your friend must request each other in order for the request to be honored.)*

FOR OFFICE USE ONLY

Date Postmarked ___/___/_____

Registration Fee _____

Proof of Age _____

Contacted _____

Waiting List _____

Cabin Number _____

❖ Parent/Guardian Information

Name Mr. Mrs. Ms. _____

Relationship to child _____ (e.g., parent, foster parent, grandparent, etc.)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ (Please provide at least 2 phone numbers)

Do you attend church regularly? Yes No If yes, what church? _____

Household Income (this information is needed to aid in our fund-raising process), please check ✓ one:

\$0-\$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 \$80,000+

❖ Camper Pick-Up

Including yourself, list those who may be picking up your child on Friday at 3:00 pm. **We will only release the campers to the person(s) listed here.** If plans change and this information needs to be changed, please call us at 757-430-2235.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

❖ Emergency Contact

In case we cannot reach you, list the person(s) we should contact to pick up your child in an emergency. **Do NOT list yourself.** Put in order of preference.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

❖ Health Information

Date of child's last Tetanus or D.P.T. Series (Month/Year) _____/_____

Please list any present or past medical conditions or other problems that we would need to know about if your child were in our care (i.e., bedwetting, ADHD) _____

Has your child ever had seizures? Yes No

If yes, how long ago? _____

❖ Allergy Information

Please identify **very specifically** any allergies your child has (food, medications, animals, grass/pollen, etc.) and what the reaction is. **If your child has a known allergy, you must send prescription or over-the-counter allergy medication, in its original packaging, with your child to camp.**

Allergy _____ Describe reaction _____

Allergy _____ Describe reaction _____

Allergy _____ Describe reaction _____

❖ Medications

Please list all medications your child is currently taking. Failure to do so may prevent your child from attending camp. All prescriptions must be in original packaging, with child's name and dosage on label. Bring only enough doses for the week. Medication will be dispensed in accordance with the doctor's prescription.

Medication Name

Dosage

Times Given/Frequency

Medical Condition

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

❖ Photo/Video Release

Please print camper's name:

(Last)

(First)

(Middle Initial)

Please print parent/legal guardian's name:

(Last)

(First)

(Middle initial)

I hereby grant The Union Mission Ministries the absolute and irrevocable right and permission to photograph my child and use his/her picture, silhouette or other likeness; to copyright same, to use and re-use the same in whole or in part, individually or in conjunction with other visual, audio or written material, in any medium for any purpose and to use and distribute any form of letter, media, or publication of his/her story.

I hereby release and discharge The Union Mission Ministries from any and all claims and demands. This authorization and release shall also insure to the benefit of the legal representatives, licensees and assigns of The Union Mission Ministries.

I have read the foregoing and fully understand the meaning and contents thereof.

Signature of parent/guardian _____ Date _____

❖ Consent to Attend (IMPORTANT)

I give my permission for _____ to attend Camp Hope Haven and will not hold The Union Mission or sponsors liable in case of sickness or accident.

Signature of parent/guardian _____ Date _____

❖ Thank You!

We look forward to seeing your child at camp this summer. To learn more about Camp Hope Haven visit us online at www.unionmissionministries.org.

Return the application by **May 13, 2016** to:

Camp Hope Haven
3000 North Landing Road
Virginia Beach, VA 23456

Contact us at:

Office Phone (757) 427-1500
Camp Phone (757) 430-2235

