

PEACE Camp 2018

Who: Children who are entering 1st - 6th grades
(Shenendehowa School District)

What: Peace Camp promotes team work, cooperation, problem solving and conflict resolution skills. It also encourages interpersonal skills and making new friends. Camp includes Tae Kwon Do, music, games, arts and crafts, and weekly field trips.

When: July 9 - August 2
Monday - Thursday
8:30am - 2:00pm

4 week program!

Parent Nights - 7pm on July 5, July 18, and August 1

Where: Cheryl's Lodge - Halfmoon Heights, Halfmoon

Cost: PEACE CAMP is FREE but is limited to 40 children

Please fill out an application and return it to CAPTAIN CHS at 5 Municipal Plaza, Clifton Park, NY 12065, or at Cheryl's Lodge at 25 Fern Lane, Clifton Park, NY 12065.

Breakfast and lunch are served daily.

Questions? Please contact Jackie at 518-373-8873 or jackie@captaincares.org.



CAPTAIN
Community Human Services
Lifting people up. Building brighter futures.

2018 PEACE CAMP APPLICATION

at Cheryl's Lodge
CAPTAIN'S OUTREACH CENTER
25 Fern Lane, Halfmoon Heights
July 9 – August 2, 2018
(Monday – Thursday ~ 8:30am - 2pm)

Child's Name: _____ Age: _____

Birth Date: _____ Grade in Fall: _____ School: _____

Name of Parent/Guardian: _____

Home Address: _____

Email Address: _____

Home Phone: _____ Work/Cell Phone: _____

Name of alternate person in case of emergency: _____

Address: _____ Phone: _____

PEACE CAMP is a collaborative program
of CAPTAIN CHS and Shenendehowa Central Schools

I understand that this application for my child _____ does not guarantee admission into the Peace Camp program. If my child is selected to participate, I agree to the following:

1. I will make every effort to have my child attend ALL 16 days of camp (Monday-Thursday, July 9 – August 2.) This commitment of parent & child is essential.
2. I agree to support the PEACE CAMP program and the staff.
3. I agree to participate in the three Parent Programs on THURSDAY, July 5, Wednesday, July 18 and Wednesday, August 1 at 7:00 p.m. (Cheryl's Lodge will provide child care if needed.)
4. I give my child permission to participate in all activities of the program, including field trips off property and to receive medical treatment, if necessary.
5. I give permission to have my child's picture used in CAPTAIN promotional materials.

Parent/Guardian's Signature

Date





2018 PEACE CAMP AT CHERYL'S LODGE

CAPTAIN CHS Outreach Center ~ 25 Fern Lane, Halfmoon Heights

July 9 - August 2, 2018 Monday - Thursday ~ 8:30am - 2pm)

INFORMATION SHEET

CHILD'S NAME: _____

Does your child have a history of special needs (educational or behavioral)?

Medical problems camp should be aware of:

Allergies (Food/insect stings/medicine, etc.):

Medications currently taking:

Physical limitations staff should be aware of (i.e. vision, hearing):

Child's doctor (name/phone):

Health insurance provider or medical coverage:

Preferred hospital in case of emergency:

I give the peace camp staff permission to authorize necessary medical treatment:

Parent/guardian signature

Date