

Camp Conewago 2013 Information



Theme: Week 1 Game Shows

Theme: Week 2 Superheroes

Cost: \$20/week per camper

Who: Children ages 5-11. Camp is open to all township residents, not just those who attend Conewago Elementary School.

When: Monday, July 29th – Thursday, August 1st
and Monday, August 5th - Thursday, August 8th from 9am – 12 noon daily.

Where: Conewago Elementary School

Letter from the Director

Dear Parents,

I would like to introduce myself as the Director for Camp Conewago's 2013 Summer Program. My name is Heidi Stine. I am a Health and Physical Education teacher at South Hanover and Nye.

Camp Conewago is a program sponsored by the Conewago Township Parks and Recreation Board. 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 at CAMP@CONEWAGOTOWNSHIP.COM if you have any additional questions.

Sincerely,
Heidi Stine

***THIS PROGRAM IS SPONSORED BY CONEWAGO TOWNSHIP.
THIS PROGRAM IS NOT SPONSORED OR ENDORSED
BY THE LOWER DAUPHIN SCHOOL DISTRICT***

Camp Conewago 2013 Registration Form

When: Mon., July 29th – Thu., Aug. 1st and Mon., Aug. 5th – Thu., Aug. 8th from 9:00 am-12:00 noon 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 Township Building by July 19th

Conewago Township, 3279 Old Hershey Road, Elizabethtown, PA 17022

My child will attend: (Please circle) Week 1: Monday, July 29th – Thursday, August 1st --\$20

Week 2: Monday, August 5th – Thursday, August 8th --\$20

Weeks 1+2: July 29th-August 1st and August 5th – August 8th --\$40

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

Age: _____ **DOB:** _____

Grade completed as of June 2013: _____

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 and 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: _____

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