



Camp St. Raphael 2012

Mailing address: 8615 Shannon Way
Wichita, KS 67206



Camper Registration Instructions for ages 9-17

Dear Camper Parent,

We are looking forward to a wonderful camping season in 2012! New this year is the option to pay with a credit card. Please make sure you complete the payment page and send it with this form. No form will be processed without the payment form. Again this year there is an Early Bird Discount available to any camper when the fully completed health form and payment are received by May 1st the tuition is \$300, a \$25 saving. Any forms received after June 1st will be assessed a \$25 late fee in addition to the \$325 tuition. Please notice there is a **\$10 Airport Fee** for any camper traveling by plane.

This page contains vital information regarding the registration process. Please read all of the instructions carefully before continuing and filling out the Registration Form, even if your child has attended camp in previous years, as some of our policies have changed. We would like your child to have the best experience possible, and your cooperation is vital.

Once your camper is registered, you will receive confirmation and the Camper/Parent Packet to assist you and your child in preparation for the summer camp experience. This packet will include medical and billing information, and instructions of things to expect and how to get ready for the summer.

Please know that the demand for camp is great and spaces fill up quickly. Applications will be processed according to when they are received; therefore sending them by registered mail can delay your camper's acceptance. We encourage all parents to register early. We wish you a wonderful year, and look forward to our tenth year of Camp St Raphael.

Yours in Christ,

Father James Shadid
Camp Director

Gayle Malone
Executive Director

Counselors-in-Training (CITs): Campers who are 17 or 18 years of age may apply to be selected as Counselors in Training (CIT's). CIT applicants should not use this form but should instead fill out the CIT Application. If you are 17 years old, and applying as a CIT, you may also apply as a camper, in case you are not selected as a CIT. However, we do encourage you to return the camper application as soon as possible, as campers are selected on a first come first serve basis.

Registration: For a camper to be registered, we must receive both 1) a fully-completed Registration Form (attached) and 2) a \$50 non-refundable deposit for each camper, made payable to Camp St. Raphael. The **camper fee is \$325 for the one-week camper session**. Camper applications are processed according to when they are received.

Early Bird Discount: If all paperwork (**fully completed health forms**, transportation forms) and payment are received by May 1 there is a early bird discount of \$25.

Late Fee: There will be a \$25 fee for any forms received after June 1. Late fees must be paid prior to the camping session

Cancellation: We appreciate prompt notification if a camper must cancel. Cancellations before June 1 will receive a full refund less the deposit. After June 1, refunds of tuition payments may be requested in writing and will only be granted if a replacement for the open spot is found, except in cases of family emergency.

Scholarships: Each parish in the Antiochian Archdiocese is provided with \$700 in scholarship funds from the Order of St. Ignatius of Antioch. Your parish priest determines the disbursement of these funds and can be consulted for all details. **Scholarship Forms must be sent by March 1 by your parish priest.** Notification of additional awards will be sent shortly after March 1.

Insurance: All campers should be covered by their family policy. While CSR will act as guarantor, any costs incurred by the Camp in providing required treatment for doctor's appointments, prescriptions, etc., will be billed to the parents.

Medical Information: Once registered, you will receive the Health History & Examination Form. This medical form must be filled out in its entirety by you and the camper's doctor, and mailed to our office no later than June 1st. At June 1st there will be a \$25 late fee assessed.

Billing Information: *Balance of all payments are due on June 1*, or the camper's spot may be forfeited. All balances will be billed to the campers' parents, regardless of any parish subsidies. As in the past, we anticipate many campers on the waiting list, thus any campers with outstanding balances after June 1 may forfeit their spot to a camper on the waiting list.

Transportation to Camp St. Raphael: Parents are responsible for notifying the camp of all travel arrangements no later than June 1st. **One Transportation Form per camper must be completed including the name of the chaperone(s).** There is a **\$10 Airport Fee** for per camper traveling by airplane.

Cabin Assignments: Campers stay in cabins with six/seven campers and one counselor. Campers are grouped according to age and gender.

Camp Activities: Life at camp takes full advantage of our outdoor setting. Activities include field sports, boating, Challenge Ropes Course, archery, swimming, and canoeing. Rainy days are a frequent occurrence, so rain gear is a must.

Conduct: All campers are expected to act in ways appropriate to an Orthodox Christian setting. While all disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the right to dismiss campers for gross violations of camp rules. Parents will be responsible for arranging and covering costs for their child's early departure.

More information: Once your camper is registered, you will receive confirmation and the Camper/Parent Packet to assist you and your child in preparation for the summer camp experience. This packet will include medical and billing information, and instructions of things to expect and how to get ready for the summer.

2012 Camp St. Raphael			
Session Number	Session Date	Early Bird Tuition	Tuition after May 1
Session One:	June 24 – 30, 2012	\$300	\$325
Session Two:	July 1 – 7, 2012	\$300	\$325

Camp Director: Fr. James Shadid – (316) 209-3605 campstraphael@yahoo.com
Executive Director: Gayle Malone – (316) 634-1440 gayle@campstraphael.org

Applications should be mailed to:
Camp St. Raphael
c/o Gayle Malone
8615 Shannon Way
Wichita, KS 67206

Please Note : Do Not Send Applications by Registered Mail
This will delay your camper's acceptance



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Wichita, KS 67206



Camper Registration Instructions for ages 9-17

Camper(s) Information

FAMILY LAST NAME: _____

FAMILY ADDRESS: _____
Street (include Apt. No.)

City State/Province Zip Country

FATHER'S NAME: _____ FATHER'S EMAIL: _____

FATHER'S HOME NO. (____) _____ FATHER'S WORK NO. (____) _____

FATHER'S MOBILE NO. (____) _____ MOTHER'S MOBILE NO. (____) _____

MOTHER'S NAME: _____ MOTHER'S EMAIL: _____

MOTHER'S HOME NO. (____) _____ MOTHER'S WORK NO. (____) _____

PARISH NAME: _____ CITY _____ ST/PR _____

OTHER EMERGENCY CONTACT: _____ RELATIONSHIP TO CAMPER(S): _____

EMERGENCY PHONE NO.: (____) _____ (Day) (____) _____ (Evening)

PARENT MARITAL STATUS: _____ CUSTODY OF CHILDREN (if applicable): _____

Please indicate which email address should be our primary contact email:

Father's email Mother's email

FIRST CAMPER'S NAME: _____
Preferred First Name Last Name Legal First Name (if different)

BIRTH DATE: ____/____/____ HS GRADUATION YEAR _____ Female Male
Month Day Year

Indicate session preferences (1=first choice, 2=second choice), in case your first choice is full

___ Session 1 (June 24—30) ___ Session 2 (July 1—July 7)

CAMPER'S T-SHIRT SIZE: Youth ___ M ___ L Adult ___ S ___ M ___ L ___ XL ___ XXL

SECOND CAMPER'S NAME: _____
Preferred First Name Last Name Legal First Name (if different)

BIRTH DATE: ____/____/____ HS GRADUATION YEAR _____ Female Male
Month Day Year

Indicate session preferences (1=first choice, 2=second choice), in case your first choice is full

___ Session 1 (June 24—30) ___ Session 2 (July 1—7)

CAMPER'S T-SHIRT SIZE: Youth ___ M ___ L Adult ___ S ___ M ___ L ___ XL ___ XXL

THIRD CAMPER'S NAME: _____
Preferred First Name Last Name Legal First Name (if different)

BIRTH DATE : ____/____/____ HS GRADUATION YEAR _____ Female Male
Month Day Year

Indicate session preferences (1=first choice, 2=second choice), in case your first choice is full

___ Session 1 (June 24—30) ___ Session 2 (July 1—7)

CAMPER'S T-SHIRT SIZE: Youth ___ M ___ L Adult ___ S ___ M ___ L ___ XL ___ XXL

FOURTH CAMPER'S NAME: _____
Preferred First Name Last Name Legal First Name (if different)

BIRTH DATE : ____/____/____ HS GRADUATION YEAR _____ Female Male
Month Day Year

Indicate session preferences (1=first choice, 2=second choice), in case your first choice is full

___ Session 1 (June 24—30) ___ Session 2 (July 1—7)

CAMPER'S T-SHIRT SIZE: Youth ___ M ___ L Adult ___ S ___ M ___ L ___ XL ___ XXL

Please do not include more than one family on each form

NON-DISCRIMINATORY NOTICE: Camp St. Raphael does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or disability.

Transportation

- My child's travel arrangements have yet to be finalized and I will send the information no later than June 1st.
- My child will arrive at Camp by: Driving In Airplane* Other _____
*\$10 airport fee per camper

If your camper is arriving via a method other than by car, please have any pertinent information submitted to CSR no later than two (2) weeks prior to arrival. Travel information, which is the responsibility of the parent, may be either emailed to Gayle Malone at gayle@campstaphael.org or sent via regular mail.

Registration Agreement

I understand that if my child is registered for camp this summer I will receive the Camper/Parent Packet which will include important information to prepare both myself and my child for the summer including the health form. I understand that there will be materials that need to be returned to Camp St Raphael according to dates listed on the Camper Registration Instructions sheet, and all fees must be paid in full by June 1, 2012, or my child's spot may be forfeited and given to a child on the waiting list.

I have read, understand, and agree to all of the registration instructions given in the attached sheet. I have fully completed the payment form. Enclosed is a \$50 non-refundable deposit for each camper made payable to the Camp St. Raphael.

Parent Signature _____ Date ____/____/____

Payment Information

Please find enclosed/attached the payment for my child/children to attend CSR:

Check number _____ Amount _____ (\$50 deposit per camper)

OR

Credit Card – **Please fill out the section below completely**

Credit Card Payment

I/We authorize Camp St Raphael to charge my credit card the following:

\$50 deposit per camper

or

\$50 deposit now and the balance upon CSR receiving the health forms
(May 1st Early Bird \$250 or June 1 \$275 per camper)

TOTAL AMOUNT TO BE CHARGED _____

Complete the follow as it appears on your card and your billing statement:

Mastercard/Visa/Discover (circle one)

NAME _____

CREDIT CARD NUMBER _____

CVC (three digits on the back of the card) _____ EXPIRATION DATE _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

SIGNATURE _____

PRINT NAME _____