

Journey's End Farm Camp

364 Sterling Road, Newfoundland, PA 18445 T: 570.689.3911

2012 Parent/Camper Agreement

I have discussed with my child, _____, the following responsibilities of being a camper at Journey's End Farm Camp:

- respecting the farm animals and the wildlife
- respecting the farm property (land, buildings, equipment)
- respecting myself and the counselors
- respecting other campers, even if they are different from me
- listening to other people's opinions
- participating in daily chores, table setting, farm time, and activities
- writing a weekly letter home (it's okay to write more!)
- taking a weekly shower (it's okay to take more!)
- making the most of my time at camp
- understanding that I will be at Journey's End for the whole session
- being ready with a second choice for activities if I don't get my first choice
- spending time with new friends and including people I don't know
- having a lot of fun!

X

Camper Signature

Journey's End serves meals that are made from vegetables grown in the garden (as soon as they're in season); pasta; organic cereals, beans, flours and sugar; natural unsweetened peanut butter; our homegrown eggs and fruit, maple syrup, pork, and pastured chicken; our own grass-fed beef; hot dogs made locally; Smart Dogs and Nature's Burger; milk, cottage cheese, butter, and yogurt from a local commercial dairy; and commercial cheeses. We buy #10 cans of tomatoes, tuna, and applesauce and many other staples and condiments from a local restaurant supplier. We ask campers to try a portion of the main dish, even if they think they will not like it because it looks different from what they are used to. Please tell us if your child has allergies to any foods. **If your child has a severe food allergy or an eating disorder that may affect their time at camp please call to discuss this with the director and camp nurse.** If your child refuses to eat certain foods, tell us that as well. If your child cannot imagine trying new foods and appreciating the effort made to harvest and prepare the meal, perhaps it is too soon to consider sending him or her to camp. Your comments (and your child's) are welcome here:

We ask that you bring with you on opening day any special foods that your child requires due to allergies or other needs. Food must be clearly labeled with your child's name and kept in the house. Please advise us ahead of time (now) if you will be bringing food and explain the circumstances for its use to our nurse (on opening day).

Does your child have any special needs? This is the place to write anything we need to know that will enable us to provide a healthy experience for your child. Some of these things will be on the health form that your physician will fill out, but those forms come in to our nurse and we won't know the contents in time to be proactive. Please tell

us about any psychiatric problems; serious medical problems; any hospitalizations for physical or emotional reasons; family issues such as separation, divorce, or death; medication that is being suspended for the summer; fears; bedwetting. **We are able to be more responsible when you tell us about potential problems your child may face at camp.** Details and/or diagnoses will not act as a label but will give us valuable insight as to your child's needs.

Please know that we are not trained therapists, and we are here only to provide a fun and safe camp experience for your child. We often find that parents have worries, even if the child does not. You can write your fears (about camp) here, if you like. Remember that you can call the directors to ask how your child is doing, but we discourage phone calls between campers and parents as experience has taught us that it feeds homesickness.

Please answer the following questions:

Do you understand the expectations the staff has for your child's behavior at camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe that our program is a good match for your child's:	Maturity: <input type="checkbox"/> Yes <input type="checkbox"/> No
Personality: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interests: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Abilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child use profanity or violence to express himself/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child sees a counselor or therapist, will that person be available to us for consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselor Name:	Title:
E-mail:	Phone:

I affirm that the preceding information regarding my child has been stated to the best of my ability and that I trust the Staff of Journey's End Farm Camp to keep this information confidential, using it only as a tool that will help provide a healthy camp experience for my child. I understand that if my child poses a risk to himself/herself or to others in the camp, according to the discretion of the directors, that I will need to remove him or her from camp immediately.

Name of Parent or Guardian (please print)

X

Signature of Parent or Guardian

X

Date

In closing, we wish to assure you that we are optimistic about the summer ahead and we look forward to spending quality time with your child, rain or shine. We plan on fun times!! It is a privilege to be able to play and work together in a rural setting such as Journey's End. Thank you for your confidence in sending your child to camp.

Tim Curtis, Director 2012 season
Kristin Curtis, Co-Owner

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Returning Camper Application 2012

Camper's Name:		Preferred nickname?		
Date of Birth:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Grade in school now:	Age at Camp:
Address:		City:	State:	Zip:

Applying for session:
Our second choice is session:

Session 1:	(2 weeks) June 24 – July 7
Session 2:	(3 weeks) July 8 – 28
Session 3:	(2 weeks) July 29 – Aug. 11
Family Camp:	(1 week) August 13 – 19

PLEASE WRITE CLEARLY

Parent:	Occupation:		
E-mail:	Home phone:		
Is it OK to send you e-mails regarding camp?	Mobile phone:		
Address (if different from camper):	City:	State:	Zip:
Parent:	Occupation:		
E-mail:	Home phone:		
Is it OK to send you e-mails regarding camp?	Mobile phone:		
Address (if different from camper):	City:	State:	Zip:

What, if any, positive changes did you notice in your child after camp?

Were there things your child or you would have changed about his/her experience at Journey's End?

In the year since we last saw your child has he or she experienced any changes emotionally, physically or health-wise?

Counselors and staff make bunk assignments before each session opens. Please indicate any housing requests here. There is no guarantee that your request will be granted, but if we know your preferences we will try.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the Wayne County Court of Common Pleas located in Honesdale, Wayne County, PA, and shall be construed in accordance with the laws of Pennsylvania.

Date: _____ Parent/Guardian signature: _____

Amount Enclosed: \$ _____ \$300 deposit requested, refundable until 5/15/2012 (less \$50 processing fee)

Remember to complete the parent/camper agreement with your child and return it to us with this application.

Thanks!

ver: 1/26/2012 10:42:00 AM