



Camp Shiloh Camper Application 2012  
 PO Box 95, New York, NY 10028  
 Phone (212) 737-8258 [www.shilohnyc.org](http://www.shilohnyc.org)

Camper Name: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous Shiloh Camper:  Yes  No

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event that the parent/guardian cannot be reached.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**CHOOSE YOUR SESSION**

SESSION	DATE	AGE LEVEL
<input type="checkbox"/> Session 1 . . .	June 24 - June 29 . . . .	9 - 12 years old
<input type="checkbox"/> Session 2 . . .	July 1 - July 12 . . . . .	13 - 15 years old
<input type="checkbox"/> Session 3 . . .	July 15 - July 26 . . . . .	11 - 13 years old
<input type="checkbox"/> Session 4 . . .	July 29 - Aug. 3 . . . . .	9 - 11 years old

**\*NOTE:**  
**FULL SCHOLARSHIPS**  
**ARE AVAILABLE FOR**  
**ALL APPLICANTS**  
 (SEE REVERSE SIDE  
 FOR MORE INFORMATION)

**CHOOSE YOUR PICK-UP LOCATION**

Note: If there are not enough children in one area to schedule a full bus pick-up, you will be contacted to choose the next closest location. Camp Shiloh has the following pick-up locations. Select the one closest to your place of residence. You will receive a letter of acceptance with the specific address and time.

**\*NOTE: We will only be picking up in Bridgeport 1st and 2nd session**

- Bridgeport, CT . . . . . Old Barnum School, 529 Noble Ave. (at Maple St.)
- Bronx, New York . . . . . M.S. 343 and M.S. 224 (Alexander Burger) 345 Brook Ave. (at 141st St.)
- Brooklyn, New York . . . . . Kings Church of Christ 1371 Rogers Ave. (at Flatbush Ave. & Farragut Rd.)

**SCHOLARSHIP INFORMATION**

To qualify for full scholarships, Camp Shiloh requires one of the following pieces of information regarding income. Please check the box that applies.

Yes, I receive public assistance. If you check this box, you **MUST INCLUDE** the information below.

PA Case# \_\_\_\_\_ ACS# \_\_\_\_\_

Client's Name \_\_\_\_\_ Food Stamps# \_\_\_\_\_

PA Office Phone# \_\_\_\_\_ Case Worker Name \_\_\_\_\_

No, I do not receive public assistance. If you check this box, you **MUST ATTACH** a copy of your most recent IRS Tax Return (1040 or 1040EZ). If this is an issue, please contact the Camp Shiloh office.

**Camp Fees:** If you check the "NO" box, partial scholarships are available based on income and a sliding scale. Camp costs \$250 for one week when scholarships do not apply.

**T-SHIRT SIZE: S M L XL XXL**  
(Please circle one - ALL sizes are Adult Sizes)

**CAN YOU SWIM?**  YES  NO  
If yes, What level?  Beginner  Intermediate  Advance

**MEDICAL INFORMATION** - You must include a copy of your child's State Immunization Record with dates the following information must be present: Diphtheria, Haemophilus Influenza Type B, Hepatitis B, Measles, Mumps, Poliomyelitis, Rubella, Tetanus and Varicella (chicken pox). If your child has not had these immunizations, simply state that you have declined them.

Date of last Physical exam: \_\_\_\_\_ Camper's current weight \_\_\_\_\_ (Lbs.)

Can camper fully participate in the active camp program?  Yes  No  
if No, Explain: \_\_\_\_\_

Please list your child's medications, the dose and the time the child takes the medication:

Medication \_\_\_\_\_ Dose/Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose/Time \_\_\_\_\_

Is your child allergic to any medications?  Yes  No

Please list: \_\_\_\_\_

Is your child allergic to any foods?  Yes  No

Please list: \_\_\_\_\_

Does the camper have any of the following conditions?

Asthma

Does he/she have inhaler?

Frequent ear infections

Seizures

Heart disease or high blood-pressure

Hyperactivity or ADD or ADHD

Allergies or Hay Fever

Other Condition(s) \_\_\_\_\_

A registered nurse is on staff to administer prescription and non-prescription medication to your child. Please send any prescription medication in the original containers including the child's name, name of the medication and the times the child takes the medication on the label. Non-prescription or over-the-counter medication (ex. Tylenol, Advil, Pepto-Bismol, Benadryl, Cough Syrup, etc.) may be given by the nurse only as needed.

If your child is a female, has she menstruated or had her period?  Yes  No

if she has not, has she been told about menstruation or her period?  Yes  No

Medical Insurance or Medicaid Information Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_ Card holder's Name: \_\_\_\_\_

Yes, I have included my \$10.00 registration fee (personal check or money orders accepted—please do not send cash through the mail). I am aware that this fee will be used for my child at the Shiloh Camp Store.

This health history above is correct as far as I know. I hereby give permission to Camp Shiloh to be our representative to consent to any diagnostic procedure or medical care on the minor above mentioned which is deemed advisable by any licensed physician or surgeon at any accredited health center in the geographical area where an incident requiring medical needs may happen. Camp Shiloh is released from any liabilities in connection with medical administration except as covered by camper insurance. This form may be photocopied for use by a health center.

Camp Shiloh, Inc. reserves the right to reject applications and to dismiss a child for any reason it considers in the best interest of the camp and the other children. Camp Shiloh assumes no responsibility for camper's personal property.

**I have read Shiloh's camp policy, conditions and restriction in the attached brochure.**

**I understand and fully agree to abide by Camp Shiloh's policy.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_