

April 1, 2009

An Young Ha Se Yo Campers and Parents!

Welcome to the 23rd annual **CAMP CHIN-GU**, Rochester's own cooperative Korean Day Camp. This year camp will be held

July 13 – July 16, 2009, 8:30 AM to 3:00 PM, at
Church of the Assumption, 20 East Ave., Fairport, NY, 14450.

PLEASE READ THIS FORM CAREFULLY. THERE ARE SEVERAL CHANGES THIS YEAR!!!!

Camp Chin -Gu offers participation and instruction in calligraphy, Korean martial arts, games, songs, cooking, history, and the Korean language.

Camp is open to children adopted from Korea and their siblings, beginning at age 3 until graduation (entering 9th grade).

Children entering 10th grade and above are eligible to apply for a position as a CIT (Counselor in Training). To apply for a CIT position, please fill out the registration form, but write "CIT" at the top of the pages.

Registration:

All the forms required to register your child are included in this packet. Registration will be handled on a first come, first served basis for all completed forms received. The forms required for registration are:

1. A set of registration forms, pages 1 and 2, for EACH CHILD
2. A volunteer sign-up sheet for each volunteer
3. A volunteer emergency information form
4. A release form for EACH FAMILY
5. Camp fees

Volunteers:

Camp Chin -gu relies on all of our parents to participate as volunteers.

Volunteers have kept our camp operating successfully for 22 consecutive years!

Each family must contribute a minimum of 8 hours of volunteer work.

Day care will be provided for volunteers with younger children.

Fees:

First Full Time Child	TOTAL DUE: \$140.00
Each Additional Child	TOTAL DUE: \$130.00
3 and 4 yr Old Program	TOTAL DUE: \$25.00
FAMILY MAXIMUM	\$350.00

Children entering Kindergarten in September 2009 may attend a full time program.

The program for 3 and 4 year olds is **two** half-day sessions on Wednesday and Thursday mornings (8:30 AM-12:00 NOON)

\$25.00 of your total fee is non-refundable. **All fees and registration forms must be returned by June 1st. After June 1st, a \$25.00 late fee per child must be included with your fees. NO REGISTRATIONS WILL BE ACCEPTED AFTER JULY 6th.** If payment by July 6th presents a problem, please contact Patty Ornt at 585-889-9152.

After camp care will be available for campers 3:00 to 5:00 pm on Monday through Wednesday.

After campcare will not be available on Thursday afternoon.

Fee: \$10.00 per day per camper with a family maximum charge of \$30.00 per day.

There will be a late fee of \$10 per minute per camper past 5:00 pm.

Things To Bring To Camp:

1. On Monday, each camper must bring a **water bottle**, marked with his or her name, to be left at camp for the entire week.
2. Each child must bring his or her own **lunch** each day.

We look forward to seeing you all in July. If you have any questions regarding registration, please contact.

Sincerely,
Patty Ornt & Kathy Natale (Camp Chin-gu Co-Directors)

CAMP CHIN-GU REGISTRATION FORM – PAGE 1

Please complete one of these forms for each child from your family. Make additional copies as needed. You must complete all requested information before we can register your child. This includes immunization dates. No exceptions will be made.

Camper's Name: _____ Sex: _____	
Birthdate (month/day/year): _____	School District: _____ Grade entering in Fall: _____
Mother's Name: _____ (first and last)	Father's Name: _____ (first and last)
Street Address: _____	Address (if different): _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Family E-mail address: _____	

Emergency Contacts:	
Name: _____	Phone: _____
Name: _____	Phone: _____
Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Medical Insurance Company: _____	Contract #: _____

If after camp care is needed, please circle which day(s): M T W (not available Thursday)
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Size of craft T-shirt (required) for craft project. NOT 3 and 4 YEAR OLDS. Note this is not the camp t-shirt.
Circle One: 6 – 8 10 – 12 14 – 16 Adult Small Adult Med. Adult Large

If you have any special requests, such as placing a child with a friend, please indicate it here. We will try, but cannot guarantee your request:

CAMP CHIN-GU REGISTRATION FORM – PAGE 2

Campers Name _____

Please complete the immunization chart below, with dates of the immunizations. If you do not know the dates, please contact your physician's office and ask for them. We cannot reserve a place for your child in camp until this information is complete. The physician does not need to sign this or fill it out. If you anticipate that your child will have additional immunizations prior to camp, just sign the line that states Immunizations will be complete as of (approximate date).

Sign in one place only. WE MUST HAVE ALL SHOTS GIVEN TO DATE!

Vaccine	1st Date	2nd Date	3rd Date	Booster #1 Date	Booster #2 Date
Oral Polio Vaccine					
DPT					
DT				XXXXXXXXXX	XXXXXXXXXX
M/M/R			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Measles			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Rubella			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Mumps			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

Additional Tests	Date	Results
Tuberculin Test		
HIB Vaccine		XXXXXXXXXX
Hepatitis B Vaccines Date Series complete		XXXXXXXXXX XXXXXXXXXX

Weight:	(pounds)	Note: Medication will NOT be given by the camp RN without permission. This information is necessary in case the RN needs to administer medication by weight.
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PARENT OR PHYSICIAN SIGN A OR B:

A. Immunizations are complete:
Signature: _____

B. Immunizations will be complete as of (date):
Signature: _____

Please complete all that apply below:

Allergies (including food): _____

Physical Restrictions/Limitations: _____

Special Learning/Behavioral Needs: _____

Unusual Grade Placement: _____

Any other needs: _____

VOLUNTEER Sign UP Sheet

Camp Chin-gu can not operate without the many volunteers that work for months in planning and arranging camp. We do, however, need extra hands to assist with the many activities planned. We require that each family volunteer for at least five hours during camp, before camp or at clean-up. We will let you know your assignment before camp. Thank you!

Volunteer Name: _____ Phone: _____

Email Address: _____

Camper Name (if different from parent): _____

I will volunteer for eight hours during one of the following time slots (please number as to 1st, 2nd, and 3rd choice). WE WILL ASSIGN PARENTS TO THE TASKS WE NEED HELP WITH (Probably, classroom, kitchen, supplies, etc.).

_____ Sunday July 12th, 2009 Set-up

_____ Monday July 13th, 2009 (8AM til 4PM)

_____ Tuesday July 14th, 2009 (8:30AM til 4PM)

_____ Wednesday July 15th, 2009 (8:30AM til 4PM)

_____ Thursday July 16th, 2009 (8:30AM til 4PM)

_____ Thursday July 16th, 2009 (2PM til 7PM) Clean UP

_____ Pre Camp Preparation (limited number of spots)

**CAMP CHIN-GU VOLUNTEER
EMERGENCY INFORMATION**

EVERY VOLUNTEER WHO WILL BE WORKING AT THE CAMP SITE, REGARDLESS OF HOW LONG, MUST COMPLETE THE EMERGENCY INFORMATION FORM.

Volunteer Name: _____

Birth Date: _____ Sex: _____

Child's Name: First _____ Last: _____

Emergency Contacts :

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Insurance Company: _____

Contract Number: _____

Allergies (including food):

Physical Limitations:

This entire form must be completed and returned with all the registration materials before we will register your child for camp.
At least one person per family must volunteer.

CAMP CHIN-GU OF ROCHESTER, INC RELEASE FORM

EACH FAMILY MUST COMPLETE ONE OF THESE FORMS

I give my permission for my child/children (names)

to participate in Camp Chin-gu of Rochester, Inc., Korean Culture Day Camp. I hereby declare that my child/children are in good physical and emotional health and can participate in all day camp activities. I give full permission for my son(s)/daughter(s) to participate in all day camp activities. The applicant and the parents/guardians agree that, but not limited to, Church of the Assumption, the instructors, the Board of Directors, volunteers, and CITs of Camp Chin-gu of Rochester, Inc. shall not be held responsible for any accidents or losses, however caused and agree to release all parties involved from claim or damage which may arise as a result of or by reason of such accident or loss. Every precaution will be taken to insure the safety of each child.

I hereby give permission to the staff or Camp Chin-gu of Rochester, Inc. to arrange emergency medical treatment for my child/children in the event I cannot be contacted.

I hereby give permission for any camp photographs in which my child appears to be used in promotional material for the camp, and my child to be photographed by the media.

Date: _____

Parent or Guardian _____

CAMP DIRECTORY

_____ Please include us in the camp directory distributed to all campers

_____ Please do not list us in the directory

MAIL ALL CAMP FORMS TO:

**CAMP CHIN-GU
PO Box 92518
Rochester, NY 14692-0518**