

Caring Hands Camp

Sponsored by the Boys and Girls Club of Boone County 1575 Mulberry Street, Zionsville, IN 46077-1146 (317) 769-7311 ● sgrimm@bgcboone.org



CAMP INFORMATION SHEET

June 7th thru June 11th or
July 12th thru July 16th 2021

The 12th annual Caring Hands Camp is a project of the Boys and Girls Club of Boone County. The camp is also partnering with, St. Francis In-The-Fields Episcopal Church, Zeta Sigma Chapter of Tri Kappa, and the Lions Club.

Vision of Camp: Kids in the Zionsville community coming together to help others in Zionsville, Boone County and neighboring counties.

Objectives

- 1. Sponsor (2) five-day, community service oriented, theme-driven summer camp with the themes as follows: Disability Awareness, Animal Protection, Senior Giving, Hunger Relief and Kids for Kids.
- 2. Involve a host of community leaders and community service organizations.
- 3. Achieve a self-sustaining year-to-year model and provide service opportunities throughout the year.
- 4. Incorporate an element of service and an element of fun in each and every day.

General description:

- Camp is geared towards youth ages 5-12.
- The duration of the camp is Monday-Friday, 9:00am-3:00pm. Drop off/arrival is 8:45-9:00am. Afternoon pick up is 2:45-3:00pm.
- Specified ZCHS high school students, college students and BGC Boone staff will participate as camp counselors/staff.
- Cost of camp: \$265 for the week for non-member and \$200 for current members.
- Daily lunch, water, and two snacks included in the cost.
- Need-based scholarships are available. Please contact BGC Boone (317-769-7311) for an additional application form.
- Before and after care is available. The BGC Boone \$65 membership fee will cover both before and after camp and membership for a calendar year.
- DROP OFF AND PICK UP is at St Francis Church. Kick-off Meeting is on Monday, June 7th or July 12th at St Francis Church at 9:00am. End of the week celebration for the campers and their families is on Friday, June 11th or July 16th at 2:30pm at St Francis Church.
- Camp activities will take place at St Francis Church, BGC Boone, and specified project locations in Boone County and surrounding counties with the majority of activity taking place in Zionsville proper. Weather dependent activities will be planned accordingly as necessary.
- Registration opens 7:00am on March 1st at the Whitestown and Zionsville locations and ends June 1ST, 2021 or when the first 60 campers per week have registered.

Caring Hands Camp Committee Members:

Sarah Grimm (Camp Director/Boys & Girls Club of Boone County)
Kathryn Rutherford (Assistant Camp Director/Boys & Girls Club of Boone County)
Mark Branch (Boys & Girls Club of Boone County)
Dolores Krohne (Boone County Resident)
David Means (Boone County Resident)



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CAMP APPLICATION FORM

Boys and Girls Club Member	r? Y/N							
Camper First Name:		Middle Name:			Last Name: Gender: Male Fema Age: Gender: Male Fema Fri. T-Shirt Size Youth or Adult _			
Nickname:		Date of Birt	h:		A	.ge:	Gendo	er: Male Female
Camp Days Attending:	Mon.	Tues	Wed.	Thurs.	Fri.	T-Shirt Size	Youth	or Adult
Home Address: Home Phone Number: (City:			_ Zip Code:	
Home Phone Number: ()]	Email A	Address:				
Grade In School:	Nar	ne of School:	·					
Grade In School: Mother's Name: Mother's Work Phone Numb Mother's Occupation:				Emp	oloyer: _			
Mother's Work Phone Numb	oer:			Mother	's Cell l	Phone:		
Mother's Occupation:				Mother	's Work	Email:		
Fathers Name:				Emp	loyer:			
Father's Work Phone Numb	er:			Fathe	r's Cell	Phone:		
Father's Occupation:				Father's	Work F	Cmail:		
Guardian's Name:				Empl	oyer:			
Guardian's Work Phone Nui	mber:			Guard	lian's Co	ell Phone:		
Guardian's Occupation:				Guardiar	ı's Wor	k Email:		
Does your child qualify for th	ne free or	reduced lunc	h prog		_Yes	No		
	_							
At the conclusion of the ca		•	ill (plea	ase circle):	:			
• Walk Home OR	Be picked	l up						
 Take part in the BG 	C Boone	after care pr	ogram					
PARENTAL PERMISSION I hereby give permission for a Girls Club of Boone Continuities, field trips and to programs and activities muscollected from various vehichid's identity, although to collected is the sole proper consideration of my child woluntarily release and against directors, officers, emphactions, damages, expenses which may result from or activities and field trips and or omissions of the Boys & or of said child.	or my chi unty ("The o visit and ay includicles is pi the Club, ty of the being acc ree to hol loyees, vo s and cos arise out and the Clu	ild, named land the Club") and use the Club its assigns of Club. I ampled for many and the content of my child ubs' facilities.	below, nd per ubs' fa access, confide or succ the na nember and in nd ager g attor ('s men es, whe	to join Zidemission for a cilities and surveys, in the cessors made tural pare riship and demnify the from a meys fees, in bership in the cornor and the cor	onsville or my cl d to be aterviev also ur y use tl ent or le particip he Boyand aga losses a n the Cot result	Caring Han hild to partic photographe ws, and focus derstood that to detegal guardian pation in the s & Girls Cluinst any and and judgment ting in whole	ipate in the ed. It is und g group disc at data colle termine cur having cu Clubs and ib of Boone all liability ts of whats pation in th	e Clubs' programs, lerstood that Club cussions. Data ected will protect my rrent trends. The dat stody of said child. In activities, I hereby e County and each of claims, demands, oever kind and naturate Clubs' programs, from negligence, acts
Name of Child (printed)				Parent/G	uardia	n (Printed N	ame)	
Member Signature/ Paren	t/Guardi	an Signatuı	·е	Date				



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HEALTH HISTORY AND PERMISSION FORM

Child's Name:				
Child's Name: Age: Height:		Weight	:	
Does your child have any medical problem If yes, please explain	is or aller	gies?	_YesNo	
Please list all medications that your child i				
Physician's Name: Do you have private health insurance? Name of Health Insurance Do you have Medicaid for your Child?	Physici	an's Phon	e Number:	
Do you have private health insurance?	Yes _	No		
Name of Health Insurance			Policy Number:	
Do you have Medicaid for your Child?	Yes	No		
Do you have Hoosier Advantage for your	Child?	Yes	No	
The Health History and Permission Form permission to engage in all Club activities to the Club Director to order x-rays, routi purposes, and to provide or arrange neces reached in an emergency, I hereby give pe secure and administer treatment, includin free from any and all liability all respective child waive, release, and forever discharge may not have accrue arising out of or contany restrictions:	except as ne tests, to sary relate rmission to g hospital e officers, e any and a	noted. Au reatment, ed transpe to the phy ization, fo employee all rights	thorization for Treatment: I her to release any records necessary ortation for my child. In the ever sician or nurse selected by the C r the youth listed above. I do her s, volunteers and members. I he and claims for damages which m	eby give permission for insurance at that I cannot be lub Director to reby agree to hold reby on behalf of my by child may have or
Parent's Signature				



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PAYMENT FORM

Registration opens "<u>in person</u>" on March 1st at 7:00am at the Zionsville and Whitestown locations and ends June 1st, 2021 or when the first 60 campers per week have registered.

Camper Name 1 : _____ Camper Age: _____

Camper N	Name 2 :	Campe	er Age:_			
Age group:	5 -12 years			# of Children	Cost/per child	Total
	5 Days Member	June 7 - June 11, 2021			@ \$200	
	5 Days non-member	June 7 - June 11, 2021			@ \$265	
	5 Days Member	July 12 -July 16, 2021			@ \$200	
	5 Days non-member	July 12 – July 16, 2021			@ \$265	
		GRAND TOTAL				
		and Girls Club of Boone Con	unty			
Card #		Exp. D	ate			
Amount t	to Charge <u>\$</u>					
Printed N	Tame (as it appears on the ca	rd)	_			
Billing Address		City	State_	Zip	Code	
Signature	3					