



# Camp Woodbrooke 2010 Registration

## Young Camper Sessions

*Please check the appropriate session box below & fill out one form for each child*

<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>		<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Returning-Fill out Page 3 also</b>
<b>Choice</b>	<b>Choice</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Session I</b>	<b>June 20 – June 26</b>	<b>Fee: \$650</b> <b>Ages 7 – 12</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Session II</b>	<b>June 27 – July 10</b>	<b>Fee: \$1200</b> <b>Ages 7 – 12</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Session III</b>	<b>July 11 – July 24</b>	<b>Fee: \$1200</b> <b>Ages 7 – 12</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Session IV</b>	<b>July 25 – August 7</b>	<b>Fee: \$1200</b> <b>Ages 7 – 12</b>

Camper Information:  **Male**  **Female**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Present grade (09-10) \_\_\_\_\_ Email \_\_\_\_\_

Siblings (At home & camp - Names & Ages) \_\_\_\_\_

*Please circle those attending camp*

Monthly Meeting or Other Religious Affiliation \_\_\_\_\_

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Parent/Legal Guardian 1 Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Responsible for \$ \_\_\_\_\_ of the Fee. **Primary Contact?**  Yes  No

Custodial Parent  Legal Guardian  Foster Parent

Parent/Legal Guardian 2 Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Responsible for \$ \_\_\_\_\_ of the Fee. **Primary Contact?**  Yes  No

Custodial Parent  Legal Guardian  Foster Parent

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**How or from whom did you learn about Camp Woodbrooke?** \_\_\_\_\_

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**Payment:** A deposit of \$300 is payable with registration - **non-refundable after May 1**. There is a 5% discount for the 2<sup>nd</sup> and 3<sup>rd</sup> child in a family. One half of the balance is due May 1, 2010, and the remainder on or before arrival at camp. For campers wishing to attend more than one session, family visiting arrangements are made for the changeover weekend.

**Enclosing \$ \_\_\_\_\_ for deposit**

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*You have completed page 1 of 2. Please complete the additional information about your child on page 2, using additional sheets if necessary. Sign and date page 2, then mail both pages and your deposit to the address listed below. Returning campers should also fill out page 3.*

**Please mail forms & deposit to: Camp Woodbrooke, 1704 Roberts Ct, Madison, WI 53711-2029**



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Young Camper Sessions - **Additional Camper Information**

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

The following information will help us to know the child better. Please be specific and complete. The more information we have, the better the experience can be for your child. Use another sheet if necessary. Thank you.

## Issues We Should Know About

Are there medical or behavioral issues?.....  Yes....  No

Will medications need to be administered?.....  Yes....  No

Is bedwetting an issue? .....  Yes....  No

Is a special diet needed? .....  Yes....  No

Does your camper have allergic reactions to anything?....  Yes....  No

If any answer above is Yes, then please explain: \_\_\_\_\_

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## Camping/Away from Home Experience

Is this the child's first solo experience away from home or to an overnight camp? \_\_\_\_\_

Does she/he have camping experience of any sort? When/where/what type? \_\_\_\_\_

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## Relationships with Others

How does your child relate to peers? To adults? To teenagers? \_\_\_\_\_

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Does school go well? (It is helpful to know if your child does well or has problems in learning situations and in relationships with peers in such a setting.) \_\_\_\_\_

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## Other Information

Is there something special your child would like to do which fits in with our camp's strengths? \_\_\_\_\_

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Is there anything further we need to know about to help us decide whether this camp is appropriate for your child and to help us make it a great experience for him/her when she/he arrives. Please include your expectations for your child for this camping experience \_\_\_\_\_

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Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

*Thanks. We look forward to having you at camp again this summer.*



# Camp Woodbrooke

## 2010 Registration - Young Camper Sessions Returning Camper Comments

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

**Previous Years Attended** \_\_\_\_\_

What did you especially like about camp in 2009? \_\_\_\_\_

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What do you think should be changed? \_\_\_\_\_

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What three activities did you like best? \_\_\_\_\_

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What did you like least? \_\_\_\_\_

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What crews were you on? \_\_\_\_\_

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What crews would you prefer? \_\_\_\_\_

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What new project or idea would you like to try out? \_\_\_\_\_

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Thanks. We look forward to having you at camp again this summer.