



Avalon Center Summer Day Camp Application Form

Child's Name _____ Nickname _____ Gender _____
 Birthdate _____ Age _____ School _____ Grade level 2016-17 school year _____
 Address _____ Home Phone _____
 City/County _____ Zip _____ Parent/Guardian Email _____

Summer Camp Week: July 3-7, 2017(4 Days) _____ (OR) July 10-14, 2017 _____

Father/Guardian Name _____ Employer _____
 Work phone _____ Address (if different) _____ Home
 Phone _____ Cell Phone _____

Mother/Guardian Name _____ Employer _____
 Work phone _____ Address (if different) _____ Home
 Phone _____ Cell Phone _____

Name of person(s) or agency having legal custody of child _____
 Home Phone _____ Address (if different) _____
 Cell Phone _____ Work Phone _____

Name of two persons to contact if parent(s) / guardian(s) cannot be reached: (must be local & within a 50 mile radius) (must include house #, street name, city, state, and zip code)

1. Name: _____ Phone: _____
 Address _____
 2. Name: _____ Phone: _____
 Address _____

Persons authorized to pick up child _____
 Persons NOT authorized to visit or pick up child _____
 (Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child.)

Does your child have any allergies or intolerance to medication, foods or any other substances?
 YES _____ NO _____ If yes, what? _____
 What actions need to be taken? _____

Name of Child's Physician _____ Phone _____

Does your child have a chronic illness? YES _____ NO _____ If yes, which type? _____

Please specify any other medical conditions, allergies, medications or disabilities:

List any medications that your child takes/dosage and reason:

Please list any special accommodations/assistance that your child requires to participate in the program:

List any previously attended child care programs: _____

Avalon Center Release and Indemnity

Agreement I: I (parent or guardian) agree to support the Avalon Youth Services Program rules and procedures as to ensure the health and safety of my child and other children participating in the program. initial _____

Agreement II: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in Avalon Center's Summer Camp program and do hereby release Avalon Center, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child. initial _____

Agreement III: In case of emergency, Avalon Center has my (parent or guardian) permission to contact a physician. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well being of my child. Additionally I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. initial _____

Agreement IV: Avalon Center Summer Program will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. initial _____

Agreement V: I (parent or guardian) give permission for my child to attend any field trips while in the Avalon Center Summer Camp program. I (parent or guardian) authorize the use of insect repellent when needed. initial _____

Agreement VI: I (parent or guardian) give my child permission to participate in swimming/water activities conducted on field trips. I (parent or guardian) authorize the use of sunscreen when needed. initial _____

Agreement VII: Before admission to Avalon Center Summer Camp program, I (parent or guardian) will provide written proof of a physician's examination of my child by a physician licensed to practice medicine, most recent report card, child's birth certificate, and swim permission form. initial _____

Agreement VIII: I (parent or guardian) agree to inform the Avalon Center Summer Camp program within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases that must be reported immediately. initial _____

Parent /Guardian Name (Print) _____ Date _____
Parent or Guardian Signature _____

Commonwealth of Virginia, County of James City, To Wit:

Subscribed and Sworn Before Me This _____ Day of _____, 2017

My commission expires the _____ day of _____



Camper Information Form

Please list your reason(s) for wanting your child to attend AYS Summer Camp:

Describe your child using 5 words: _____/_____/_____/_____/_____

Has your child ever been hospitalized for medical or psychiatric reasons? (Circle One) YES NO
Hospital Mo/Yr Reason

Date of last medical evaluation: _____

SCHOOL & FAMILY

Does your child experience any developmental, academic or behavior problems while in school with peers or teachers? (Circle One) YES NO

If yes, please explain: _____

How would you describe your relationship with your child:

Briefly describe any problems that have occurred in your child's family relating to:

Alcohol/drug abuse: _____

Domestic/sexual violence: _____

Child abuse/neglect: _____

Crime against child or family members: _____

FEELINGS

Please check any of the following that describe how you believe your child has been feeling lately:

____ sad ____ anxious ____ depressed ____ frightened ____ guilty ____ angry
____ ashamed ____ aggressive ____ resentful ____ worthless ____ tearful
____ irritable ____ confused ____ extreme ups/downs ____ jealous ____ hopeless
____ helpless ____ annoyed

Describe any behaviors your child has demonstrated that cause for concern: _____

ACTIVITIES

Please describe activities your child participates in or enjoys:

Who is in your child's support network? _____

(Ex: grandmother, uncle, cousin, grandparent, etc...)

What are your child's strengths? _____

Camper Information Form

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Please circle any of the following concerns that your child or your family may be experiencing:

Nervousness Suicidal Thoughts Nightmares Shyness Depression Behavioral Problems
Separation/Divorce Sexual Problems Unhappiness Temper Drug Use Alcohol Death of a Loved
One Anger Self-Control Tiredness Appetite/Eating Sleep Stress Ambition Parenting
Relaxation Headaches Decision Making Legal Matters Memory Concentration Marital Problems
Energy Insomnia Health Problems Loneliness Other: _____

What usually makes your child feel safe? _____

Is there any other information regarding your child that you would like to share? _____

How did you learn about the AYS summer camp program: _____

Does Avalon Center have permission to take photos of your child during activities?

No: _____ Yes: _____ Only for craft projects: _____

Parent/Guardian Signature: _____ Date: _____

Applications must be received by May 22, 2017. Space is limited.

Return Applications to Avalon Youth Services

Phone: 757-258-9084

Email: youthservices@avaloncenter.org or

Postal Mail: AVALON CENTER Summer Strong, P.O. Box 6805 Williamsburg, VA 23188

Staff Use Only:



Avalon Center
3204 Ironbound Rd
Williamsburg, VA 23185

Applications are being accepted from Williamsburg, James City, King William, King & Queen, New Kent, Gloucester, York and Charles City Counties

Avalon Youth Services summer day camp offers youth ages 9–16 years the opportunity to develop coping skills and build resilience by participating in group activities with peers designed to address the emotional needs of youth that witnessed or are victims of crime. The one week camp will promote safety and safer behaviors and understanding of the dynamics of trauma. Campers will participate in fun, engaging and adventurous activities to build confidence! They will also develop an individual, emotional and physical safety plan.

Camp Features:

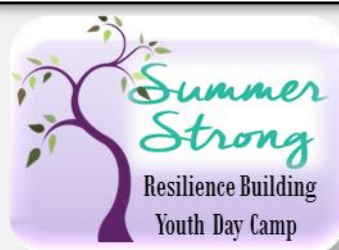
- Field Trips & Crafts
- Lunch, Camper T-Shirt
- On Site Youth Advocate and Counselor
- *Limited Transportation
- Camp Hours 9:30am-3:30pm
- July 3-7 OR July 10-14

Space is limited. Enrollment is limited to children that have experienced trauma. *Specific localities: Drop off and pick up at designated locations.

All activities are provided at NO cost

For more information or to obtain a summer camp application contact:

Avalon Youth Services
youthservices@avaloncenter.org
Phone: 757-258-9084



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