



at Makemie Woods
P. O. Box 39
Barhamsville VA 23011
(800) 566-1496

The Rev. Michelle "Mike" Burcher, Program Director
Dr. Marta Satin-Smith, Medical Director

Dear families interested in Camp Jordan,

We are glad you are considering joining us for our 46th camping season. More than 1,000 children with diabetes have found fun, friendship, and encouragement in a safe atmosphere where the other campers know what it feels like to have to check blood sugar and get injections every day. The physicians, diabetes educators, dietitians, and caring counselors and program staff all work together to help every camper experience success, independence, and have a great time.

Enclosed are the application forms for your child to attend Camp Jordan. Please look over all forms carefully. **Forms #1, 2, 3 should be completed and returned as soon as possible with a \$100 non-refundable deposit.** Spaces are limited and the camp fills quickly. For your benefit, there is a \$15 discount when the full camp fee accompanies the registration forms, and a \$10 discount for registrations received by April 30. **The balance of the camper fees is due July 1.** There is a \$25 late fee added to balances not received by July 1. **Camper using a pump** will be sent another form to be filled out by the campers' diabetes doctor. **Please indicate clearly on registration forms if your camper uses a pump.**

Send forms #1, #2, #3 to: Camp Jordan c/o Makemie Woods / P.O. Box 39 / Barhamsville VA 23011

Checks must be made payable to "Presbytery of Eastern Virginia" to avoid a delay in processing your application. **Payment by credit card can be made through the online service PayPal**, following the instructions on the application. A limited number of partial and full camperships are available from the West Central Richmond Optimist Club for campers who need financial assistance (see enclosed materials). We strongly encourage camper parents to seek out funds from schools, local clubs, and social services.

Refund policy: Full refund less the \$100 non-refundable deposit will be considered only if written cancellation is received by July 1. A partial refund may be considered after that date due to camper illness or death in the family.

Camp Store: The Camp Store sells items such as stuffed animals, bandanas, necklaces, and other souvenirs. The Camp Store also sells diet soda, one per camper per day, at lunchtime. There is a space on the registration form to place money in your camper's account ahead of time. Camp Store money will not be collected the day of arrival at Camp Jordan. Most Camp Jordan campers have around \$25 placed in their account. The remaining money can either be returned to you or donated to the camp program. Donated Camp Store money has purchased sports equipment; Witherspoon, one of our snakes; and most recently, archery equipment.

Camp Jordan is a special program hosted by Makemie Woods, a Christian camp operated by the Presbytery of Eastern Virginia. Religious programming is available to Camp Jordan campers if they desire it, but it is not required. It is possible for siblings who do not have diabetes to attend a one-week Makemie Woods program at the same time as Camp Jordan. Interested families should call the camp office 800-566-1496 for a Makemie Woods summer camp brochure, or visit the web site at www.makwoods.org

Please **plan to bring your child and the completed Form #4** (included in your confirmation packet) on **Thursday, July 15 between 1-2pm** and to pick up your child on **Saturday, July 24 at 9:30am. Beginner campers are to be picked up on Saturday, July 17 at 7:30pm.** Please plan time at pick-up to review your child's time at camp with the medical staff.

Camp Jordan is possible only because of these efforts:

- the numerous medical volunteers who give their time both at camp and in the many preparations
- members of the West Central Richmond Optimists Club, underwriters of the camp's operational expenses
- the generosity of the pharmaceutical companies who supply the insulin and other necessary products
- donations from individuals, families and organizations who are concerned about Virginia's children with diabetes.

Tax-deductible contributions should be made out to "Camp Jordan" and sent to:
Camp Jordan, PO Box 9346, Richmond VA 23227-0181

Thank you, too, for your support of this program. See you at camp!

The Rev. Michelle "Mike" Burcher
Program Director, Camp Jordan
Director, Makemie Woods

Questions about registration or the camp program should be directed to the Makemie Woods Office

E-mail: makwoods@makwoods.org (Subject Line: Camp Jordan) Phone: 800.566.1496

Medical questions should be directed to Dr. Marta Satin-Smith:

E-mail: marta.satinsmith@chkd.org Phone: 757-668-9789



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2010 CAMP JORDAN APPLICATION

FORM # 1 - pg. 1 of 2

CAMPER'S NAME _____ Sex _____ Date of birth _____

Prefers to be called _____ School grade in fall _____

Address _____

City _____ State _____ Zip Code _____ Home phone (____) _____

Parent/guardian name(s) _____ Occupation _____

Address (if different from above) _____ Home Phone: (____) _____

Cell phone: (____) _____ Work phone(s): (____) _____

FAX: _____ located at: _____ E-mail: _____

Camper's diabetes doctor _____ **(This physician should fill out form # 2)**

Address: _____ City _____ Phone: (____) _____

1. Has your child ever been...
 - a. away from home overnight (other than with relatives or in the hospital)? _____
 - b. to Camp Jordan before? _____ If so, what years? _____
 - c. to another summer camp? _____ If so, what camps? _____

2. Has your child been diagnosed with...
 - a. ADD or ADHD? _____ If yes, does your child take medication for this? _____
 - b. Learning disabilities? _____ If yes, describe: _____
 - c. Medical conditions besides diabetes? _____ If yes, describe: _____

3. Does your child wet the bed? _____ If yes, how often? _____

4. Does your child...
 - a. Give his/her own insulin? _____
 - b. Do his/her own blood tests? _____Comments _____

5. Does your child swim? _____ Can your child use the deep end? _____ Can your child dive? _____

6. What are some of his or her favorite hobbies or interests? _____

7. Please use the space below for any additional information you feel would be useful to the camp staff: (attach additional sheets if desired)

2010 CAMP JORDAN APPLICATION

Camper _____ Date of Birth _____ Sex _____
 Last First M/I

CAMPING PROGRAM REQUESTED (check one only):

- Beginner Explorers (3 days; rising 3rd - 5th grade)
 Elementary Explorers (rising 4th - 6th grade)
 Pioneers rising 7th - 10th grade)
 Canoe Adventure (rising 9th - 10th grade)

Camperships are available but are limited. So we can help those families who are the neediest, those requesting a campership should complete and send the Campership Application form with this registration. For more information on camperships, call Norma Hayes at 804-730-9559.

Camp Fee:	_____	\$894 for 10 day camps, \$419 for 3 days (insulin, meters, strips and syringes are supplied by manufacturers, <u>please read the medical forms thoroughly to determine supplies/equipment you will need to provide</u>)
Early Registration Discount:	_____ -	Subtract \$10 if registration is postmarked by April 30.
Advanced Payment Discount:	_____ -	Subtract \$15 if full payment accompanies registration form.
Deposit enclosed:	_____ -	Enter amount enclosed or amount you are charging to your credit card through PayPal. This amount must be at least \$100 (or \$50 if a full scholarship is being requested—the \$50 will be returned if for some reason the scholarship is not granted).
Scholarship requested:	_____ -	Enter amount from line 5 of the campership application
Camp Store deposit:	_____ +	Enter the amount you wish your camper to have in their Camp Store account. Remaining money may be _____ donated or _____ returned to you. (Please check which you prefer.)
Balance Due:	_____	Balance is due no later than July 1 to avoid \$25 late fee.

Signature: _____ Date _____

FORM MUST BE COMPLETED AND RETURNED WITH DEPOSIT AND FORMS 2 & 3 TO:

Camp Jordan c/o Makemie Woods
 P.O. Box 39
 Barhamsville VA 23011

FAX: 757-566-8803 (If faxed, the original forms must also be mailed).

Checks must be made payable to “**Presbytery of Eastern Virginia**” to avoid a delay in your application.

Amount sending by check, or processing through  _____

To better serve our parents, we are using the secure online service PayPal for credit card payments. All major cards accepted, only a valid e-mail address is required. The camp no longer takes credit card information directly. To pay, go to www.makwoods.org/cjordan/paypal



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FORM # 3

To be filled out by parent or guardian and NOTARIZED—please do not fill out this form unless a notary public is present!

Camper's name _____

IN CASE OF MEDICAL EMERGENCY:

The undersigned, as parent or legal guardian of the child named above, hereby authorizes the camp physicians to hospitalize, secure treatment for, transport, and/or to order anesthesia, surgery or other medical care for the child as the circumstances may require, and the camp personnel are authorized to notify the undersigned of any such medical emergency at the phone number listed below.

Signature of Parent/Guardian _____

Phone Number _____ Date _____

Please give an alternate name and telephone number in the event the parent or guardian cannot be reached:

Name _____ Phone Number _____

Relationship to Camper _____

TRIP PERMISSION:

Camper's name _____ has my permission to leave the grounds of Makemie Woods (Camp Jordan) accompanied by and supervised by program staff.

Signature of parent/guardian _____ Date _____

CONSENT FOR FILMING OR PHOTOGRAPHY: In the past, local TV stations and papers have visited the camp to film our campers and let the public know about our program. We would like for you to sign the following release allowing your child to be filmed and interviewed.

I hereby consent that photographs, videotapes, movies, and the name of _____ may be used on T.V., in newspapers and in any publications for the purpose of advertising Camp Jordan.

Signature _____ Date: _____

ASSUMPTION OF RISK: Many camp activities involve some risk, including but not limited to those risks usually associated with swimming, hiking in a forest, boating, playing active games, cooking over a fire, other camp activities, and being transported off-site for programs or emergencies. The camp has established rules and guidelines for campers to help provide a safe environment and minimize these risks.

I understand and assume the risks involved with the Camp Jordan program, I will read all information sent to me, and I will explain the camp rules and guidelines to this camper prior to arriving at camp.

Signature of parent/guardian _____ Date _____

NOTARIZATION OF PARENT'S/GUARDIAN'S SIGNATURE IN ALL FOUR SPACES ABOVE:

STATE OF _____ COUNTY _____ SUBSCRIBED AND SWORN BEFORE ME

THIS ____ DAY OF _____, 20 ____

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____