

Project C.A.R.E (Challenge Activities Ropes Experience) **SUMMER CAMP 2018 – REGISTRATION FORM**

Dear Parent,

Zip! Climb! Jump! Swing! Confidence... Trust... Communication... Teambuilding...

If you and your child are interested in a fun, challenging, educational Youth Adventure Week please complete and return the [Registration and Release Forms](#).

Campers will be encouraged to work as a team to problem solve and engage in group initiatives. In addition each child will have the opportunity to challenge themselves by climbing at height on elements such as a rockwall, giant swing and zipline. Campers and parents are often surprised at what they can accomplish throughout the week with the physical and emotional support from their peers and staff.

Project C.A.R.E. Youth Adventure Week was featured on News 12. Check out our website to see the video! www.longislandhome.org/care/project

Our Youth Adventure Experience will run Monday to Friday from 9:00a.m. - 3:00p.m. Drop off is at the Wilsey building and pick up is at the course gates. Please have your child bring lunch, in a cooler bag if possible, Monday through Thursday. On Friday there will be a celebration BBQ.

The behavioral expectations of our day camp include tolerating a week of six hour days, following staff direction, safety rules and acting respectfully toward self & others. Project C.A.R.E. Youth Adventure Week is a community outreach program conducted separately from all patient/ client programs.

Our summer camp is facilitated by a team of degreed healthcare professionals and a full medical nursing staff is on premises at all times. For more information, contact us at (631) 608-5342 or e-mail eherr@northwell.edu.

We look forward to this Youth Adventure Experience together!

Sincerely,

Elyse Herr-Halpern, CTRS, CM

Course Manager, Project C.A.R.E.: Youth Adventure Week

Name _____ M / F Age _____ Grade (starting Sept.2018) _____
Street _____ Town _____ State _____ Zip _____
Parent's Signature _____ Date _____ Phone# _____
Email: _____

Northwell employees receive a \$25 discount per child per week of camp. Please provide:

Employee ID# _____ Work Location/Department _____

Please check the week(s) your child will be attending (maximum of 2 weeks)

July 16th - 20st

Aug 6th – Aug 10th

Aug 20th - Aug 24th

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SUMMER CAMP 2018 - PAYMENT, FAMILY DISCOUNTS, AND SCHOLARSHIP

Tuition for one week of Summer Camp is **\$320.00**. Northwell employees receive a \$25 discount per child per week of camp. Please include your employee ID number and Department on the Registration form. You may arrange payment by cash, check or credit card. We require a **non-refundable \$25.00** deposit per child per week when application is submitted. Final payment must be made no later than two weeks prior to camp.

Please make check payable to: **SOUTH OAKS HOSPITAL**. If paying by credit card, please call the Cashier at (631)608-5140.

SCHOLARSHIP

As part of our mission, *We Care for People*, South Oaks Hospital reaches out to our community. We offer scholarships to children and adolescents, who would benefit from this unique summer camp, yet are unable to do so due to financial hardship. The John E. McGorry Scholarships are given in memory of John E. McGorry whose dedication and commitment to Wellness and Therapeutic Rehabilitation was a driving force in the development of Project Care as well as launching our first summer youth program. If interested in applying for a John E. McGorry Scholarship, please complete the entire application below.

Please Note: A non-refundable \$25 deposit is required with submission of each application. *All scholarship applications must be submitted no later than Friday, June 22nd, 2018. Applications will be reviewed and replied to no later than July 6th, 2018.*

Please complete all information below:

- Please briefly describe your reason for requesting a scholarship.

- Total Household Income (including alimony, child support, etc).
 Less than \$50K \$50,001 - \$75K \$75,001 - \$100K More than \$100K
- Parent's Occupation _____ Parent's Occupation _____
- Number of Dependents _____ Ages _____
- Applicant Lives with Both Parents Mother Father Other

For Staff Use Only:

Approved _____
Date _____

Not Approved _____
Signature _____