Applications for Day Camp will be processed in the order they are received beginning February 1, 2022. Once you have submitted your camper's application via email, photograph or mail, we will contact you confirm receipt of the application and to receive payment. Please send day camp applications to:

Mail: Hope for His Children, Inc., 6361 Mt. Zion Rd., Ferguson, NC 28624

Email or photo: nmccoy@hope4hischildren.org

If a payment plan would be helpful, we will work with you to establish a monthly payment plan so that camp costs are paid in full prior to the time your child attends camp. $50 initially holds a place for your child's spot in camp; the balance is due two weeks prior to the start of camp. Spaces are limited to 15 children per week. Please note that some camp weeks offer one overnight for an additional fee of $75.

Please select below which session your child will be attending:

Available Day Camp Session Dates 2022

Monday - Friday 8 am- 5pm, $275.00

- Session 1- May 30 - June3
- Session 2- June 6 - June 10
- Session 3- June 13 – June 17
- Session 4- June 20 – June 24
- Session 5- June 27 – July 1
- Session 6- July 4 – July 8
- Session 7- July 11 – July 15
- Session 8- July 18 – July 22
- Session 9- July 25 – July 29
- Session 10- August 1 – August 5

Available Overnight Dates 2022

Friday Night - Saturday 11:30am, $75.00

- Session 2- June 10-11
- Session 4- June 24-25
- Session 6- July 8-9
- Session 8- July 22-23
- Session 10- August 5-6

Camper Registration and Health History Form

Camper Information

Full Name and Birthday:

Address:

Emergency Contact:

Approved Camper Pick up Person:

Parent/Guardian Information

Full Name

Relation to Camper:

Phone Number/Email Address:

Best time to be reached:

Parent/Guardian Information

Full Name

Relation to Camper:

Phone Number/Email Address:

Best time to be reached:

Insurance Information

Full Name of Policy Holder:

Policy Holder Phone Number:

Health Insurance Company:

Health Insurance Company Phone Number:

Health Insurance Group/Policy #:

Doctor's Name:

Doctor's Phone Number:

Dentist Name:

Dentist Phone Number:

Health History and Medication Information

Date of Last Health Exam:

Immunizations Up to Date? ◯ Yes ◯ No

Date of last Tetanus Shot (month/year):

Please check all that apply for any of occurrences below that happened in the last 24 months:

Asthma or Inhaler	Bedwetting	Behavior Problems
Bleeding or Clotting Disorder	Chicken Pox	Epilepsy
Fears or Phobias	Frequent Ear Infections	Frequent Headaches
Frequent Sore Throats	Head Lice	Hearing Problems
Homesickness	Insect Sting Allergy	ADD/ADHD
Poison Ivy Allergy	Seizures	Sleepwalking
Speech Problems	Vision Problems	

Does your child have any environmental allergies? ◯ Yes ◯ No

If you answered Yes to environmental allergies, please explain:

Does your child have any drug allergies, please explain: ◯ Yes ◯ No

If you answered Yes to drug allergies, please explain:

Does your child have any food allergies? ◯ Yes ◯ No

If you answered Yes to food allergies, please explain:

Does your child have any food or dietary restrictions? (ex: gluten free, vegetarian)

If you answered yes to food or dietary restrictions, please explain:

Has your child had any operations or serious injuries?

Please list any current medications your child is taking, including dosage and time (both prescribed and over the counter):

Description of any other current health conditions requiring medication, treatment, or special restrictions or considerations while at camp.

Will your child require and treatments while at camp? ○ Yes ○ No

If yes, please explain:

Description of any camp activities from which the camper should be exempted for health reasons.

Is there anything the counselor should know that will help your camper have the best experience?

Parent/Guardian Signature and Date: