

**Nomination Packet - Summer 2024**

# Pages 1-2 To be read & completed by Nominator

Thank you for your interest in nominating a child for a transformative experience at Camp Washington this summer. By nominating a child, you have discerned that the child is considered at-risk.

A variety of factors can contribute to a youth falling in the at-risk category: Poverty, Family instability and dysfunction, Unstable school environment, Poor community resources, Adverse childhood experiences.

The above issues can create feelings of isolation and estrangement from peers and cause children to act out. Lack of a stable financial situation or unstable family dynamics such as broken homes or absent parental figures can also create instability and cause development issues for youth.

Please read the information below to ensure you understand the role you will fill by nominating this child for Bishops' Fund for Children campership.

By nominating this child for time at Camp Washington, you begin a journey with them. You will be the shepherd that helps guide them through the following:

* Returning necessary paperwork by the deadlines outlined below:
  + May 1st: Completed nomination and application forms due.
  + May 15th: Last day to confirm registration with Camp Washington.
  + June 1st: All other permissions, medical forms and related paperwork due to Camp Washington.
* Making sure the camper has everything they need on the Packing List for camp.
* Ensuring that the camper and parent/guardian have transportation to and from Camp

Washington at the beginning and end of their session.

* Ensuring there is a designated parent/guardian available to pick-up camper in case of illness or emergency.

Return Nomination Forms by **May 1st** to: Bishops' Fund for Children

% Camp Washington

190 Kenyon Road

Lakeside, CT 06758

Fax: 1.860.567.3037

Scan/Email: [camp@campwashington.org](mailto:camp@campwashington.org)

|  |
| --- |
| **Nominator Contact Information:**  Name:  Phone:  Email:  Best way to contact you:  If the person you are nominating receives a campership, to what address should we send registration materials?:  Parish/Organization Affiliation: |
| Name of child being nominated:  Based on the at-risk criteria, why are you nominating this child:  I have read and understand my responsibilities as a nominator including deadlines, transportation, emergency designation & packing list supplies and will do everything I can to make sure this is a good experience for the child I am nominating and their parent/guardian.  Nominator signature: |

# To be completed by Parent/Guardian

## (page 3)

**Contact Information:**

Name(s):

Phone number(s):

Email address(es):

Best way to contact you:

Do you belong to a church or religious community? If so:

What is your religion?

Where do you worship?

How will your child benefit from an experience at Camp Washington?

Has this camper previously received financial assistance from:

* Camp Washington or
* The Bishops' Fund for Children?

If so, when?

I understand the information on page 5 and understand that failure to return needed medical and camp forms could result in the forfeiture of the campership.

Parent/Guardian signature:

Name:

Age:

**To be completed by Camper**

## (page 4)

What do you hope your week at Camp Washington will be like this summer?

If you have attended Camp Washington before, what did you like about it? And what didn’t

you like?

I would like to attend a session at Camp Washington this summer. Camper signature:

# Session Selection

Camperships may not be available for all sessions. Please indicate your preferences by ranking them from 1-3 (#1 being your 1st choice). Award notifications and registration materials will be sent out on or about May 1st.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ages 7-12 Ages 12-16** | | | | | | | |
| Choice | Session Name | | Session  Dates | | Choice | Session Name | Session Dates |
|  | Children's Camp 1 | | July 7-12 | |  | Teen Camp 1 | July 14 - 19 |
|  | Children's Camp 2 | | July 28 – Aug 2 | |  | Teen Camp 2 | August 4 - 9 |
|  | Pick Your Passion:   * Daring Discoveries | | July 21 - 26 | |  | Pick Your Passion:   * Broadway Bound * Leadership in Action | July 21 - 26 |
|  |  | |  | |  |  |  |
| **Ages 5-10** | | | | |  |  |  |
| Choice | | Session Name | | Session Dates |  |  |  |
|  | | Mini Camp | | July 1-3 |

Information and important dates for Nominator and for Parent/Guardian:

□ May 1st: Completed Nomination Packet due to Camp Washington.

□ May 1st (on or about): Award Notifications / Registration Packets sent out.

□ May 15th: Last day to confirm your registration/accept.

□ June 1st: Last day to submit remaining paperwork to Camp Washington.

Forms Checklist:

□ Session Registration form.

□ 6 pg. Health History Form (including Dr.'s signature from a physical dated within the last three years).

□ Medical Authorization Form for any medications, including over-the-counter (such as vitamins).

These registration materials will be sent out when you are notified which session you are receiving a campership for.

**Due to the anticipated popularity of this program, only complete applications will be considered. All qualified nominations will be awarded a session of camp on a first come first served basis. Failure to submit above forms on time may result in forfeiture of campership.**

**\*\*Save this sheet for your reference\*\***

# Information and important dates for Nominator and for Parent/Guardian:

## Important Dates:

* May 1st: Completed nomination and application forms due.
* May 15th: Last day to confirm registration with Camp Washington.
* June 1st: All other permissions, medical forms and related paperwork due to Camp Washington.

## Forms Checklist:

* Session Registration form.
* 6 pg. Health History Form (with Dr.'s signature from a physical dated within the last three years).
* Medical Authorization Form for any medications, including over-the-counter (such as vitamins).

## Other:

* Making sure the camper has everything they need on the Packing List for camp.
* Ensuring that the camper and parent/guardian have transportation to and from Camp

Washington at the beginning and end of their session.

* Ensuring there is a designated parent/guardian available to pick-up camper in case of illness or emergency.

**Due to the anticipated popularity of this program, only complete applications will be considered. All qualified nominations will be awarded a session of camp on a first come first served basis. Failure to submit above forms on time may result in forfeiture of campership.**

Mailing address:

**Bishops' Fund for Children**

% **Camp Washington 190 Kenyon Rd**

**Lakeside, CT 06758**

**You can also scan/email materials to:** [**camp@campwashington.org**](mailto:camp@campwashington.org)

For camp related questions, please refer to [www.campwashington.org](http://www.campwashington.org/)

For campership-related questions, please email: [camp@campwashington.org](mailto:camp@campwashington.org)