

CAMP WINONAH 2026

STAFF

All Camp Winonah staff participate in pre-camp staff training/orientation and come with a wealth of energy, experience, and love for children, as well as any required certifications.

Life Skills and Public Health

Camp Winonah is a Life Skills residential camp. Campers participate in daily “Kapers” which include cleaning their living area, learning how to set a table, daily discussions on public health education, conflict resolution, and other issues that provide them with some of the tools that they will need to live positive successful lives with effective in person communication skills.

Location/ Lodging

We are in Harriman State Park, NY. and have cabin style living.

Activities

We provide a technologically free environment with swimming, dance, crafts, sports, all camp games and more... All campers are encouraged to participate in all activities.

Meals

We provide 3 full meals a day plus an evening snack each day. Campers are welcome to bring their own snacks if preferred.

Transportation

Round Trip bus transportation is provided from/to the Newark location (on opening and closing day).

Camperships

Some financial assistance is available and based on a first-come basis and income.

2026 Session Schedule

Session 1 – July 6th – July 17th, 2026 (Transportation provided)

Session 2 – July 20th – July 31st, 2026 (Transportation provided)

Session 3 – August 3rd – August 14th, 2026 (Transportation provided)



EJM Foundation Winter Address: 230 Kings Highway E. Suite 286 Haddonfield, NJ 08033
P: 877-456-7924

Mail Registration Form and Payment to:

Camp Winonah c/o EJM Foundation 230 Kings Highway East, Suite 286 Haddonfield, NJ 08033

For more information, call 877-456-7924 or

please email us at: campwinonah@outlook.com and visit us on [Facebook](#).

The form must be completed entirely

CAMPER INFORMATION		PLEASE PRINT CLEARLY – This is camp’s permanent record	
Last Name:	First Name:	<input type="checkbox"/> Male (GAB) <input type="checkbox"/> Female (GAB)	
Birth Date:	Current School:	Grade Entering Sept. 2026: ____	
Camper Address:	Mother/Guardian 1 Last Name:	Father/Guardian 2 Last Name:	
	First Name:	First Name:	
City:	Home Phone:	Home Phone:	
State: Zip:	Work Phone:	Work Phone:	
Joint/Non-Custodial Family		Cell Phone:	Cell Phone:
Has there been a divorce/separation? ____ Yes ____ No	Employer’s Name:	Employer’s Name	
	Occupation:	Occupation:	
If yes, who has custody? (Print joint if applies)	Email (Required) – All Camp Forms will be emailed:	Email (Required) – All Camp Forms can/will be emailed:	
The joint/non-custodial parent/guardian should:	EMERGENCY CONTACTS <i>List two contacts other than the parent(s)/guardian(s)</i>		
<input type="checkbox"/> Be contacted in the event of emergency	Name:	Name:	
<input type="checkbox"/> Receive duplicate mailings	Relationship to Camper:	Relationship to Camper:	
<input type="checkbox"/> Receive invoice	Home Phone:	Home Phone:	
If you answered yes to any question above, please complete all information below:	Work Phone:	Work Phone:	
	Cell Phone:	Cell Phone:	
Joint/Non-Custodial Parent		If one or both parents are deceased, please explain here:	
Last Name:			
First Name:			
PARTICIPATION AGREEMENT AND FINANCIAL TERMS			
<i>Please read very carefully and sign and return with a deposit. Please call us with any questions you may have.</i>			
I/We hereby enroll my/our child and enclose a non-refundable deposit of \$50. I/We understand that any/all balances must be paid in full by or before July 1st, 2026. Registrations received after June 1 st , 2026, must be accompanied by <u>payment in full</u> unless alternative arrangements have been made. Refunds on amounts paid, less deposit and a \$25 fee may be approved up until June 1 st , 2026. Refunds will be made within 2 weeks. There are no refunds issued after July 1st, 2026. I/We understand that no refunds are given if Camp Winonah, in its sole discretion, determines that a child must leave camp for any reason. Due to the nature of our camp experience, there may be instances where we cannot accommodate children whose needs are beyond our scope of services. We reserve the right to refuse any registration and/or dismiss any child from camp. I/We understand that completion of all required summer camp forms and Camp Winonah, Parent/Guardian/Child Participation Agreement and copayments are a required condition prior to your child attending and participating in Camp Winonah.			
Signature:	Printed Name:	Date :	

Camper's Last Name:		First Name:	
<p>Camperships may be available: <i>We have an honor system and because we have a mutual trust between the camp and each family it is important to understand what each family can afford to contribute toward their child's residential camping experience. Please list below the income for each family member. We also try and accommodate each family so that a child can return to camp for another session if funds are available. Full and Partial Camperships are available.</i></p>			
Father/Guardian:		Source of Income:	Monthly Income:
Mother/Guardian:		Source of Income:	Monthly Income:
Sessions & Dates	Session 1 (\$800) July 6 th – 17 th 2026 ____ Will Attend		Session 2 (\$800) July 20 th – 31 st 2026 ____ Will Attend
			Session 3 (\$800) August 3 rd – 14 th , 2026 ____ Will Attend
If you would like your child to attend a second session, please indicate that here			
PAYMENT INFORMATION			
<p><input checked="" type="checkbox"/> I am including the registration fee is \$50. <input type="checkbox"/> I am also including the minimal \$200 co-pay per session with the understanding that any additional co-pay if applicable will be paid by or before July 1st, 2026. <input type="checkbox"/> Money Order enclosed (made payable to EJM Foundation with Camp Winonah written on the top) [<input type="checkbox"/> #campwinonah (cash app) an 8% surcharge needs to be added to your payment. <input type="checkbox"/> ejm@eimfoundation.org (pay pal) an 8% surcharge needs to be added to your payment. <input type="checkbox"/> Check enclosed (made payable to EJM Foundation with Camp Winonah on the memo line) Signature (required) _____ In service cell phone #: _____ Date: _____ ***By signing above, I/we understand that any balances owed on July 1st, 2026, will be paid unless an alternative arrangement has been made with the Camp Director. ***</p>			

Camp Use Only

Cabin # and Counselor's Name

Session 1 _____ Session 2 _____ Session 3 _____

