

CAMP WINONAH 2024

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 centered 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.

Location/ Lodging

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

Activities

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). Face masks will be provided, and all campers and staff will be required to wear them during the duration of the trip (around 50 minutes).

Camperships

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

2024 Session Schedule

Session 1 – July 2nd, – July 8th, 2024*

Session 2 – July 8, - July 19th, 2024*

*Session 1 and 2 overlap, we will drop off the campers at 10 am and pick up the session 2 campers at that time.

Session 3 – July 22nd – August 9th, 2024

Session 4 – **Teen Camp** August 12th – 16th, 2024 (**Must be registered by/before July 30th, 2024**)

Parents/Guardians will need to provide transportation to and from the camp property.



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	<i>PLEASE PRINT CLEARLY – This is camp’s permanent record</i>	
Last Name:	First Name:	__ Male (GAB) __ Female (GAB)
Birth Date:	Current School:	Grade Entering Sept. 2024: ____
Camper Address:	Father/Guardian 1	Mother/Guardian 2
	Last Name:	Last 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>	
__ Be contacted in the event of emergency	Name:	Name:
__ Receive duplicate mailings	Relationship to Camper:	Relationship to Camper:
__ 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>		
<p>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, 2024. Registrations received after June 1st, 2024, must be accompanied <u>by 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 1st, 2024. Refunds will be made within 2 weeks. There are no refunds issued after July 1st, 2024. 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.</p>		
Signature:	Printed Name:	Date:

Camper's Last Name:	First Name:
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Camperships may be available:

*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.***

Father/Guardian:	Source of Income:	Monthly Income:		
Mother/Guardian:	Source of Income:	Monthly Income:		
Sessions & Dates	Session 1 (\$500) July 2 nd - 8 th , 2024	Session 2 (\$700) July 8 th - 19 th , 2024	Session 3 (\$900) July 22 nd - August 9 th , 2024	Session 4 (\$400) August 12 th - 16 th , 2024
	___ Will Attend	___ Will Attend	___ Will Attend	___ Will Attend
If you would like your child to attend a second session, please indicate that here				Teen Camp (14-16)

PAYMENT INFORMATION

I am including the registration fee is \$50.
 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, 2024.
 Money Order enclosed (**made payable to EJM Foundation with Camp Winonah written on the top**) [
 #campwinonah (cash app) an 8% surcharge needs to be added to your payment.
 ejm@ejmfoundation.org (pay pal) an 8% surcharge needs to be added to your payment.
 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, 2024, will be paid unless an alternative arrangement has been made with the Camp Director. ***

Camp Use Only

Session 1 _____
 Cabin # and Counselor's Name

Session 2 _____
 Cabin # and Counselor's Name

Session 3 _____
 Cabin # and Counselor's Name

