

ROARING BROOK CAMP FOR BOYS

Winter: 300 Grove Street #4, Rutland, VT 05701 Winter Only: Toll Free: 800-832-4295
Winter Only: FAX: 802-786-0653 E-Mail: rainest@sover.net Website: <http://www.roaringbrookcamp.com>
Summer: 480 Roaring Brook Road, Bradford, Vermont 05033 802-222-5702

ENROLLMENT APPLICATION

NAME _____ NICKNAME _____ PHONE: _____ CELL: _____

BIRTHDATE (MONTH/DAY/YEAR): _____ CAMPER AGE ON AUG 1: YEARS _____ MONTHS _____

GRADE CAMPER WILL ENTER NEXT FALL: _____ HEIGHT: _____ WEIGHT: _____
(required) (required)

ADDRESS: _____ ZIP: _____

PARENT'S E-MAIL: _____ CAMPER E-MAIL: _____

SESSION(S) APPLYING FOR (check all that apply)

- 1st 2 Wks. Sun June 26 - Sat July 9 2nd 2 Weeks. Sun July 10 - July 23
 3rd 2 Wks. Sun July 24- Aug 6 4th 2 Weeks Sun Aug 7-Aug 20

PARENT NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ PHONE: _____

PARENT NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ PHONE: _____

SUMMER ADDRESS: _____ PHONE: _____

DATES AT SUMMER ADDRESS: FROM _____ TO _____

PLEASE PROVIDE THE NAME OF A TEACHER WHO IS ABLE TO GIVE A CAMPER RECOMMENDATION:
(We will forward the necessary forms. Returning campers omit.)

TEACHER' NAME: _____ GRADE: _____ SCHOOL PHONE: _____

SCHOOL ADDRESS: _____ ZIP: _____

TEACHER' HOME ADDRESS: _____ HOME PHONE: _____

TO ASSESS THE EFFECTIVENESS OF PROMOTION, PLEASE SHARE HOW YOU HEARD ABOUT ROARING BROOK:

I HAVE READ AND AGREE TO ALL THE "REGISTRATION TERMS OF AGREEMENT". THIS APPLICATION HAS MY APPROVAL:

Signature of Parent/Guardian: _____ Date: _____

PAYMENT ENCLOSED: \$ _____ DONATION: \$ _____ (Checks payable to: (ROARING BROOK CAMP)

_____ Mastercard _____ Visa/Account # _____ Exp. Date: _____

PLEASE COMPLETE THE BACK OF THIS FORM- THANK YOU

So that we may do our best in working with your son at camp, we ask that you reply to the following questions.
The Roaring Brook program has assisted many boys in their personal growth, but it is not designed as a therapeutic

course. It is simply an experience for boys who are excited about learning outdoor skills and enjoying a true outdoor adventure. If necessary you may attach additional sheets. Thank you very much for your assistance.

What do you wish your son to gain from his experience at Roaring Brook?

Are there areas in which your son has particular difficulty? These might be physical limitations, learning or attention deficit disorders or simply low self-esteem in relation to peers. If so, is he receiving help in these areas? Please note: Parents must inform the camp, in advance, of any medications their son is taking to assist with these difficulties or medications taken for medical problems to determine if the camp can accommodate their medication schedule. Campers must be physically capable of participating in an active program.

How does your son interact with other children individually or in a group? Please note: Roaring Brook cannot accommodate boys with any history of social or behavioral disorders that have caused problems at home or school.

When a boy comes to camp from a home that is undergoing change (new location, separation, divorce etc.) his experience is often affected. Are any of these changes a part of your son's life, and if so, how is he adapting?

This information will be shared with the counselors who will be living with your son. It will allow them to better meet your goals for your son's growth and his physical needs, social interaction skills and personal learning style at camp. We consider ourselves part of a team dedicated to your son's development in self-reliance, resourcefulness and the will-to-achieve in life, as well as learning and enjoying exciting outdoor skills.