

# Camp Sussex - 2005 - General Information and Fees For Parent/Guardians and Prospective Campers of the Northern Lights Project

**Camp Sussex** is a coed sleep-away camp for children ages 7 - 14. It is located in Northwestern part of New Jersey (about 55 miles from midtown Manhattan).

**Educational Enrichment Program:** All campers will participate in a Reading & Math Enrichment program each day. By integrating a 90 minute nontraditional academic program with a traditional camp program, we hope to reinforce what was learned in school, and prepare the children for the upcoming school year.

**Camper Expectations:** The campers must learn to live cooperatively in a community environment and work to make the most of their time at camp. The camp is their home for 2 ½ weeks and must be treated with care. Campers are expected to make new friends, participate in all activities, share in the cleaning up of their cabins daily, respect the property of others and help with basic tasks in the dining room such as passing food and stacking dishes.

**Dates:** You may register your child(ren) for the following session:

**Session Dates: June 29<sup>th</sup> – July 15<sup>th</sup>**

Session One Registration Ends June 15, 2005

**Cabin Housing:** Cabin groups are arranged according to age. Every cabin accommodates 8-10 children and at least two staff members. Each cabin has two toilets and three sinks. There is a separate shower facility. Boys and girls live on separate sides of the campus.

**Activities:** Campers participate in a wide variety of supervised activities. Our structured program includes: lake swimming & boating, swimming instruction, arts & crafts, ceramics, computers, dance, drama, photography, pioneering & hiking, basketball, football, gymnastics, miniature golf, soccer, softball, street hockey, tennis, volleyball & newcomb, and a reading & math program.

**Meals:** Three family style meals a day and two snacks consisting of milk and cookies. (No pork products)

### Sample Menu from Saturday, July 10, 2004

#### Breakfast

Orange Juice  
Pancakes  
Butter/Margarine  
Syrup  
Cold Cereal  
Milk/water

#### Lunch

Grilled Cheese w/Tomato  
Soup  
Celery & Carrot Sticks  
Potato Chips  
Milk/water  
Pineapple Chunks

#### Dinner

Turkey/Gravy  
Mashed Potatoes, Vegetables  
Stuffing, Cranberry Sauce  
Dinner Rolls  
Juice/water  
Sheet Cake

*There is always peanut butter & jelly available!*

**Transportation:** Departure & Arrival

**Clothing:** Shorts, T-shirts and Socks are supplied for children 7-12 years old. Teen campers (Born: 1990, 1991, 1992) bring their own clothing. Recommended clothing list will follow after registration is complete.

**Linens:** Blankets, Sheets and Towels are supplied for each child.

**Fees and Payments:** \$100 registration fee plus a minimum of \$600 -- per camper, per trip = \$700 minimum. *We accept Visa, MasterCard, and Discover.*

- ◆ The \$100 non-refundable application fee is for each child. Make money orders payable to Camp Sussex or you may use your credit card. This fee is refunded only if the child is not accepted for admission.
- ◆ The fee of \$700 for Northern Lights Project children includes the registration fee, airfare, & traveler's insurance. This fee amount is already significantly discounted for the average amount per camper. Fund Raising efforts offset the higher cost.

**Orientation & Open House:** All new campers and their parents are urged to attend the Northern Lights Orientation Session. This is your opportunity to meet the Camp Director, see slides of the camp and have all of your questions answered. Dee will inform you of the location & dates. Our Open House is held on the camp grounds, and is being held on Sunday, June 12th. If you are interested in visiting the campsite in Sussex, New Jersey you will have to provide your own transportation. Information about this day will be mailed to applicants later.

You may contact **Dee** if you have any questions or concerns.

**Phone:** 561-333-1497

**Cell:** 561-352-0458

**Fax:** 561-422-0122

**E-Mail:** [MissDWorldInc@aol.com](mailto:MissDWorldInc@aol.com)

Any questions, please call Amira at 1 - 718 - 261 - 8700x10 between 10am & 5pm weekdays.

**Camper and Staff Applications available online at [www.CampSussex.org](http://www.CampSussex.org)!**

**Pictures of Camp Sussex – Summer 2004:** [www.CampSussex.org/summerupdate](http://www.CampSussex.org/summerupdate)



# Camp Sussex INC.

Contact Dee if you have any questions or concerns.

561-333-1497 Phone  
561-352-0458 Cell  
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MissDWorldInc@aol.com



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Web: [www.campsussex.org](http://www.campsussex.org)  
Email: [campsussex@aol.com](mailto:campsussex@aol.com)

## 2005 – NORTHERN LIGHTS INSTRUCTION SHEET - 2005

The following are included in this 2005 packet:

1. INSTRUCTION SHEET 2005 - Please read carefully.
2. CHECK LIST – A list of what to submit with your application. (*Do Not Send Originals*) (See other side).
3. CAMPER APPLICATION 2005

*Please read carefully and complete both sides of the Application.*

1. Emergency Contacts (see #4 on the application). It's important for us to have the name and telephone number of 3 people (other than the parent/guardian) who will be responsible for your child, in case of an emergency and you can't be reached.
2. Parent/Guardian MUST SIGN consent and waiver. (See #12 on application)

4. SCHOOL RECOMMENDATION FORM 2005 - Please have your child's teacher complete this form. The teacher may mail or fax this form directly to the main office.

5. FOOD FORM 2005 - Please complete the form for the United States Department of Agriculture (USDA) Summer Food Service Program. This form **must be completed for each child and signed by parent/guardian, regardless of income**. This program assists Camp Sussex with some of our food costs. **Everyone must answer section #1, & #4. And either 2, 3A, or 3B—whichever complies with your situation.**

6. MEDICAL INSURANCE INFORMATION & RELEASE FORM 2005 – Please provide us with all of the insurance information requested. This will enable us to provide proper information to the doctor and/or hospital in the unlikely event that your child requires a doctor's attention or emergency treatment. You will be responsible for all deductibles and co-payments for your child.

**Please Note: Let us know if you change your child's medical insurance.**

*We understand the registration process sometimes can be confusing, If you need assistance completing any of the registration forms, please call the office or make an appointment to come down to the Forest Hills office in Queens. Call Amira Gutierrez 1-718-261-8700 x10.*

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Upon receipt of the completed Application, with proper documentation, you will be mailed an invoice for payment and a Medical Form. *Please note:* Call your doctor now and make an appointment for your child's check up. You will also be billed for the additional camp fee, as applicable. Your child(ren) will not be officially accepted until all forms and applicable payments are received. **Please return all materials promptly.**

*Your child will be guaranteed a spot at camp if all completed materials and fees are in by Friday, May 13, 2005. Session One Registration Ends June 15, 2005. For those registered prior to Memorial Day, Session One fees must be paid by June 1<sup>st</sup>. If camp fills up before the ending dates, registration will close prior to the dates scheduled.*

**Incomplete applications or those received after the end dates will be placed on a waiting list.**

**TURN OVER FOR CHECK LIST**



# Camp Sussex Northern Lights 2005 Application Check List

Please submit the following (1 – 6) with your child's application: (Do Not Send Originals)

1. \_\_\_\_\_ A **\$100 MONEY ORDER or CREDIT CARD** (no personal checks) **must be returned with each application -- NO EXCEPTIONS!** Your application will be returned if the fee is not included. *This fee is what holds your child's space and is non-refundable.* Please put your child(ren)'s name on the money order and make it payable to Camp Sussex. The **Credit Card Information Sheet** can be downloaded from the website ([www.Campsussex.org](http://www.Campsussex.org)) or call the Dee or the main office in Queens, NY to have it faxed or mailed.
  
2. \_\_\_\_\_ Copy of official **Birth Certificate** or other official proof of child's age.
  
3. \_\_\_\_\_ The **School Form** filled out by your child's teacher. If school is over, your child's last report card must be included with the application.
  
4. \_\_\_\_\_ The **USDA Summer Food Service Program Form** must be completed for each camper regardless of income. Everyone must answer section #1 & #4. And either 2, 3A, or 3B- whichever applies to your situation. Section #5 is optional.
  
5. \_\_\_\_\_ Copy of each of your child's Health Insurance Card(s) & Prescription Card(s) (Medicaid Card or Private Insurance Card). Please make readable copies of the **Front & Back** on letter sized paper (8 ½ x 11). All information will be verified.  
**Without health coverage your child cannot attend Camp Sussex!**
  
6. \_\_\_\_\_ The **Medical Insurance Information/Medical Release Form** must be completely filled out and signed by the subscribing parent or guardian.
  

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7. \_\_\_\_\_ A copy of the first two pages of the **2004 Federal Tax Return (Form 1040)** for the person claiming camper as dependent with corresponding **W-2 form(s)** or 1099 form(s) for all jobs worked during 2004. Or your 2003 Federal Tax Return (Form 1040) with the 2004 W-2. **W-2 or 1040 forms alone are not acceptable.**  
**(Foster or Adoptive parents do not need to send the tax return—just proof of guardianship from the Foster Care agency or Adoption papers)**

Contact **Dee** if you have any questions or concerns.

561-333-1497 Phone

561-352-0458 Cell

561-422-0122 Fax

[MissDWorldInc@aol.com](mailto:MissDWorldInc@aol.com)

*You do not need to return this page with the application. It is for your personal use.*

**2005 - CAMP SUSSEX NORTHERN LIGHTS CAMPER APPLICATION - 2005**

Please return all materials to:

**DO NOT FAX ANY PART OF THE APPLICATION**

**Please do not write anywhere, but where asked!**

*Camp Sussex*

110-11 Queens Blvd. #1BB  
Forest Hills, NY 2857  
Telephone # 1-718-261-8700  
Email: [CampSussex@aol.com](mailto:CampSussex@aol.com)

**For Office Use Only:**

RFP	<input type="checkbox"/>	TEEN	<input type="checkbox"/>
W274	<input type="checkbox"/>	FC	<input type="checkbox"/>
NF/S	<input type="checkbox"/>	TYPE:	_____
CLC	<input type="checkbox"/>	TWU	<input type="checkbox"/>

**PLEASE PRINT AND COMPLETE ENTIRE APPLICATION, BOTH PAGES AND SIGN. DO NOT SKIP ANY QUESTIONS.** Return with required documentation (see checklist) and a **\$100 non-refundable application fee per camper, per session (MONEY ORDER OR CREDIT CARD ONLY).**  
Please call **Amira Gutierrez (at x10)** with any questions.

1.  **BOY**  
 **GIRL**

Session Dates: **Session 1: June 29<sup>th</sup> - July 15<sup>th</sup>**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Child's Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of July 1<sup>st</sup> \_\_\_\_\_ Present Grade \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parent's Cell/Beeper # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

2. Has child attended Camp Sussex before? No  Yes  If YES, what summers? \_\_\_\_\_

Is your child attending any other camp this summer? No  Yes  If YES, when? \_\_\_\_\_

3. **Complete ALL information here that applies to this child (please circle which person is the contact):**

**Mother's Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Employer's Name & Address** \_\_\_\_\_

**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_ **Cell #** ( ) \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Employer's Name & Address** \_\_\_\_\_

**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_ **Cell #** ( ) \_\_\_\_\_

**Foster Parent/Guardian's Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

(Please enclose Proof of Guardianship - Court Letter or Foster Care Letter)

**Employer's Name & Address** \_\_\_\_\_

**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_ **Cell #** ( ) \_\_\_\_\_

4. **Emergency Contacts:** Please note that in case of an emergency, we will call the parent/guardian first. In the event the parent/guardian is not available, **list 3 people who will be responsible for your child. DO NOT LIST PARENT or GUARDIAN.**

A) **Name** \_\_\_\_\_ **Relationship to camper** \_\_\_\_\_  
**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_  
**Beeper #** ( ) \_\_\_\_\_ **Cell Phone #** ( ) \_\_\_\_\_

B) **Name** \_\_\_\_\_ **Relationship to camper** \_\_\_\_\_  
**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_  
**Beeper #** ( ) \_\_\_\_\_ **Cell Phone #** ( ) \_\_\_\_\_

C) **Name** \_\_\_\_\_ **Relationship to camper** \_\_\_\_\_  
**Day Phone #** ( ) \_\_\_\_\_ **Night Phone #** ( ) \_\_\_\_\_  
**Beeper #** ( ) \_\_\_\_\_ **Cell Phone #** ( ) \_\_\_\_\_