

2010 CAMP DREAMCATCHER COUNSELOR-IN-TRAINING/ LEADER-IN-TRAINING PACKET

Dear Friend,

Thank you for your interest in the Camp Dreamcatcher Counselor-in-Training and Leader-in-Training Programs.

Enclosed you will find the 2010 CIT/LIT application. Camp will be held from **Sunday, August 15th to Saturday, August 21st 2010** at a new location!! Camp Dreamcatcher will be held at **Westtown Boarding School in Westtown, PA**. The **NEW** address is **975 WESTTOWN ROAD, WESTTOWN, PA 19395** Directions to our **NEW** location are attached at the end of this application!!

In order to become a CIT/LIT, you must:

1. Complete the CIT/LIT application packet ENTIRELY
2. Participate in a personal interview
3. Participate in Camp Dreamcatcher as a full time CIT/LIT (which means you will spend the entire week at camp)

Your completed CIT/LIT application packet should be returned as soon as possible, as we are accepting *a limited* number of CITs/LITs. Please send your application to:

Attn: Megan Perigo
Camp Dreamcatcher
617 West South Street or FAX to **(610) 925-0403**
Kennett Square, PA 19348,

When we receive your completed application, we will call you to set up an interview.

If you have any questions or concerns, please call the camp office at (610) 925-2998 or email me at ka4me6@kennett.net. We look forward to meeting you and working with you to make Camp Dreamcatcher a success!

Sincerely,

Megan Perigo
Program Director

Dear Camper,

You are receiving this packet because you are 16 years old and you are eligible for either the CIT (Counselor in Training) or LIT (Leaders in Training) program.

The CIT program has been developed for future counselors who are 16 years of age. As a CIT, you will participate in a variety of experiences, which include: HIV/AIDS & diversity education, team building exercises and the opportunity to work as a counselor. The spaces are limited and are based on your level of maturity and ability to work as a counselor in a supervised setting.

The LIT program has been developed for teens, age 16, who have a desire to remain involved with Camp Dreamcatcher. As an LIT you will be involved in leadership and skill building training, as well as other workshops and recreation activities. You will also have an opportunity to practice those skills as you plan and lead an activity for the whole camp.

Enclosed is the application packet.

Although we have the deciding factor in the program you will be placed in, we want your opinion. Please tell us which program you feel you will excel in and why: (LIT or CIT)

- I would like to be placed in the LIT program.
- I would like to be placed in the CIT program.
- I would enjoy either program I may be placed in.

Camp Dreamcatcher Application Checklist

Camp Dreamcatcher NEW LOCATION: 975 Westtown Road, Westtown, PA 19395

Child's Name: _____

Please review this checklist prior to sending your application(s).

All applications are **DUE BY JUNE 1st, 2010.**

Place an "X" next to those items you have included in your mailing.
Include this checklist in your mailing.

I have included the following:

- _____ 1. LIT/CIT Essay
- _____ 2. 2010 Camper Application **2 pages**
- _____ 3. 2010 Camp Dreamcatcher Parent/Guardian Authorization Form
- _____ 4. Physical Examination Form (*to be filled out by Medical personnel*) **2 pages**
- _____ 5. Summary of the CIT/LIT's current situation **2 pages**
- _____ 6. Camper Release Form
- _____ 7. Camper Transportation Form
- _____ 8. Camp Dreamcatcher Household Information Form
- _____ 9. Participant Release of Liability Form
- _____ 10. Photocopy of current health insurance card
- _____ 11. Electronic Device Policy
- _____ 12. CIT/LIT Experience Form **2 pages**
- _____ 13. Photograph of camper (for camper file)

****If you are not including the child's medical papers please inform us when the child is scheduled for their next physical.*

We cannot accept your child until ALL of their paperwork is in!!!

2010 Camp Dreamcatcher Application for CIT/LIT

Camp Dreamcatcher NEW LOCATION: 975 Westtown Road, Westtown, PA 19395

Parents/Guardians: please complete this page.

Child's Name _____ Date of Birth _____

Age at camp _____ Sex _____

Parent/Guardian Names _____

Home Address _____

City _____ State _____ Zip Code _____

COUNTY _____ Home Phone# _____

Cell Phone# _____ Email address: _____

Work Address _____ Work Phone# _____

Camper T-Shirt Size _____ (child or adult?) Circle one.

Please list two emergency contacts: You must be available for emergency contact during the week of camp! (We will use phone numbers listed above for first contact).

1. Name _____ Relationship _____ Phone #'s _____

2. Name _____ Relationship _____ Phone #'s _____

Health Insurance Information (A photocopy of your current health insurance card must be attached)

Insurance Name _____ Policy Number _____

Physician(s) _____ Phone# _____

Address _____

****Please provide a picture of the camper for our files****

Health History (please write YES or NO and write date affected - make comments on lines below):

Frequent nose bleeds _____

Sinusitis _____

Asthma _____

Frequent Headaches _____

Ear Infections _____

Eye Trouble _____

Head Injury _____

Seizures _____

Pneumonia _____

Bleeding Disorder _____

Kidney Problems _____

Rheumatic Fever _____

Heart Defect/Disease _____

Allergies and type of reaction:

Bee stings _____

Other Insect Bites _____

Hay Fever _____

Penicillin _____

Food _____

Drugs _____

Need to carry Epi-pen _____

Stomach Trouble _____

Skin Trouble _____

Wears Glasses/contacts _____

HIV Positive _____

AIDS _____

Please identify any current or recurring illnesses/injuries not listed:

Please note any hospitalizations/surgeries (include dates and complications):

Activity Restrictions _____

Bedwetting issues _____

Behavioral issues _____

Special Diet _____

Please list any special needs _____

Does your child have problems taking medications at home? _____ Please describe _____

How many times per week are medications missed? _____

How do you handle these issues at home? _____

2010 Camp Dreamcatcher Authorization Form

This health history is correct and complete as far as I know. The applicant has permission to engage in all camp activities except as noted on the camp application or by the examining medical personnel.

I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for person herein described as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the camp medical personnel selected by the camp to secure and administer treatment including hospitalization, for the camp applicant named herein.

I am aware that should a need for emergency room care arise from injuries requiring an x-ray or other emergent type of medical treatment while at camp, the hospital's emergency department will require a parental/guardian verbal consent for treatment, unless there is a life threatening emergency, in which case medical care will be provided automatically. **I am aware that this means that I must provide Camp Dreamcatcher medical staff accurate and up to date telephone contact information for me during the week of camp. If I plan to travel away from my home, I will provide Camp Dreamcatcher with a phone number with which to reach me.**

I understand that Camp Dreamcatcher is not responsible for lost or stolen items during the week of camp.

Print Complete Name of Applicant/Camper _____
(One applicant per form please)

Print Name of Parent/Guardian if applicant is less than 18 years of age _____

Signature of Parent/Guardian or adult camper/staff _____

Date of signature above _____

Health Screening Form to be completed by Camp Healthcare Staff

Head Lice _____ If present will be sent home ASAP _____

Feet for fungus _____ Treatment _____

Recent illness/injury _____ General _____

Problems _____

Examiner's Signature _____ Date _____

2010 Camp Dreamcatcher Physical Exam Form (2 pages)
For Counselors-in-Training/Leaders-in-Training

(This form must be completed by approved medical provider at least 6 months prior to camp)
NO OTHER FORM WILL BE ACCEPTED

Name: _____ DOB _____ Gender _____
Home address _____
Custodial Parent/Guardian _____ Phone _____

Does the child have a history of any of the following? When?

- Hepatitis A _____ Date _____
- Hepatitis B _____ Date _____
- Hepatitis C _____ Date _____

Please give all dates for **immunizations** or attach a copy of immunizations:

DTaP _____
IPV/OPV _____
MMR _____
or measles _____
Mumps _____
Rubella _____
Hib _____
Varicella _____
Hep B _____
Pneumococcal (PCV) _____
Td (tetanus/diphtheria)boosters _____
Meningococcal _____

Last tuberculin screen (PPD): Date _____ Results _____ Chest Xray _____
Treatment _____

PMH _____

Hospitalizations _____

This applicant is under the care of a physician for the following conditions: _____

Food/Environmental Allergies _____

Medication Allergies _____

Most recent Hgb/Hct _____ Date _____

Physical Exam for Name of Child: _____

BP _____ Pulse _____ HT _____ WT _____
Head/Neck _____
EENT _____
Lungs _____
CV _____
Abdomen _____
GU _____
Musculoskeletal _____
Perivascular _____
Skin _____
Neuro _____

Most recent lab values/dates: CD4 ____ viral load ____ Hgb/Hct ____
This exam was completed on ____ date by _____

Medications to be administered at camp: include time, dose, and route (may attach separate order)

Medications taken routinely but not at camp _____
Treatments to be continued at camp _____

Any medically-prescribed meal plan or dietary restrictions _____
Describe any limitations or restrictions on camp activities _____
Does child need help walking or traveling by foot for long distances? _____

_____ In my opinion the above applicant is able to attend Camp Dreamcatcher.

_____ In my opinion the above applicant is not able to attend Camp Dreamcatcher.

Dates of camp- August 16th-August 22nd 2009.

Examiner's Signature _____ Date _____

Signature of person completing this form _____ Date _____

Office Phone _____ Address _____

Office Stamp:

Child's Name _____

Summary of the CIT/LIT's current situation (2 pages)

To be filled out by Counselor-in-Training/Leader-in-Training

All information provided will be kept confidential to the greatest extent possible in files at the Health Center. Camp Dreamcatcher respects each camper's right to privacy and therefore only select staff and medical personnel will have access to these files. Since Camp Dreamcatcher is a therapeutic camp, knowing your history will help to make sure that your needs are addressed while at camp. Attach extra pages if necessary. *Failure to fully complete this section will result in the application being rejected.*

Have you attended a camp other than Camp Dreamcatcher in the past? Yes ___ No ___

Please list: _____

Have you experienced a death of a friend or family member? Yes ___ No ___

If so please explain: _____

Do you receive any counseling? Yes ___ No ___

Please tell us about your home and school situation: _____

Please list any other medical conditions or illnesses that you've experienced: _____

Have you had any behavioral problems? Yes ___ No ___ If yes, please explain: _____

Have you been expelled from school? _____

Have you ever experienced any abuse? (physical, emotional, sexual) Yes ___ No ___ If yes, when did the abuse occur and by whom? _____

Have there been any changes/stresses in your life (divorce, remarriage, financial problems, relocation, and/or death in the family and illness)? Yes ___ No ___ If yes, please explain: _____

Child's Name _____

Continuation of CIT/LIT's Current Situation

As previously stated all information will be kept confidential to the greatest extent possible. Failure to fully complete this section will result in the application being rejected.

If you do not have HIV/AIDS, who in the family lives with or has passed away from HIV/AIDS?

Have you been in the foster care system? Yes ___ No ___
How long have you been with this foster parent? _____

Have you ever been involved in the juvenile justice system? Yes ___ No ___

If you are currently involved in the system, please list the charges and stage of the proceeding. If there has been a disposition of the charges, please list the terms of the disposition. _____

If you have *previously* been in the juvenile justice system, please list the charges, disposition and show proof of successful completion: _____

If you have been supervised by any agency for behavioral issues, please provide all details. For any contact with the juvenile justice system or any similar agency please provide documentation. A release may be requested to allow Camp Dreamcatcher to have direct contact with the Court or Agency.

Please list anything that you feel is important for the staff at Camp Dreamcatcher to know about yourself so we can make sure that your needs are being met: _____

Your Experience /Behavior

Please consider the questions that describe you now or within the past six months. Please answer all items by writing **YES** or **NO** to the following questions:

I argue a lot _____
I am restless or hyperactive _____
I get in a lot of fights _____
I have nightmares _____
I have temper tantrums _____
I am withdrawn _____
I threaten or bully others _____
I am liked by others _____
I participate in organized sports _____
I am shy _____

I cannot sit still _____
I don't get along with other kids _____
I am impulsive or act out _____
I am fearful or anxious _____
I am unhappy, sad or depressed _____
I make friends easily _____
I get angry easily _____
I demand a lot of attention _____
I follow rules when playing games with others _____
I Control my temper when in conflict _____

Child's Name _____

Camper Release Form

Parents / Guardians

Camp Dreamcatcher needs pictures and materials to assist with fundraising and marketing efforts. You and your child's assistance in this matter is appreciated, however, we also understand your privacy concerns and we respect your individual decision. It is very important that you answer every question. If you have any questions, please call me at (610) 925-2998.

RELEASE FOR FUNDRAISING AND OR PUBLICITY. Reporters, photographers, and other members of the media may attend the Camp Dreamcatcher program in order to increase awareness about Camp Dreamcatcher and about people living with HIV/AIDS in a way that words cannot express. My child will be included in a media piece only if I give permission below: You will be notified when pictures will be used.

I grant permission for my child(ren)'s photos, interviews and/or footage to be shown in the media, including, but not limited to www.youtube.com
Yes ___ No ___

I grant permission for my child to be interviewed, photographed and filmed by any member of the media at Camp Dreamcatcher programs. I understand that Camp Dreamcatcher is not responsible for the content of the media coverage and that my child will not be paid for any media work completed. This may include the **Camp Dreamcatcher newsletter, brochure, website, and local newspapers.** I understand that my child will not be paid for any photographs used. I understand that only my child's first name and age will be used to identify him or her.
Yes ___ No ___

CABIN PHOTOGRAPHS

May your child be in pictures with campers in his/her cabin taken by counselors?
Yes ___ No ___

May a counselor keep in touch with your child by sending letters to your home for birthdays, holidays, etc?
Yes ___ No ___

May your child participate in surveys performed by medical staff or other therapists at camp? Their names will not be used.
Yes ___ No ___

May your child's photo be included in the Camp Dreamcatcher yearbook? *(The yearbook will only be distributed to counselors and campers)*
Yes ___ No ___

EDUCATIONAL PROGRAMS

If age appropriate is your child able to participate in the **Celebrate Girls Program or Keeping It Real Program.** The groups will be separated by ages 10-11 and 12-13 and by gender (boys in one group and girls in another group. It is our goal at Camp Dreamcatcher to assist the campers in developing the skills necessary to deal with the various issues that they may face throughout the year. Some of the topics are peer pressure, self-esteem, body image, body changes and relationships.
Yes ___ No ___

ARTWORK AND WRITING

I grant permission to Camp Dreamcatcher to offer my child the chance to create and donate original artwork or writings to be auctioned, sold, or otherwise used at Camp Dreamcatcher fund-raising events. I hereby grant permission and consent to transfer exclusive right and ownership of such artwork to Camp Dreamcatcher. I understand that Camp Dreamcatcher will use any proceeds from the sale or use of this artwork to support its mission and that my child will not receive compensation, sales proceeds, royalties or other form of payment. Camp Dreamcatcher's rights include the right to reproduce, copy, sell or modify the artwork in any manner it sees fit. I understand that only my child's first name and age may be used to identify him or her.
Yes ___ No ___

Camper Transportation Form

Camp Dreamcatcher NEW LOCATION: 975 Westtown Road, Westtown, PA 19395

TRANSPORTATION

Will you be driving your child to camp?

Yes ___ No ___

Will you be picking your child up the last day of camp?

Yes ___ No ___

If NO please list the name and telephone number of the person who will be picking up the child and how this person is related to the child:

Name	Telephone number	Relationship to camper
------	------------------	------------------------

Will your child be going home the same way she/he arrived to camp?

Yes ___ No ___

Please place only **one** checkmark next to your child's bus transportation (*only if they are taking a bus*):

Will your child be riding on the bus from **Children's Hospital of Philadelphia**?

Yes ___ No ___

Will your child be riding on the bus from **St. Christopher's**? (Please contact your social worker to confirm transportation.)

Yes ___ No ___

Will your child be riding on the bus from **DELAWARE**? (Please contact your social worker to confirm transportation.)

Yes ___ No ___

Will your child be riding on the bus from **Johns Hopkins**? (Please contact your social worker to confirm transportation.)

Yes ___ No ___

Will your child be riding on the bus from **Robert Wood Johnson**? (Please contact your social worker to confirm transportation.)

Yes ___ No ___

Please contact your social worker or caseworker to ask about transportation.

Parent or guardian's signature: _____ Date _____

Camp Dreamcatcher Household Information Sheet

The information requested on this page will assist us in completing grant proposals to fund the camp session. All information will be kept in a confidential file. **Names and information will NOT be disclosed.** Thank you very much for your cooperation.

Family members at camp: LIST IMMEDIATE AND EXTENDED FAMILY MEMBERS ATTENDING CAMP THIS YEAR:

Camper's Name _____ Male ___ Female ___ Age _____
 Name _____ Male ___ Female ___ Age _____ Relationship _____
 Name _____ Male ___ Female ___ Age _____ Relationship _____
 Name _____ Male ___ Female ___ Age _____ Relationship _____
 Name _____ Male ___ Female ___ Age _____ Relationship _____

Household information: LIST EVERYONE WHO CURRENTLY LIVES IN THE HOUSEHOLD:

	Name	Age	Relationship	Race
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Please check your **monthly** income:

\$0 to \$500 _____	\$2,112 – \$2,648 _____
\$501 - \$750 _____	\$2,649 - \$3,184 _____
\$751- \$1,000 _____	\$3,185 - \$3,721 _____
\$1,001 - \$1,250 _____	\$3,722 - \$4,257 _____
\$1,251 - \$1,575 _____	\$4,258 - \$4,794 _____
\$1,576 - \$2,111 _____	\$4,795 - \$5,330 _____
	\$5,331 – up _____

How many people live in your household? _____

Does your child(ren) receive free or reduced lunch at his/her school? ___ Yes ___ No

What school does he/she attend _____

Race/Ethnic Group:

___ African American ___ Asian American/Pacific Islander ___ Native American
 ___ Hispanic American (Latino) ___ White ___ Other: Please specify _____
 ___ Biracial: Please specify _____

Does the camper have any physical disabilities? Yes ___ No ___ Please explain: _____

Has the camper experienced any of the following? Check all that apply:

___ Depression ___ Obsessive Compulsive ___ ADHD/ADD
 ___ Anxiety ___ Emotional /Behavioral ___ Post Traumatic Stress
 ___ Learning Disability ___ Oppositional Defiant ___ Eating Disorder - Anorexia/Bulimia

Child's Name: _____

Camp Dreamcatcher Participant Release of Liability

In consideration of my child or children being granted permission by Camp Dreamcatcher to attend camp August 15th to August 21st, 2010:

Consent: I agree that my child, _____, may participate in Camp Dreamcatcher activities at Camp Dreamcatcher Summer 2010 sessions as noted on his/her medical forms.

Release from Liability: *I, for myself and on behalf of my child or children, release and discharge Camp Dreamcatcher, Inc., its staff, agents, Board of Directors, Officers, Volunteers, from all claims demands, actions and judgments, which I or my child ever had or now has or may have against Camp Dreamcatcher for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's or children's property during his/her negligence or any other fault.*

Also, in consideration of the above-named child being granted permission by Camp Dreamcatcher, Inc., to attend camp August 15th –August 21st 2010, I agree to indemnify and hold harmless Camp Dreamcatcher, Inc. for any and all claim, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child or children ever had or now has or may have against Camp Dreamcatcher for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's or children's personal property during his/her attendance at Camp Dreamcatcher, including but not limited to, injury caused by or arising from Camp Dreamcatcher's own negligence.

HIV/AIDS Acknowledgement: *My child understands that he/she is infected with or affected by HIV/AIDS. I understand that Camp Dreamcatcher is a therapeutic, disclosure HIV/AIDS camp. Campers are aware that they have all been touched by HIV/AIDS in some way, and that this topic may be openly discussed as appropriate.*

Emergency Contact: *I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise the camp administration where we may be contacted in case of an emergency. If you are moving before the week of camp please provide new address and telephone numbers*

Swimming: *I give my permission to allow my child to participate in swimming activities in the camp. All campers must pass a swim test before they are allowed in the pool.*

I also understand that Camp Dreamcatcher is not responsible for any lost or stolen property.

I, the undersigned, have read this release and understand all of its terms.

Signature of Parent/Guardian

Date

Printed Name

CAMP DREAMCATCHER ELECTRONIC DEVICE POLICY

Campers, Counselors in Training, Leaders in Training and Junior Counselors (anybody under the age of 18) are **not permitted** to bring the following items to the camp session, August 15th – 21st, 2010.

- Ipods
- PSP players and other electronic games
- Cell phones
- Cameras

If these items are brought to camp, they will be stored in a locked facility and returned at the end of the camp session.

At all Camp Dreamcatcher events and activities we take on the responsibility for the safety and security of the children involved and their possessions. While we are very supportive and protective of the privacy rights of our children, today's realities are such that we are compelled to infringe on those rights by occasionally searching any bags or backpacks they have with them at events or activities.

We are therefore requiring that all participants in Camp events or activities agree to a search of any bags or backpacks by Camp personnel as a condition of participation in our programs.

I, _____, agree to the above terms and conditions set forth by Camp Dreamcatcher.

Signature of camper: _____

Signature of parent/guardian: _____

**CAMP DREAMCATCHER NEW LOCATION: 975 Westtown Road,
Westtown, PA 19395**

CIT/LIT Experience
Camper should fill out this portion of the application

Please provide the names of two people who can discuss your experiences in regards to becoming a CIT/LIT:

1. Name _____ Relationship _____

Address _____

Phone number _____

2. Name _____ Relationship _____

Address _____

Phone number _____

Education

School

Grade

Describe any additional training or education specific to children:

Describe any training you have received in HIV/AIDS:

List your interest and hobbies:

Camp Experience: (camper, counselor, or employee: List most recent experience first.)

Position

Camp

Director

Dates

Describe any previous experience working with children who are infected or affected by HIV/AIDS:

Please explain in more detail the specific skills or talents that could contribute to the camp programming:

Why do you want to volunteer at Camp Dreamcatcher?

Areas of training/ special skills (please check all that apply)

Arts and Crafts

Beadwork _____

Gymnastics _____

Drawing _____

Painting _____

Sketching _____

Leather _____

Athletics

Softball _____

Canoeing _____

Volleyball _____

Swimming _____

Track _____

Soccer _____

Fine Arts

Scenery _____

Music _____

Make-up _____

Dancing _____

Costumes _____

Group Games _____

Other Interests:

Nature/ Outdoors _____

Camping/ Hiking / Backpacking _____

Horseback riding _____

Song leading _____

Journalism _____

Photography _____

Do you swim? _____ Do you know sign language? _____

Do you speak a second language? _____ Please List _____

If you are accepted as a CIT, you will most likely be placed with the younger campers. Do you get along well with 5-10 year old kids _____

List any training you have with this age group for example babysitting classes, CPR, etc.

COUNSELOR-IN-TRAINING / LEADER-IN-TRAINING CAMP DREAMCATCHER RULES

The following activities are PROHIBITED at camp:

- Aggressive behavior toward campers or counselors (hitting, pulling, shoving)
- Swearing or abusive language (name calling, teasing)
- Sexual contact with campers, CIT's, Junior Counselors, counselors)
- Conversations of a sexual nature
- Skinny dipping
- Being alone with a camper
- Possessing weapons
- Having illegal drugs or alcohol on camp grounds
- Cigarette smoking
- Sleeping in a cabin other than the one assigned to you
- Leaving the camp grounds without permission from the director
- Stealing
- Candles in cabins
- Not following the cabin rules and/or not listening to the Senior Counselor or following his/her direction
- Being in an undesignated area without the permission of the camp director

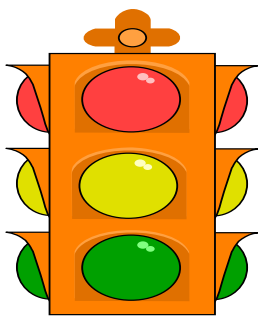
The above rules are non-negotiable. In addition to the above rules, any person exhibiting behavior that the director deems as inappropriate or unsafe will be asked to leave camp.

I have read the above rules and agree to abide by the regulations established by Camp Dreamcatcher.

CIT/LIT Signature _____

CIT/LIT Printed Name _____

Parent/guardian signature _____



Directions to WESTTOWN SCHOOL

975 Westtown Road, Westtown, PA 19395

From Philadelphia and Suburbs

Take Route 202 South to the Westtown Road Exit (near West Chester, PA). At the bottom of the ramp/traffic light, make a left and head east on Westtown Road for approximately 2.5 miles. The main entrance will be on the left.

From Philadelphia Airport, Northeast Philadelphia and Northern Suburbs:

Take I -95 South to Route 476 North to Exit for Broomall/Newtown Square (Route 3). Make a left from the exit onto Route 3 West. In approximately 9 miles, turn left onto Route 926 (Street Road) and proceed west on Route 926. From the intersection of Route 926 (Street Road) and Route 352, proceed on Route 926 West to the traffic light at Westtown Road. The South entrance will be approximately 0.6 miles (Straight at stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

From South Jersey

Proceed South via I 295 to Commodore Barry Bridge. Follow 322 West, left onto U.S. Route 1 South to Route 202 North. Proceed north on Route 202 to Route 926 (Street Road). Turn right onto Route 926 (Street Road) and proceed east. Proceed on Route 926 East 2.1 miles to the traffic light at Westtown Road. Make a left onto Westtown Road. The South entrance will be approximately 0.6 miles (straight at the stop sign) and the Main Entrance will be approximately 0.8 miles (make a left at the stop sign) on your right.

From Central and Northern New Jersey and New York

Proceed South via New Jersey Turnpike to exit #7. Follow signs to I – 295 South. Proceed on I 295 South to the Commodore Barry Bridge. Follow directions “*From South Jersey*”.

From Lancaster and Vicinity Westtown

From the center of Oxford, take Route 1 North, continuing to Route 202 North. *Follow directions “From Route 926 and Route 202 Intersection” above.*

From Baltimore, Washington and South.

I 95 North to Route 202 North

Follow directions “From Route 926 and Route 202 Intersection” above.

Patty Hillkirk’s cell phone number is (610) 716 0476

Megan Perigo’s cell number is (610) 329-1587