



Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)

Camper Application - St. Nicholas Program

PLEASE PRINT -

SNP Family Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Parent/Guardian Cell Phone:	Parent/Guardian E-Mail:	

Please fill in a row for EACH family member attending SNP Camp.

Attending Person's Name	Orthodox Christian	Age and Birth Date	T-Shirt Size	Gender
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			

PARISH AFFILIATION AND INFORMATION (All applicants are welcome, regardless of religious affiliations.)

Name/city/state of home parish:	
Priest Name:	
Priest Phone Number:	Priest E-Mail:
If you do not attend a parish of the Ukrainian Orthodox Church of the USA, who referred you to our camp and what is your Orthodox jurisdiction or faith?	
Signature of your parish priest or hosting family's priest:	Date:

More information and forms will be sent upon receipt of this form and payment.

Program Information

Fr. - Spiritual Director -

Tracy Galla - Director -

Natalie Kapeluck Nixon - Ass. Director - ksenedak@gmail.com

List the name of the person who should receive all communications regarding scheduling the Intake Assessment, as well as Program registration and attendance:

Name _____ Relationship _____

Phone Number _____



Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)

Registration and Financial Information MMDM Camper Family Name:

Please fill out the column appropriate to your registration. All two pages of this application must be filled out completely, signed and sent to the appropriate address to be properly processed by **May 15, 2017 to receive the early bird discount. All applications received after those dates will pay full price.** You will be held responsible for the full fee even if your parish is sending in the payment. Please ensure that payment accompanies the application. All fees are in US dollars.

ST. Nicholas Program

Please fill in appropriate numbers.

Four Day Program

Parent/Child Couple \$320 _____
after June 1st \$370 _____

Additional Adults @ \$130 each _____

Second Child @ \$100 _____

Third or more children @ \$85 _____

Children ages 1 - 3 @ \$25 _____

Total due: _____

Day Program

We will be attending:

Tuesday June 20th _____

Wednesday June 21st _____

Adult and child @ \$65 _____

Additional adult @ \$20 _____

Additional child @ \$15 _____

Child under 3 @ Free _____

Total Due: _____

After June 1st a \$5 fee will be included per participant.

I would like to pay in the following manner:

___ Check

___ Credit Card

Check payment made out to:

Ukrainian Orthodox Camping Programs

All SNP Payments and Applications sent to:

St. Nicholas Program

c/o Missy Sheptak

300 East Pearl Street

Butler, PA 16001

Credit Card Payments

You will receive an invoice through Paypal with your total amount due. You DO NOT have to have a Paypal account to pay the invoice. It will lead your through the steps to pay with a credit card.



Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)

Statement of Health—Part 1 SNP

The completion of this form eliminates the necessity of a physician's examination. They physical conditions of all campers and staff will be screened by the Camp Physician/Nurse during registration upon arrival at the encampment. All information is confidential.

Applicant Name: _____

Primary Diagnosis

Secondary Diagnosis

If Down Syndrome, please indicate if this person has Atlanto-Axial Instability **Yes** **No**

Birth Date: _____

Primary Care Physician

Physician Phone: _____

Secondary Physician

Health History (List approximate dates and current conditions & include separate sheet if necessary)

Diabetes: _____ **Asthma:** _____
Ear Infections: _____ **Epilepsy:** _____
Tubes in Ears _____ **Frequent Falls:** _____
High Blood Pressure _____ **Vision or Hearing Limitations:** _____
Heart Problems: _____

Allergies - Does the applicant have nut/peanut allergy? **Yes** **No** **If yes, is it by consumption or airborne?**

Please specify all other allergies below. (food, medicinal, environmental, latex)

Specific Allergy	Reaction	Treatment

Dietary Restrictions

Please list any dietary restriction in detail.

Immunization Record (give most recent dates)

IPV or OPV: _____ **DTP/DTaP series:** _____
MMR: _____ **Varicella:** _____
HiB: _____ **Hepatitis:** _____
Other: _____



Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)

Statement of Health—Part 2 SNP

Administration of Medications

Camper Name: _____

I give permission for the following medications to be administered to my child by the camp physician or nurse, if needed:
(Please check desired medications)

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Topical Antibacterial Agent
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Doctor Prescribed Medications
<input type="checkbox"/> Cold Medicine	<input type="checkbox"/> Anti-Diarrheal	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Cough Medicine	<input type="checkbox"/> Laxative	
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Eye Drops	

Medication needed while at camp: _____ Dosage: _____ Precautions: _____

1. _____
2. _____
3. _____

Additional Health Questions (Please add additional pages if you need more room for your answers.)

Is the camper currently infected with any known communicable diseases? Yes No

Please list current status of condition:

If you feel it necessary, please comment on any aspect of your child's mental health. (optional answer)

Please inform us of any conditions that may affect cabin life for your child such as sleepwalking, night terrors, bed wetting etc.

To help us take care of any special concerns you may also send an additional sealed letter for the medical staff only.

Do any of the above conditions prevent the camper from any activities? Yes No

Please comment further and list restricted activities:

Insurance and Emergency Information

Name of Insurance Company: _____

Issued under the name: _____ Group Policy Number _____

Policy Number/s: _____ Date of Policy _____

Passport ID (if applicable) # _____

Name of person/s to be contacted in the event of an emergency:

Name _____

Relationship: _____ Phone: _____

Medical Release

This health record is correct to the best of my knowledge. Therefore, the camper, who is registered here has permission to engage in all camp activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the camp administration to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for the above named camper. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required during the encampment.

Parent Guardian _____ Signature _____ Date _____



Ukrainian Orthodox Church of the USA Camping Programs (UOCCP)

Statement of Health—Part 3 SNP

The completion of this form eliminates the necessity of a physician's examination. They physical conditions of all campers and staff will be screened by the Camp Physician/Nurse during registration upon arrival at the encampment. All information is confidential.

Applicant Name: _____

Neurological History

Spinal Cord

History of neurological impairment of the spinal cord? Yes _____ No _____
If yes, please indicate: Cervical area (neck) _____ Thoracic area (chest) _____ Lumbar area _____
Sacral Area (below waist) _____
Please indicate level of injury: _____ (for example: C7, T8, L5, S2)

Brain

History of Brain injury? Yes _____ No _____
Indicate lobe of the brain where damage occurred: Frontal _____ Parietal _____ Temporal _____ Occipital _____
Does the applicant have a shunt? Yes _____ No _____
Where does the shunt start? Left side of head _____ Right side of head _____ Other _____
Where does the shunt end? Abdomen _____ Heart _____ Lung _____ Other _____

Seizures

Does the applicant have a history of seizures? Yes _____ No _____
If yes, warning signs/triggers: _____
Type of seizure/describe activity: _____
How often do seizures occur? _____ Typical Length _____
Date of last seizure (as of current time of applicaton) _____
Instructions for first aid procedures following seizures _____

Braces

Does the applicant wear a brace? Yes _____ No _____
Please describe the brace and for what usage _____
Will assistance be needed from our staff in assisting the putting on or taking off of his/her bracing?
Yes _____ No _____

BOWEL/URINARY MANAGEMENT

Bowel

How does the applicant empty his/her bowels?

Sits on toilet Empties into briefs Suppository

Uses enema (check below) Uses colostomy bag Other details: _____

Cone Enema

Fleet Enema

Describe bowel care on typical day?

How frequently does the participant empty their bowels? _____

Does applicant need assistance wiping? Yes No

Describe:

Bladder

How does the applicant empty his/her bladder?

Sits on toilet Stands Empties into briefs or pads [Check One: Indwelling Catheter (Foley) Intermittent Catheter (IC)]

Catheterization: Size of Catheter: _____

Other _____

Does applicant need assistance wiping? Yes No

Describe:

Describe the applicant's need for assistance with his/her bladder routine/toileting schedule (on the toilet,)?

How often is the bladder emptied? _____

In general, is the applicant wet between the times in which he/she empties his/her bladder? Yes No

Does the applicant consistently remember when to perform his/her bladder routine? Yes No

List the applicant's most common symptoms which indicate a urinary tract infection:

Additional Parent/Caregiving comments

LANGUAGE AND COMMUNICATION:

Please describe special words and phrases used at home that would be helpful for communication:

Please use the lines below to describe how the participants

* learns best _____

* the participants level of understanding _____

* how the participant receives directions _____

Please check all that apply:

- Is nonverbal
- Uses sign language
- Uses Communication Device (Indicate) _____
- Picture exchange
- Has difficulty speaking
- Has difficulty being understood
- Understands verbal instructions
- Has no communication needs

EDUCATION

Is the applicant currently enrolled in any of the following?:

- Vocational Program
- Transitional Program
- Higher Education
- High School
- Middle School
- Elementary School
- Other _____

Name of the school where the applicant currently attends: _____

Current Grade Level: _____

County of School District: _____

Does the applicant qualify for Extended School Year (ESY)? _____

SENSORY NEEDS

Please check all that apply. List and describe using space below

Tactile/Touch _____

Auditory/Sound _____

Visual _____

Balance (Vestibular) _____

Body/spatial awareness (Proprioception) _____

None/No sensory concerns _____

Please list behavior Triggers:

Please list fears (noise, crowds, etc)

Explain sensory integration interventions and strategies used:

BEHAVIORS: Using check boxes below, please indicate if applicant has ever displayed any of the behaviors listed below.

If yes, please use the lines below to explain.

Hitting	Yes	No	Pinching	Yes	No	Biting	Yes	No
Kicking	Yes	No	Scratching	Yes	No	Bullying	Yes	No
Stealing	Yes	No	Lying	Yes	No	Swearing	Yes	No
Wandering	Yes	No	Withdrawal	Yes	No	Impulsivity	Yes	No
Non-compliance	Yes	No	Mood Swings	Yes	No	Verbal Threats	Yes	No
Throwing Objects	Yes	No	Head Banging	Yes	No	Inflicts self injury	Yes	No
Disrobing	Yes	No	Anxiety/depression	Yes	No	Sexual urges	Yes	No
Genital stimulation	Yes	No	Suicidal Ideation	Yes	No			

Please describe any behavior strategies and interventions for “yes” answers :

Is the applicant currently receiving any form of counseling? Yes No

If yes, for what issues?

Describe any other issues that staff need to be aware of in order for the applicant to enjoy and safely participate in the program. Do you currently have 1:1 outside support?

(TSS/Wrap-around)

Yes No

If yes, how many hours per week? _____

****If you currently utilize a 1:1 it may be required that you provide one during program participation.**

Medication Policy

All participant medications checked in to the Woodlands for programming must be pre-dosed, using the guidelines indicated below. Several of our participants take medications. This policy is in place to increase safety, protect participants, and prevent medication errors.

When preparing for camp, please remember:

- You must bring all medication bottles with you **each time** to “Check-In.”
- Be sure the bottles brought for verification also have pills inside. This allows the Healthcare staff to verify the drug type, name, dosage, shape, color, and markings on the each pill.
- All medication (even over the counter) must be accompanied by its original container.
- We will only accept and check-in the amount of medication needed for the duration of their participation in each Retreat, Camp, or Club program.
- Medications prescribed **as needed** for behavior or spasticity are not accepted during check-in.

Exceptions may be made if approved in advance by the Woodlands medical director.

***** If medication is not accompanied with the original bottle and label, we cannot accept or administer them.**

On the day of check in (e.g., Friday nights or Sunday nights),

- Only bed time medications are accepted. Please be sure to label your medication bags accordingly.**
- If you/your child require a medication be given before bed time please be sure to administer this medication before checking in with Healthcare.
- If medication is not packaged properly you will be asked to step out of line, to complete, before we can check you in.

Dosing requirements

When dosing medications, be sure to use a permanent marker or a printed label to mark the medication bags. We try to give meds at common times (e.g., breakfast, lunch, dinner), so if you require a specific time, please indicate on the bag what time the medication needs to be taken

- **Pill form/tablet medications:** We require all medications be put into small medication bags that are available at Walgreen’s Drug Store, Wal-Mart or Jo-Ann Fabrics. On each small medication bag you must write the participant’s **Name, Date, Day and Time of Day** that the medication is to be distributed. If the participant is to take more than one medication at the same time of day, put all medications into the same small labeled medication bag. Put all small labeled medication bags into one large clear zip-loc bag with the participant’s **first and last name** written clearly on the front.

Example: Pills

- **Liquid Medications:** We require all liquid medication (prescription or over the counter) be pre-dosed into catheter tip syringes, with a cap. We will not accept bottles of liquid medication. You can obtain these from the pharmacy free of charge. The pharmacy will pre-dose the syringe for you for free. You must have the pharmacy **put a label on the syringe identifying drug type, name and dosage**, as well as the **participants first and last name, day, date, and time** the liquid medication is to be given. Put all syringes in their own zip-loc bag, separate from other medications (with the participants first and last name written on the bag). Example: Liquid medication in a catheter tip syringe

- **Powder Medications:** We require powder medications (prescription or over the counter) be predosed into a small medication bag. The bag must be labeled with the **participants first and last name, day, date, and time** the medication is needed. In addition the small zip-loc bag must be labeled to **identify the drug type, name, and dosage**. Example: Powder medication (pre-dosed)

Safety Needles: To ensure the safety of all staff and participants, we require that all needles checked in for the use of insulin injection be approved safety needles. Just ask your pharmacist for the “safety” needles when picking up your prescription of insulin.

Tube Feedings: If your child receives tube feedings you may be required to provide your own nurse or qualified professional to administer the feedings.

Safety is our priority and we appreciate your ongoing cooperation and support!

I have read and agree to comply with the UOC Camping Ministry Medication Policy

Print name of Participant/Parent/Guardian Date

Signature of Participant/Parent/Guardian Date



Ukrainian Orthodox Church of the USA Camping Programs

Camp Policies and Camper Rules

Page 11 St. Nicholas Program

Every summer, the Ukrainian Orthodox Church Camping Program offers youth of the Church a unique opportunity to retreat from the pressures and struggles of everyday life. Encouraging participants to step away from daily habits and routines, the camp makes available a community in which participants can become immersed in an authentic Orthodox Christian atmosphere.

A major component in creating such an atmosphere is separating participants from outside influences and distractions. Of course this is a cooperative effort accomplished by campers, staff, clergy, and parents. Your participation in this effort is vital to the success and effectiveness of the camp ministry. Participants and parents are being asked to start preparing for a time away from “earthly cares” by focusing on Jesus Christ.

By agreeing to these policies and rules, campers and parents show their support of the edifying environment that will be presented at the UOC Summer Camp. Please understand that no one will be permitted at camp if they refuse to agree to these policies and rules (excepting permissions for releases)

On the next two pages are the Encampment Policies and Camper Rules. We ask that both parent/guardians and campers read these thoroughly and sign acknowledgement of their acceptance to the items listed.

- I/we understand that the consumption of alcoholic beverages, use of any illegal substance or tobacco products is not permitted by any UOCCP Participant. Violation of this will result in immediate dismissal from camp and possible legal action.
- I/we understand that no camper is permitted on the river front without permission of the UOCCP Director and without supervision by a family member, encampment staff or river front lifeguard. No swimming is permitted in the river and in violation of Pennsylvania State Law the river front is OFF-LIMITS to all UOCCP participants after dusk.
- I/we understand that no firearms or weapons (including “Swiss Army” knives) of any kind will be permitted on the campgrounds and possession of these items may result in immediate dismissal from camp.
- I/we understand under NO circumstances is any form of hazing permitted by campers or staff. Incidents of hazing shall be reported to the director & staff immediately. *Aggressive behavior between any persons* including between campers will not be tolerated. Hitting, pushing, choke holds, kicking, or threatening behavior *of any kind* may result in serious charges with the authorities and immediate removal from the program.
- I/we understand that defacing or willful destruction of any furniture, cabins, camp equipment, trees, camp grounds, cars or personal belongings of any other participant will not be tolerated. Violators will be responsible for full financial compensation of any damage. Also, furniture (beds, chairs, tables, ...etc.) may not be moved. Any damages or breakage in the cabins, buildings, courts, or wash houses should be reported immediately to the Director.
- I/we understand that no camper will be permitted to leave on the last day until his or her cabin and area is properly cleaned and the grounds have been inspected by the Camp Manager and Encampment Director.
- I/we understand that cabin assignments are arranged by age and that individual requests may or may not be honored as the situation so permits. Requests for cabin mates should be made during the application process.
- I/we agree that if deemed necessary by the Camp Director, bag searches of anyone who is suspected of possessing items prohibited at camp may be required. The search will take place in the presence of at least the Camp Director and a member of the Clergy.**

Ukrainian Orthodox Church of USA Camping Programs - Camp Policies and Camper Rules Part 2

I/we have read and agree to abide by the dress code and will “leave at home” undesired items. Page 4 UOCCP Application

I/we have read and will agree to the Mobile Technology Policy.

I/we will agree to abide by the Camper Online Social Networking and Blogging Policy.
Any camper found to be in violation of any portion of this policy will be subject to immediate disciplinary action, up to and including dismissal at the discretion of the Camp Director and Encampment Spiritual Director. If such events are discovered after the camping season has ended, (Facebook, YouTube postings, etc.) discipline may result, including removal from all future Ukrainian Orthodox Church of the USA Programs.

Please Indicate Yes or No to the following permissions and releases

Yes No I/we give consent for the use of any photo, video or film taken during the camping session to be used for publicity and in the camp magazine as deemed appropriate by the Office of Youth & Young Adult Ministry of the Ukrainian Orthodox Church.

Yes No I/we give consent for our child’s home Address, home phone number, birth date and email address to appear in the camp magazine.

Yes No I/we give consent for our child to swim in the camp pool with a certified life guard.

Letter of Indemnification, Release and Assumption of Risk

We hereby agree to hold harmless and release any individual or group of the Ukrainian Orthodox Church of the USA Camping Programs, their individual committees and staff (Teenage Conference, Diocesan Church School Camp, Mommy & Me/Daddy & Me), the Ukrainian Orthodox Church of the USA, the Ukrainian Orthodox Church of the USA Consistory, the All Saints Camp, and the All Saints Camp Committee from the responsibility of any accident or mishap which may occur during the week of the encampment and assume the risk for any injuries that they may sustain in the pursuit of the above described activities or during any transportation needed for the particular individual. We further agree to indemnify, protect, save and hold harmless the employees, volunteers, agents, officers, successors and/or assigns of the Ukrainian Orthodox Church of the USA Camping Programs, their individual committees (Teenage Conference, Diocesan Church School Camp, Mommy & Me/Daddy & Me), Ukrainian Orthodox Church of the USA, the Ukrainian Orthodox Church of the USA Consistory, the All Saints Camp, and the All Saints Camp Committee from any and all losses, damages, or injuries which might occur as a result of activities held during the week of the encampment.

Parent/Guardian Signature: _____ Date: _____

In regards to the stated rules, I/we have read, understand, and agree to abide by these policies rules and have reviewed them with my/our child so that he/she also understands their content. If the situation arises whereby disobedience to these rules occur and the smooth running and proper administration of this encampment is affected which also results in the dismissal of my/our child from any UOCCP, I/we accept full responsibility to provide expedient transportation home for my/our child and accept all financial costs which may occur from these actions with no expense inflicted upon the encampment or any agent of the encampment and to include no refund of initial registration fees.

Parent/Guardian _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

Camper _____ Signature _____ Date _____



Encampment Policies Page 1

Dress Policy

Camping by nature is informal and comfort and safety should be your first concern when packing. However, in keeping with our mission of creating an Orthodox Christian community, we have developed a Dress Code for all participants in the encampment—staff and campers. This Dress Code has taken into account:

- Christian modesty and respect for the clergy and monastics that are with us during the encampment
 - Preparation of mind, soul, and body for the prayer services in which you will participate throughout the day
 - Development of a healthy body image, in ourselves and others
 - Relief—however temporary—from peer-driven fads and competition
- THIS DOES NOT MEAN WE DON'T LIKE YOU OR YOUR CLOTHES! WE JUST WANT YOU TO TRY SOMETHING DIFFERENT! With this in mind, we ask that the following **NOT** be packed: Micro-mini skirts or dresses – length must reach at least finger tips while at their sides, Short shorts - length must reach at least finger tips while at their sides, strapless or spaghetti strap tops, midriff or halter tops, T-shirts with inappropriate words, pictures or sentiments, midriff baring swimsuits (full “tankinis” are the only acceptable 2-pc suits – this means that the two pieces must meet or overlap), muscle tanks, low-rise pants or shorts, oversized pants or shorts (for boys). In addition, males must wear shirts at all times. It is suggested to bring appropriate clothing for Divine Liturgy (3 liturgies in two week program).

Mobile Technology Policy

Camper

I understand that contact with friends and family members back home by phone, e-mail, or text messaging during the camp session removes me from the focused atmosphere of the camp. For this reason, I agree to not bring my mobile phone or if I do, I will check it in to a designated staff member upon arriving at camp. Not having access to a personal mobile phone is essential to the camp environment, in addition to being standard American Camping Association best practice.

I further agree to only use personal audio systems for my own purposes during free time and I understand that music that contains violent, sexually explicit, racist or morally offensive lyrics is strictly prohibited and I may be asked to check in my device with the camp director if this music is played.

Use of video production devices are prohibited by both campers and staff (unless permission is given) during the camping session. Videography may be taken at Ukie Night and Skit Night only. (Photography is permitted except in the bath house, rest rooms or in the cabin.)

Family Member

Do to the nature of my child/family members' disability they may need to at times us technology such as tablets, ipods, etc . I will endeavor to only utilize those means of technology while in group settings if necessary so as not to withdraw my camper from the activities at hand.

I further agree not to use my cell phone during group activities or to lend my phone to another families' camper.

Social Networking and Blogging Policy

In general, the Ukrainian Orthodox Church Camping Programs view social networking sites (Facebook, Twitter, Instagram, etc.), personal Web sites and Weblogs positively and respects the rights of campers to use them as a medium of self-expression. If a camper chooses to identify himself or herself as a camper at the UOC Camping Program on such Internet venues, some readers of such Web sites or blogs may view the camper as a representative or spokesperson of the UOC Camping Programs. In light of this possibility, the UOCCP requires, as a condition of participation in the camp, that campers observe the following guidelines when referring to any encampment of the Ukrainian Orthodox Church or All Saints Camp, its programs or activities, its campers, and/or other staff, in a blog or on a Web site:

(continued Page 2 of Policies)



Ukrainian Orthodox Church of the USA

Camping Programs (UOCCP)

Page 2 of 2
Encampment Policies

Encampment Policies Page 2

Social Networking and Blogging Policy Continued

- Campers must be respectful in all communications (text and photos) and blogs related to or referencing the camp, camp staff, volunteers, employees and other campers.
- Any photos or messages that are linked or “tagged” from “friends” and attached to your site(s) or profile(s) that are inappropriate should be removed.
- Campers must not post photos unless those within the photo have given expressed permission and any photos taken anywhere at the camp that are inappropriate should not be shared or posted. (Bathhouse, cabins, etc.)
- Campers must not use obscenities, profanity, or vulgar language.
- Campers must not use blogs or personal Web sites to disparage the UOC Camping Programs, other campers or staff of the UOC Camping Programs.
- Campers must not use blogs or personal Web sites to harass, bully, or intimidate other campers or staff of the UOC Camping Programs.
Behaviors that constitute harassment and bullying include, but are not limited to:
 - Comments that are derogatory with respect to race, religion, gender, sexual orientation, color or disability;
 - Comments that are sexually suggestive, humiliating or demeaning comments;
 - Threats to stalk, haze, or physically injure another person.
- Campers must not use these venues to discuss engaging in conduct prohibited by camp policies and an Orthodox Christian lifestyle, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.

Camper Registration

Each participant must be registered with the UOCCP and paid in full upon arrival.

Camper Application Confirmation

We have only 80 (40 f/m) openings for campers and a lower limited number for MMDM and St. Nicholas. We will confirm the receipt of your application with the Confirmation Postcard or Email. If you do not receive confirmation from us two-weeks after you have sent the forms, contact the appropriate encampment that received your application.

Meal Provisions

Three nutritious meals will be provided each day as well as an evening snack. We understand that you child may have special dietary needs that require food and snacks outside of meal times. There are two refrigerators provided for your use and certain snacks kept in airtight containers with lids are permitted in the cabin areas.

Laundry

Laundry is available to families and staff at a fee of \$3.00 per wash and dry.

Check Out

Campers are required to check out from the encampment with the appropriate encampment director. Camper account balances, gifts and packets will not be given to the camper until they have properly checked out meeting the requirements stated in the camper rules.

Capacity Limits: *Preference given to full program applications if there is an issue with capacity limits.*

Cabin Assignments

Cabin assignments are made based upon camper age and family needs. Individual requests must be made to the camp director prior to the first day of the encampment and may or may not be honored as the situation so permits.

Registration Completion

Upon receiving your application, we will send to you an acceptance packet which will include additional policies that pertain to the particular encampment that your child is enrolled in. Please read those materials thoroughly.

Directions to All Saints Camp

Page 1
Additional Information

Off of Interstate 80 take exit 42(old exit 5). At the end of the exit take Rt. 208 East(toward truck stop) toward Emlenton about 1 mile. Take 1st road left (Big Bend Road) as you start down the hill, travel to Goshen Road. At Goshen Road turn right and follow to the camp. All Saints Camp will be at the end of the road and the entrance will be to your right. All Saints Camp address is: 110 All Saints Road - Emlenton, PA - 16373. 724-867-9911 - All Saints Camp Manager.

Additional Transportation Needs

Air Travel

Transportation from Pittsburgh International Airport will be provided for ALL ENCAMPMENTS. To aid you in making your travel arrangements we are providing the time and date schedule for shuttles from the airport to All Saints Camp and from All Saints Camp to the airport. **YOU MUST INFORM THE APPROPRIATE CAMP DIRECTOR IF YOU WILL NEED THIS SERVICE.**

Please make all arriving flights between 12-2pm on the day the encampment begins.

Please make all departing flights for after 3pm on the day the encampment ends.

If you are unable to meet these guidelines we may not be able to provide transportation. Please call the Office of Youth Ministry if you are having a problem with flight times.

****Because of limited transportation space, campers will be restricted to one 2' x 1.5' x 1' size suitcase, sleeping bag, one pillow and one carry on bag. An additional \$20.00 (\$10/ride) will be added to cost of trip to cover gas expenses for Air Travel(van travel will be different based upon deanery). ****

Van/Bus Travel

Several deaneries will be providing van/bus transportation from a central location in your area to and from camp, for a fee. Please contact the Office of Youth Ministry to discover if your deanery is providing such a service and the contact information

Things you may need at camp.....

CLOTHING

Sweatshirts/T-Shirts
Sweatpants/Jeans/Shorts
Socks/Tennis Shoes/Flip Flops
Rain Jacket/Light Jacket
Swim Suit/Trunks
Divine Liturgy Clothing
Underwear
Costumes(for fun)
Baseball hat/Sun Hat
Ukrainian Shirt/Costume(optional)

TOILETRIES

Toothbrush/ Toothpaste
Soap/Wash Clothes/ Towels
Shampoo
Sun Tan Lotion
Hair Brush/Comb
Hair Dryer
Deodorant
Bug Spray

MISC. ITEMS

Sleeping Bag/Sheets/Pillow
Prayer Book/Bible
Flashlight
Umbrella
Musical Instrument
Alarm Clock
Fishing Pole/Fishing License
A Friend!

**For general camp questions contact:
Office of Youth & Young Adult Ministry
412-977-2010 or uocoyouth@aol.com**