**2025 CenClear – Flying Dove Ranch Kids Camp Registration**

**Mail registration form and payment to CenClear, Attn: Diana Opalisky, 427 N St. Mary’s Street, St Mary’s PA, 15857 with $10.00 non-refundable registration fee (that will be applied to the first day of camp). Make check payment payable to CenClear.**

**Child’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Grade level in fall 2025: \_\_\_\_\_\_ (1st to 8th grade)

**Parent and/or guardian name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be dropping off / picking up the child? This can be adjusted during camp if in writing by parent/guardian.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contacts:**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, page 2 of 4

Is there anyone who might claim relationship to the child that is not permitted access to the child? (please provide copies of any court order / PFA / custody agreement or other legal documentation that limits access)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Primary Care Physician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance information**:

 Primary insurance company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secondary insurance company name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\* Please initial each activity/item below to indicate parental consent; Write “NO” for non-consent. Sign at below list. \*\*\*\*\*\***

Obtaining emergency medical care: \_\_\_\_\_\_ Consent for minor first aide procedures: \_\_\_\_\_\_\_ Consent for swimming/water activities: \_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for transport to/from camp site: \_\_\_\_\_\_ Consent for walking/hiking activities: \_\_\_\_\_\_\_ Consent for Canoeing/Kayaking: \_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for Zip line: \_\_\_\_\_\_ Consent for use of photos/videos for Facebook page, advertising: \_\_\_\_\_\_\_\_

Parent signature and initials above indicate consent for my child’s above activities (parent signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical and/or physical health concerns and diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any restrictions on activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current medications: **NOTE - Camp staff will not dispense medication. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, page 3 of 4

Behavioral or mental health concerns/diagnosis or any other general concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other additional information and/or directions about your child that can help everyone have a safe and fun camp experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Camp location, attendance and payment**:

* Kids Camp will be Monday through Thursday starting 8:30 AM and ending at 3:30 PM at Flying Dove Ranch location at 743 Old Red Mill Dam Road, Ridgway, PA 15853
* Camp cost is $15.00 per day per child.
	+ There are no refunds unless the camp is closed by CenClear or Flying Dove Ranch authorized personnel. Camp payment is due 2 weeks prior to the camp week to maintain the child’s reserved spot. Payments to be made via check payment to CenClear. Payments can also be made in person at the CenClear St Mary’s office or directly to the camp director (Diana Opalisky)
	+ If camp payment is not received by the due date (or alternative arrangement made) the spot may be re-assigned to another camper requesting that date.
* Transportation is limited. If transportation is needed, please notify camp personnel immediately. Transportation is an additional $1.00/child/ride and must be paid ahead of time. Example: One day of transportation (to and from) = $2.00/child

**SPONSORSHIP**: Camp personnel are working hard to obtain camp sponsors to assist with helping those who need financial assistance to attend camp. Would you like to be contacted about receiving financial support for your child(ren) to attend 2025 kids camp? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

**Camp CONTACTS**: Camp Director - CenClear: Diana Opalisky: 814.577.4635 or dopalisky@cenclear.org

 Flying Dove Ranch: Jo Rae Richardson: 814.594.1598 or flyingdoveranch@gmail.com

**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, page 4 of 4

**Dates of scheduled attendance (no Fridays)**: Additional days can be requested throughout summer if space permits.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Camp week:**(Camp days & week theme) | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Total amount DUE for this week** **($15/child per day)** | **Camp payment in full due by** |
| **June 9-12: “**Welcome Summer” (4 days) |  |  |  |  | $ | May 26, 2025 |
| **June 16-19:** “Outdoor Adventures” (4 days) |  |  |  |  | $ | June 2, 2025 |
| **June 23-26:** “First Aid & Safety” (4 days) |  |  |  |  | $ | June 9, 2025 |
| **June 30-July 2**: “God Bless America” (3 days) |  |  |  | Closed for holiday | $ | June 16, 2025 |
| **July 14-17:** “Survival Camp” (4 days) |  |  |  |  | $ | June 30, 2025 |
| **July 21-24:**  “Camp Olympic” (4 days) |  |  |  |  | $ | July 7, 2025  |
| **July 28-31:**  “Super Hero’s” (4 days) |  |  |  |  | $ | July 14, 2025 |
| **Aug 4-7:**  “Thankful, Grateful & Blessed” (4 days) |  |  |  |  | $ | July 21, 2025 |

**TRANSPORTATION ASSISTANCE: Day camp is from 8:30 AM until 3:30 PM daily, Monday through Thursday at Flying Dove Ranch location.**

\_\_\_\_\_I am interested in transportation, if available **($1.00 additional fee per trip per child**) Yes \_\_\_\_\_ No \_\_\_\_\_\_

* AM transportation: Yes\_\_\_\_\_\_ No \_\_\_\_\_\_ = $1.00 per child
* PM transportation: Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ = $1.00 per child

**There is limited space available for transportation**: Please notify camp personnel immediately if transportation services is needed. Transportation site pick up/drop off will be at a designated location in each identified community setting at set times.

* Child/children must be provided with transportation in order to be able to attend camp (no alternative transportation) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
	+ If YES, from and to what town? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And which date(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp personnel will contact you to discuss transportation availability. Specific transportation needs (dates, AM and/or PM, location, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What is the best way to contact you to discuss transportation needs/specifics? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_