



Summer and Extended Programs

2024 Registration

Please complete all 3 pages of the application and return it with \$50 non-refundable registration fee

Overnight Sessions:	Camper's Age	Dates	Price per camper*
<input type="checkbox"/> Session 1 – one week (5 nights)	7-12 years old	Jul 2 to Jul 7	\$1,200
<input type="checkbox"/> Session 2 – two weeks (12 nights)	8-13 years old	Jul 9 to Jul 21	\$2,300
<input type="checkbox"/> Session 3 – two weeks (12 nights)	13-16 years old	Jul 23 to Aug 4	\$2,300
<input type="checkbox"/> Session 4 – one week (5 nights)	11-15 years old	Aug 6 to Aug 11	\$1,200
<input type="checkbox"/> Session 5 – one week (5 nights)	7-15 years old	Aug 13 to Aug 18	\$1,200

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 **Due to capacity limitations and our desire to ensure that every child is able to go to Camp Neveda that wants to, campers are limited to one overnight session during Summer 2024.

Day Camp Sessions:	Dates	Price per camper*
<input type="checkbox"/> South Jersey – Week 1	Jul 8 to Jul 12	\$450
<input type="checkbox"/> South Jersey – Week 2	Jul 15 to Jul 19	\$450
<input type="checkbox"/> South Jersey – Both Weeks	Jul 8-12 & Jul 15-19	\$850
<input type="checkbox"/> Other locations – 1 week	TBD	TBD

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 All Day Camps are ages 6-15.

Family Camp Sessions:	Dates	Price per family of 4**
<input type="checkbox"/> June Family Camp	Fri, Jun 21 – Sun, Jun 23 (2 nights)	\$1,000
<input type="checkbox"/> August Family Camp 1	Sun, Aug 18 – Tue, Aug 20 (2 nights)	\$1,000
<input type="checkbox"/> August Family Camp 2	Thu, Aug 22 – Sat, Aug 24 (2 nights)	\$1,000
<input type="checkbox"/> Labor Day Family Camp	Sat, Aug 31 – Mon, Sep 2 (2 nights)	\$1,000

**Price includes programs, accommodations and food for up to four family members. Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program). Additional family members are \$75 each.

Spring Programs:	Dates	Price per Camper*
<input type="checkbox"/> Spring BFF Weekend	Jun 7 to Jun 9	\$275

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 BFF Weekend ages 6-16.

CAMPER'S NAME: _____
LAST FIRST M.I.

BIRTHDATE: _____ M F Other: _____ Preferred Pronouns: _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP COUNTY:

Parent One _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Parent Two _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

IN EMERGENCY, if parents or guardians cannot be reached, notify:
 _____ Relationship _____ Cell Phone _____

Please complete all 3 pages of the application – thank you!



Continued from page 1

CAMPER'S NAME: _____

RACE (circle): American Indian/Native American Native Hawaiian/Pacific Islander African American Hispanic Asian White

To celebrate the diverse backgrounds of everyone at Camp Neveda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included:

Age when at camp in 2024 _____

FAMILY CAMP: Number of family members attending (adults and children): _____

Children's Names (checkmark indicates child with diabetes):

<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____
<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____

Adults' Names (with DOB): _____

Does your camper use an insulin pump? Yes No If yes, what type? _____

Does your camper use a Continuous Glucose Monitor (CGM)? Yes No If yes, what brand? _____

Is your camper currently planning on using their CGM at camp? Yes No

Is your camper going to be using a cell phone as the CGM Receiver? Yes No If yes, what type? _____

**If yes, please make sure to familiarize yourself with the CGM Policy Form.*

Where did you learn about Camp Neveda? _____

Is your camper a first-time or repeat camper at Camp Neveda?

First-Time Camper: Welcome! New campers have the opportunity to be assigned a Dia-buddy: a returning camper they can connect with before camp, who is registered to attend their camp session. Are you interested in having a Dia-buddy? Yes No

Returning Campers: Welcome back! Is your camper interested in becoming a Dia-buddy to help welcome a new camper to camp? Yes No

By signing below, I give Camp Neveda permission to give my name and contact information to another camper parent for the purpose of my child's participation in the Dia-buddies program.

Signature _____ Date _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156

Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



Continued from page 2

CAMPER'S NAME: _____

- Summer Camp, Day Camps, and Extended Programs: I hereby am registering my child for camp. I give consent to the administration of insulin and whatever other medical care and advice may be deemed necessary while at camp. In case of emergency, I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the camp physician and/or camp director to hospitalize, secure treatment for my child, as named, and hereby release the camp from any liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the camp site.
- Family Camp: I accept responsibility for my care and the care of my family while at Camp Neveda.
- Image Release: I give permission for the use of pictures, images or other likenesses of my child and/or family to be used for promotion, educational material or other purpose deemed necessary by the Camp Neveda Foundation, Inc.
- Cancellations / Refunds: Fees (minus the registration fee) will be refunded up until 2 months before the camper's session begins. Within two months of the session, a refund or credit may be applied if the camper's spot is able to be filled. Registration fees are refundable until May 1 unless the camp program is canceled by Camp Neveda.
- Camp Neveda Communications: Camp Neveda communicates with parent(s)/guardian(s) of campers using assorted communication tools including email, telephone, text, and US Mail. I give permission for Camp Neveda to send communications to the family - *please do not opt-out/unsubscribe.*"

Signature _____ Date _____ Relationship to Camper _____

Bunkmate Request _____

Our program staff will do all they can to grant **reciprocal** cabinmate/staff requests, but they are not guaranteed. (If BOTH camper families do not make the request then we may not be able to accommodate you.) Thank you for your understanding!

To inquire about the availability of an all-gender housing, please contact victoria.benyo@campnejeda.org.

PAYMENT INFORMATION: (Check all that apply. Remember to include registration fee in calculations.)

I have enclosed a check / money order in the amount of \$ _____ and will pay any balance owed **before May 1, 2024.**

I am paying the entire balance now.

I have enclosed the \$50 registration fee and would like to set up a payment plan. (Full payment is due **by May 1, 2024.**)

Number of payments (circle): 1 2 3 4 (Full payment is due **by May 1, 2024**)

Dates: 1 _____ 2 _____ 3 _____ 4 _____

I will send my payments by check or money order payable to: Camp Neveda.

I will call the office to make a credit card payment.

I have enclosed the \$50 registration fee. Payment will be coming from a third party (other than a parent/guardian).

Please include contact information for the third party: _____

I have enclosed the \$50 registration fee. I will be applying for financial aid. (Applications are available online now or you can request a paper copy from our office at 973-383-2611. Applications **must be submitted by April 15, 2024.**)

Please accept my tax-deductible donation in support of Camp Neveda's programs for children and families with diabetes. \$ _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156

Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org