

June 30, 2009

Dear Camp Families,

The big day is almost here! Lighthouse Summer Camp 2009 is coming! Your camper will be leaving for Glennwood Foundation's Fourth Annual Shaver Lake Camp in one month. We are so excited to take your camper to the mountains for a long, fun-filled weekend. Please fill out the "Need-To-Know" page with all the necessary details and return it with your final payment to Mandi San Miguel as soon as possible.

Your camper will be leaving on Thursday, July 30 at 4:45 am. You and your camper should be at the Coast Hills parking lot by 4:00 am. Please be on time! We will stop for a breakfast break by 7:00 am. Please send \$25 in cash so your camper can buy breakfast on the way up, and a drink and snack on the way home. We have delicious, generous meals at camp, so he/she will not need any other money while at camp.

Your camper's counselor will be calling a few days before camp to say hello and introduce themselves. If you have any questions regarding camp, please call Mandi San Miguel at 949-677-3177 or email her at [mandisanmi@gmail.com](mailto:mandisanmi@gmail.com).

## Need-To-Know Information

Campers Names \_\_\_\_\_

Parents Names \_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Insured Party \_\_\_\_\_

Coinsurance \_\_\_\_\_

Permission to administer medicine/provide medical assistance:

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to receive any and all medical assistance deemed necessary while he/she is at Shaver Lake's Lighthouse Camp.

Health Issues/Disability (Please be very complete so that we can best insure the health and safety of your camper): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Purpose of medications: \_\_\_\_\_

(Please Note: Unless otherwise indicated, your son/daughter's counselor will administer medications.)

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

Over-the-counter meds that your child may have to use as needed:  
\_\_\_\_\_  
\_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Shunts/Implants/Devices we should know about: \_\_\_\_\_  
\_\_\_\_\_

Any extra information regarding behavior/likes/dislikes/discipline that you would like us to know? Please describe below.

## **Camp Cost**

The total camp cost is \$600, and the deposit was due by May 1st. The balance is due ASAP. Please return the required information and a check for the balance by July 7.

If you or someone you know would like to defray the cost of our counselors or watercraft rentals or would like to provide a scholarship for another camper, please send a separate check to Glennwood Foundation at:

9070 Irvine Center Drive Suite 280  
Irvine, Ca  
92618-1431

Thank you so much for sending your camper with us to the Fourth Annual Shaver Lake Summer Camp!