

**RETURN FORM  
AS SOON AS  
POSSIBLE.  
Space is limited.**

**Office Use Only**

Date Form Turned in:

# **CABIN PARENT FORM**

**To be filled out ONLY if you INTEND TO BE A CABIN PARENT**

The following information **MUST** be complete before you are able to join us.

Parent's full legal name (First, Middle, Last) \_\_\_\_\_ Relationship to Child? \_\_\_\_\_

Child's full name (First / Last) \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone # ( ) \_\_\_\_\_

Parent's Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (used to confirm background checks)

**COST FOR PARENTS IS \$50.00 Please send in check payable to FJH when returning this form**

*I have completed an extensive background check online. This is different than a "regular" background check. Link for extensive background check is below:*

<https://secure.safevisitor.io/Safe/Volunteer/SV3109V/overnightchaperones>

Or the background check is available on the HSE website under the parent tab and the parent/volunteering subtab.

**Session I April 21~23 M~W ALL Heroes A-Z, STARS last name A-J**

**Session II April 23~25 W~F ALL Globetrotters A-Z, STARS last name K-Z**

**I will be staying the following nights at camp: (please "x" all that apply)**

| SESSION 1                             | Both<br>Nights<br>M/Tu | Mon.<br>ONLY<br>4/21 | Tues.<br>ONLY<br>4/22 |  | SESSION 2                                    | Both<br>Nights<br>W/Th | Wed.<br>ONLY<br>4/23 | Thurs.<br>ONLY<br>4/24 |
|---------------------------------------|------------------------|----------------------|-----------------------|--|----------------------------------------------|------------------------|----------------------|------------------------|
| All Heroes A-Z<br>STARS Last name A-H |                        |                      |                       |  | All Globetrotters A-Z<br>STARS Last name I-Z |                        |                      |                        |

Would you like to ride a bus? (Circle) YES NO

If you do not ride the bus, what time do you expect to arrive at camp? \_\_\_\_\_

*(We need all cabin parents to arrive in camp no later than 9:00 p.m. on the evening(s) scheduled to stay in a cabin)*

**Please indicate in the boxes below which meals you intend to eat at camp.**

**You may change your selections at a later date; however please mark initial selections.**

**This helps the camp staff as they plan for our meal preparation. (please "x" all that apply)**

|           | Session I:                |       |      |  | Session II: |                           |      |
|-----------|---------------------------|-------|------|--|-------------|---------------------------|------|
|           | Mon.                      | Tues. | Wed. |  | Wed.        | Thurs.                    | Fri. |
| Breakfast | N/A                       |       |      |  | Breakfast   | N/A                       |      |
| Lunch     | Bring your own sack lunch |       |      |  | Lunch       | Bring your own sack lunch |      |
| Dinner    |                           |       | N/A  |  | Dinner      |                           | N/A  |

**We will have a MANDATORY meeting for CABIN PARENTS ONLY on April 16, 2024 - 7pm in the LGI**

**Please place this meeting on you calendar.**

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**Parents you do not need to complete anything on this page.**

Date form received: \_\_\_\_\_

Date Background check verified: \_\_\_\_\_

BG check complete? Yes No

Date form received: \_\_\_\_\_

Date Background check verified: \_\_\_\_\_

BG check complete? Yes No

Date form received: \_\_\_\_\_

Date Background check verified: \_\_\_\_\_

BG check complete? Yes No

Date form received: \_\_\_\_\_

Date Background check verified: \_\_\_\_\_

BG check complete? Yes No