

2010 DAY CAMP REGISTRATION INFORMATION FOR BEACHMONT CHRISTIAN CAMP

6433 Mt. Vista Road Kingsville, MD 21087 Phone(410)592-3648 Fax(410)592-3616
office@beachmont.org www.beachmont.org



AGES

Camp is for ages 4-13.

SESSION DATES Day Camp hours are Monday – Friday 10:00 a.m. – 4:00 p.m.

You may enroll for a maximum of the Mini Session and one of the 2-Week Sessions. IF there are openings after June 1st you may enroll in additional session(s) (full price must be paid for each session if you enroll in more than one session).

Mini Session	Session 1	Session 2	Session 3	Session 4
June 21–June 25	June 28-July 9	July 12-July 23	July 26-August 6	August 9-August 20

CAMP FEES

Please include the Payment Sheet with your application(s). Fees include \$50.00 deposit per child per session. The deposit is non-refundable and non-transferable, even to another family member. If you register for the Mini Session and one of the 2-week sessions, two \$50.00 deposits must be paid at time of application. The deposit is due with the application. The remaining balance is due by May 1, 2010. If you pay your balance after May 1st, a late fee of \$25.00 will be added to your balance.

Balances not paid by June 1, 2010 will cause you to lose your child's spot in camp without refund of deposit. Please contact us if you need to set up a payment plan or for any financial concerns or difficulties in payments. Returned check fee is \$15.00.

Mini Session: \$180.00 per child Sessions 1-4: \$260.00 1st child \$250.00 2nd child \$230.00 each additional child

REGISTRATION PROCESS All correspondence from Beachmont will be sent to you via email.

① Check online www.beachmont.org or phone our office to be sure there are opening(s) in the session and age group of your choice. If an opening is available, complete the application and Payment Sheet and send it *immediately* with \$50.00 deposit per child. If you are enrolling in the Mini Session and one of the 2-week sessions, two \$50.00 deposits are required. Registrations are limited to a first-come-first-served basis.

② After we receive your deposit, completed application and Payment Sheet, if there is still an opening for your child in the session of your choice, we will send you an email acceptance letter. We will inform you immediately if there are no openings in the session of your choice. Refund Policy: Refunds can be requested up until June 1, 2010 and will be given in full less the deposit. After June 1st, refunds will be given only in the case of a medical emergency or doctor's orders (a medical certificate is required with request). There will be no refunds for days missed.

CAMPER GROUPING Day Camp is divided into four main age divisions. Minimum supervision requirements are listed below, although we often exceed these requirements with additional volunteers.

DIVISION A	DIVISION B	DIVISION C	DIVISION D
<u>Ages 4-5 (Groups 1-2)</u>	<u>Ages 6-7 (Groups 3-5)</u>	<u>Ages 8-10 (Groups 6-8)</u>	<u>Ages 11-13 (Groups 9-10)</u>
24 campers per group	30 campers per group	30 campers per group	40 campers per group
2 Senior Counselors	2 Senior Counselors	2 Senior Counselors	2 Senior Counselors
2 Assistants	4-5 Junior Counselors	4-5 Junior Counselors	2-3 Assistants
2-4 Junior Counselors			

Senior Counselor: Full-time Summer Staff Member Assistant: volunteer staff member age 16-17 Junior Counselor: volunteer staff member age 14-15

You may request for your child to be grouped with a friend (or friends), but please be sure your grouping requests fit within the age division parameters listed above. Grouping requests must be made on the application, **not on the first day of camp**. They will be grouped by their age average. The maximum age difference allowed is 18 months.

INSURANCE

Accident insurance is provided for each camper at no extra charge.

LUNCH

Please send a marked lunch (including drink) with your child each day. Do not pack glass bottles or glass containers! Lunches are kept in large ice chests with ice packs. Due to the high number of "lost & found" lunchboxes, we recommend (but do not require) sending lunch in a **disposable lunch bag**.

CLOTHING

We suggest sneakers, shorts and a t-shirt (camp t-shirts will be available for you to purchase). Each camper should bring a bathing suit and towel in a bag (modest one-piece bathing suits). All personal belongings should be marked.

LOST & FOUND

If your child loses something while at camp, please check our Lost & Found (located behind the snowball stand). **Lost & Found articles will be kept for two weeks after each session.**

MEDICAL PROCEDURES

We always have a camp nurse on duty. The nurse's office is located at the pool. If your child will need to take any prescription medication during camp hours, a Physician's Medication Order Form, (available from our office and on our website), must be completed and signed by a physician before any medication can be administered. Medications that would need this form include any prescription drug, including inhalers. Medications are to be left with our camp nurse on the first day of your child's day camp session. At the end of your child's session at camp, be sure to pick up the medication from our camp nurse. If your child has a severe/life threatening food allergy, a Food Allergy Action Plan must be completed (available from our office and on our website).

ACTIVITIES

Daily devotionals, arts & crafts program, and a variety of recreational activities including: Red Cross swimming lessons, free swim, archery (ages 6-13), hiking, games & sports that are age appropriate.

2010 APPLICATION FOR BEACHMONT CHRISTIAN DAY CAMP

6433 Mt. Vista Road • Kingsville, MD 21087 Phone (410)592-3648 Fax(410)592-3616 office@beachmont.org www.beachmont.org

This application is to be used for one child but may be photocopied for additional children.



called by middle name
 called by nickname: _____
(will be used on name tag)

Child's Last Name _____ First Name _____ Middle Name _____
 boy girl _____ / _____ / _____
Birthdate Age at camp time (camp is for ages 4-13) 4 age divisions: ages 4-5, ages 6-7, ages 8-10, ages 11-13

Home Phone Number _____ E-mail Mother Father Both (Beachmont will NOT give out your e-mail)

Street Address _____

City _____ State _____ Zip Code _____

Father's Name father has sole custody of the child Mother's Name mother has sole custody of the child
Please indicate or attach a note and/or court order if there is a custody situation in which either parent MAY NOT pick up child

Father's Cell Phone _____ Father's Work Phone _____ Mother's Cell Phone _____ Mother's Work Phone _____

Person to be called if neither parent can be reached _____ Phone Number _____ Relation to child _____

Other than parents listed above, please list other adults that may sign out and pick up your child at the end of each camp day: _____

Child(ren) your child would like to be grouped with: _____ Maximum: 18 months apart (campers must be in same age division in order to be grouped together) 4 age divisions: ages 4-5, ages 6-7, ages 8-10, ages 11-13

Home Church and denomination (if any): _____

School attended (2009-2010): _____ Grade (2009-2010): _____

MEDICAL INFORMATION **Note on Non-Prescription and Prescription Medications – Beachmont cannot administer any medication to an applicant unless at least one dose of that medication has been administered to him/her prior to camp. By checking or listing any medication to be taken at camp, parent verifies that applicant has received at least one dose prior to camp. Only one dose may be administered daily unless specified in writing by a Physician. All medications are administered under the care of our Camp Nurse (RN).

HEALTH HISTORY: Diabetes* Asthma* Other _____
*See Prescription Medications (below) Include physical, psychiatric & behavior issues. Use back of paper if needed. _____
Date of last Tetanus Shot or DTP _____

LEAVING BLANK WILL DELAY REGISTRATION

ALLERGIES: Is child allergic to bee stings? Yes No Never Been Stung
For bee-stings, Beachmont administers a topical (sterile) sting-kill &/or ice. Please also administer: Benadryl Benadryl only if reaction **see Note regarding medications (above)
 No Known Allergies Other Allergies: _____

NON-PRESCRIPTION MEDICATIONS: **See Note regarding medications (above)
I give my permission for Beachmont Christian Camp to give my child the following medications should the need arise: Acetaminophen Ibuprofen

PRESCRIPTION MEDICATIONS: Prescription drugs to be administered at camp: _____
A Physician's Medication Order Form must be obtained from our office (available online or by phone) and completed by a parent and the Physician prescribing the medication. Prescription medications include Ritalin®, Epi-Pen®, asthma inhalers & nebulizers, etc. Diabetics must complete this form. **see Note regarding medications (above)

RESTRICTIONS: Activity Restrictions _____
Dietary Restrictions: _____ Camper must sit at peanut-free lunch table
 Camper has a severe/life-threatening FOOD ALLERGY. A Food Allergy Action Plan must be obtained from our office (online or by phone) and completed by a parent and the child's doctor.

HEALTH CARE PROVIDER: Child's Doctor: _____ Phone: _____

IMMUNIZATION RECORDS: Religious objection or medical contraindication to immunizations (if checked, we will send you a form to complete).
Please check ① or ②: If your child is home schooled, is not yet enrolled in a Maryland school, or is enrolled in an out-of-state school, please check option ②
① My child is enrolled in a public or private Maryland school. I do not need to send in immunization records. **Parent: You must still list Tetanus Shot or DTP (above).**
② My child is not enrolled in a public or private Maryland school. I must check one of the following: I have enclosed a copy of my child's immunization records.
 Please use the immunization records Beachmont has on file for my child. If update is needed, Beachmont will inform parent upon receipt of application – updates will be due within 10 days.
 My child's immunization records will be sent via mail or fax within 10 days. **If not received within 10 days application will not be accepted.**

PARENTAL AUTHORIZATION PLEASE COMPLETE PAYMENT WORKSHEET AND INCLUDE IT WITH APPLICATION(S) (available on our webpage)
I understand that:

- Camp Fees are described on the Payment Worksheet. I am financially responsible my child's camp fees.
- Application must be accompanied by minimum payment of the deposit along with the Payment Worksheet. **Deposit is non-refundable and non-transferrable.**
- An acceptance letter will follow receipt of application and deposit. Registration is limited to a first-come-first-served basis.

In the event that a parent/legal guardian cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Beachmont Christian Camp to hospitalize, secure appropriate treatment for, and to order injection, anesthesia or surgery for my child. I AGREE TO ASSUME OBLIGATION FOR ANY NECESSARY EXPENSES NOT COVERED BY THE CAMP'S INSURANCE POLICY ON THE CAMPER. I give permission to Beachmont Christian Camp to obtain any necessary medical records on my child from his/her physician. I understand that camp staff uses photographs and videos of camp activities for promotional materials and for posterity. I agree to pay camp tuition in full in the time and manner as required by Beachmont Christian Camp, understanding that failure to do so may forfeit enrollment in Day Camp for current and/or future years.

Signature of Parent or Legal Guardian: _____ Date: _____



Beachmont Christian Day Camp

6433 Mt. Vista Road · Kingsville, MD 21087

Phone 410-592-3648 Fax 410-592-3616 office@beachmont.org www.beachmont.org

2010 DAY CAMP FAMILY PAYMENT WORKSHEET

Payment Worksheet must accompany camper application(s) – ONE WORKSHEET PER FAMILY

- Application must be accompanied by a minimum of the \$50.00 **non-refundable deposit** per camper per session. Maximum of the Mini Session and one 2-week session allowed until after June 1, 2010 – after June 1st you may register for additional session(s) if openings are available.
- Camp Fees listed below
- Returned check fee \$15
- Full payment is required by May 1, 2010 unless otherwise pre-arranged with Beachmont.
- If you register after May 1, 2010 full payment is required unless otherwise pre-arranged with Beachmont.
- If you pay your balance after May 1, 2010, a late fee of \$25.00 will be added to your balance.
- **Balances not paid by June 1, 2010 will cause you to lose your child's spot in camp without refund of deposit.**
- *Please contact us if you need to set up a payment plan or for any financial concerns or difficulties in payments.*
- Refunds can be requested up until June 1, 2010 and will be given in full less the non-refundable deposit. After June 1st, refunds will be given only in the case of a medical concern or doctor's orders (a medical certificate is required with request).
- **There will be no refunds for days missed.**

ONE WORKSHEET PER FAMILY

Parent name(s) on camper application(s): _____

Address: _____

Home Phone: _____

Camp Fees

- Camp Fee (includes \$50 deposit per camper per session)
 - Mini Session: \$180 (no family discounts)
 - Sessions 1-4 (per session):
 - 1st child: \$260
 - 2nd child: \$250
 - Each additional child: \$230

\$ _____

Donation (optional)

- I would like to make a contribution to the Day Camp Scholarship Fund
(this fund makes it possible for financially disadvantaged children come to camp)

\$ _____

TOTAL COST LISTED ABOVE \$ _____
this is your total 2010 camp cost

TOTAL AMOUNT ENCLOSED \$ _____
*amount you are submitting with application(s)
(list this amount under "Payment" below)*

Payment

Check or money order enclosed in the amount of \$ _____
Make checks payable to Beachmont Christian Camp

Cash payment (walk-ins only) in the amount of \$ _____

Credit card payment: Visa Mastercard

Card Number _____

Expiration Date: _____ Security Code _____

Cardholder's Name: _____

Cardholder's billing zip code: _____

Amount to charge at this time \$ _____

I authorize remaining balance to be charged to this card on May 1, 2010

Authorized Signature _____ Date _____

Minimum of \$50 non-refundable deposit per camper per session required at this time.

Any remaining balance is due May 1, 2010.