

# 2009 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. Be sure to refer to "Day Camp Registration Information" brochure.

For office use only:  Sch \_\_\_\_\_  
Inv. \_\_\_\_\_ DR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

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

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 (2008-2009): \_\_\_\_\_ Grade (2008-2009): \_\_\_\_\_

**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 note:  
- Application must be accompanied by a \$50.00 **non-refundable deposit** per camper per session (maximum of the Mini Session and one 2-week session allowed).  
- Fees: (prices include \$50.00 deposit) Mini Session - \$170.00 per child Sessions 1-4 - \$250.00 1<sup>st</sup> child, \$240.00 2<sup>nd</sup> child, \$220.00 each additional child  
- Full payment is required by May 1, 2009 unless otherwise pre-arranged with Beachmont. If you pay your balance after May 1, 2009, a late fee of \$25.00 will be added to your balance. **Balances not paid by June 1, 2009 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.  
- Refunds can be requested up until June 1, 2009 and will be given in full less the non-refundable deposit. After June 1<sup>st</sup>, 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.**  
- 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: \_\_\_\_\_