



# 2012 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

## Extended Care Option Available

Morning: 8:30-10:00am & Afternoon: 4:00-5:30pm

Per child: \$10/day (or \$5 for before/after care separately)

## AGES

Camp is for ages 4-13. Note: we will accept 3½ year olds if fully potty trained

## SESSION DATES

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

Mini Session June 25–June 29	Session 1 July 2-July 13 <i>No camp July 4</i>	Session 2 July 16-July 27	Session 3 July 30-August 10	Session 4 August 13-August 24
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## 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. The deposit is due with the application. You The remaining balance is due by May 1, 2012. If you pay your balance after May 1<sup>st</sup>, a late fee of \$25.00 will be added to your balance. Balances not paid by June 1, 2012 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: \$195.00 per child      Sessions 1-4: \$275.00 1<sup>st</sup> child    \$265.00 2<sup>nd</sup> child    \$240.00 each additional child

## REGISTRATION PROCESS

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

① Check online [www.beachmont.org](http://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 more than one session, a \$50.00 deposit per child per session is 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, 2012 and will be given in full less the deposit. After June 1<sup>st</sup>, 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 age divisions. Minimum supervision requirements are listed below, although we often exceed these requirements with additional volunteers.

<b>DIVISION A</b> <b><u>Ages 4-5 (Groups 1-2)</u></b> 24 campers per group 2 Senior Counselors 2 Assistants 2-4 Junior Counselors	<b>DIVISION B</b> <b><u>Ages 6-7 (Groups 3-5)</u></b> 30 campers per group 2 Senior Counselors 4-5 Junior Counselors	<b>DIVISION C</b> <b><u>Ages 8-10 (Groups 6-8)</u></b> 30 campers per group 2 Senior Counselors 4-5 Junior Counselors	<b>DIVISION D</b> <b><u>Ages 11-13 (Groups 9-10)</u></b> 40 campers per group 2 Senior Counselors 2-3 Assistants
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*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 until the Wednesday 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). If your child will need sunscreen applied while at camp, a Sunscreen Authorization Form must be completed.

## ACTIVITIES

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

# 2012 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 only. Please use a separate form for each child.



Child's Last Name \_\_\_\_\_ First Name (list nickname if called by) \_\_\_\_\_ Middle Name  called by middle name \_\_\_\_\_  boy  girl \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ E-mail  Mother  Father  Both (Beachmont will NOT give out your e-mail)  
 father has sole custody of the child  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\*

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ 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 \_\_\_\_\_ Relation to child \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

School attended (2011-2012) \_\_\_\_\_ Grade (2011-2012) \_\_\_\_\_ Home Church and denomination (if any) \_\_\_\_\_

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) Age divisions: ages 4-5, ages 6-7, ages 8-10, ages 11-13

### Please check the 2012 Session(s) you are interested in:

- Mini Session (June 25-29) one week
- Session 1 (July 2-13) no camp July 4
- Session 2 (July 16-27)
- Session 3 (July 30-August 10)
- Session 4 (August 13-24)

You may enroll for a maximum of the Mini and one of the 2-Week Sessions. After April 1<sup>st</sup> you can register for additional session(s) if there are openings.

### NEW! Extended Care Option \$10/day (or \$5 for before/after care separately)

Extended Care is a supervised, non-structured playtime in the Dining Room of the Field House (upstairs).

Hours: morning 8:30-10:00 afternoon 4:00-5:30pm Note: You can sign up for extended care at any time; walk-ins accepted

- My child will attend before & after care every day of the session
- My child will attend every day of the session for:  before care only  after care only
- My child will attend Extended Care for the following (please specify schedule – use back if needed):

**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)

**SUNSCREEN:**  My child will need sunscreen applied during camp. A Sunscreen Authorization Form must be obtained from Beachmont (available online) and submitted prior to camp.

**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

**2012 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.
- Camp Fees listed below
- Returned check fee \$15
- Full payment is required by May 1, 2012 unless otherwise pre-arranged with Beachmont.
- If you register after May 1, 2012 full payment is required unless otherwise pre-arranged with Beachmont.
- If you pay your balance after May 1, 2012, a late fee of \$25.00 will be added to your balance.
- **Balances not paid by June 1, 2012 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, 2012 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.**

**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: \$195 (no family discounts)
  - Sessions 1-4 (per session):
    - 1<sup>st</sup> child: \$275
    - 2<sup>nd</sup> child: \$265
    - Each additional child: \$240

\$ \_\_\_\_\_

**Extended Care Option**

Per child: \$10/day OR \$5 for before/after care separately

Payment due by May 1<sup>st</sup>.

If you add Extended Care after May 1<sup>st</sup>, payment must be paid immediately.

No family discounts. Day camp refund policy applies to Extended Care fees.

\$ \_\_\_\_\_

**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 2012 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 all of the remaining balance to be charged to this card on May 1, 2012

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*Any remaining balance is due May 1, 2012.*