

Summer Day Camp
@ Camp Lebanon
2016 Registration Form



79 Blossom Hill Road
Lebanon, NJ 08833
Telephone (908) 236-2638
Fax (908) 236-0550
www.camplebanon.com

Grades K - 5
Monday - Friday, 8:30 - 4:30

Thank you for your interest in the Summer Day Camp at Camp Lebanon! Camp Lebanon has been serving children for over 65 years and is excited to add a day camp to its summer camp programs. This 110- acre site has hiking trails, a meandering brook, a lake, a craft barn, a recreation hall, low ropes course, swimming pool, and much more to offer day campers.

Day campers will explore, create, and play through daily activities, games, and electives. During the week, campers will enjoy a variety of camp activities including Bible lessons, camp electives, games, sports, swimming, and theme time. Lunch is provided each day. Before and after care is available and can include meals. Please visit our website, www.camplebanon.com/daycamp, for more information on weekly themes and electives.

We ask that you please fill out the attached registration AND health form, for each child attending, by June 1st to secure a spot.

Please note the following registration information:

- All campers and parents must abide by the rules and regulations, which are on the website and will be mailed once registration is received.
- Before and aftercare payments are due at the end of the week at pickup.
- Payment for the following week is due Friday, which can include before and aftercare payment for the current week.
- All enrollment changes must be requested in writing.
- All cancellations prior to June 15th are refundable, except a \$100 registration fee.
- Cancellations after June 15th are nonrefundable
- A camp store is available daily, for snacks and drinks.
- Spending money will be deposited on your camper's "Snackery Card." Unused funds will be refunded at the end of summer.

Summer Day Camp at Camp Lebanon

2016 Registration Form Grades K - 5

Monday - Friday 8:30 - 4:30

_____ Male Female
 Camper Name (Last) (First)

_____ T-Shirt Size: Youth M L
 Date of Birth Age in June Grade Completed in June 2016 Adult S M L XL

Family Information

Parent/Guardian (Primary Contact) This person will be allowed to pick up this camper from camp and will be considered an emergency contact

 Name (First and Last) Home address City State Zip

(____)_____
 Best Phone Additional Phone Email address

Parent/Guardian (Secondary Contact) This person will be allowed to pick up this camper from camp and will be considered an emergency contact

 Name (First and Last) Home address City State Zip

(____)_____
 Best Phone Additional Phone Email address

Additional Emergency Contacts that would be permitted to pick up your Camper from Camp. A photo ID will be required.

 Name (First and Last) Relationship to Camper Phone

 Name (First and Last) Relationship to Camper Phone

Discounts available dependent on number of weeks enrolled.

Before and aftercare can be paid on an as needed basis.

First weeks payment of \$220, which includes a non refundable \$100 registration fee, is due by June 1st.

Please mark weeks your Camper will attend:	
Week 1 <input type="checkbox"/> June 20-June 24	Week 2 <input type="checkbox"/> June 27-July 1
Week 3 <input type="checkbox"/> July 4- July 8	Week 4 <input type="checkbox"/> July 11- July 15
Week 5 <input type="checkbox"/> July 18- July 22	Week 6 <input type="checkbox"/> July 25- July 29
Week 7 <input type="checkbox"/> Aug. 1 - Aug. 5	

Weekly Rate - \$220 per week	_____ Before Care - 7:30 - 8:30- Includes meal	- \$10 per day
3 to 6 Weeks - \$210 per week	_____ After Care - 4:30 to 5:30 - No meal	- \$5 per day
All 7 Weeks Enrolled - \$200 per week	_____ After Care - 4:30 to 6:30 - Includes meal	- \$15 per day
Registration Fee Includes 5 Camp T-shirts	After 6:30 PM \$10 per 15 min. per child	

Weekly payments of \$220 are due on the Friday prior to the week attending.

All discounts will be applied to the last week of camper's attendance.

Please mail this form and first week's payment by June 1st to:

*Registrar, Baptist Camp Lebanon
 79 Blossom Hill Road
 Lebanon, NJ 08833*

Office Use Only:

First payment received \$_____

2016 HEALTH FORM – MUST BE COMPLETED IN FULL AND SIGNED BY PARENT/GUARDIAN

Camper's

Last Name _____

Is this child covered by medical insurance? Yes _____ No _____

Is this person in general good health and able to participate in normal activities? Yes _____ No _____

(If not, please submit a statement indicating limitations)

Problems with (check if YES).

- Hayfever Fainting Penicillin
 Bee Sting Convulsions Asthma
 Poison Ivy Sulfa Other
 Epilepsy (degree) _____ **Allergies** _____

If any of the above are YES, please submit a statement of how the child has been treated and with what medication. Proper medicine must be brought to the camp and given to the nurse.

All immunization will be the responsibility of the family in consultation with family physician or clinic. Give most recent date of Tetanus Booster. Then check the appropriate yes or no column to determine if camper has had necessary immunizations.

TETANUS BOOSTER (DATE REQUIRED)

most recent date received: _____

Received:	Yes	No	Received:	Yes	No
D.P.T. Series	___	___	D.P.T. Booster	___	___
Polio Series	___	___	Polio Booster	___	___
Mumps	___	___	Rubella Vac	___	___
Measles Vac	___	___			

Operation or serious injury and date(s) _____

Please notify us if this child was exposed to any communicable disease during the three weeks prior to event. Please write a note below to indicate any physical, emotional or psychological problem that will help the Nurse and Counselor provide the best possible experience.

All Medications need to be in original containers with appropriate prescription label on it.

NOTES FOR NURSE

Please list each medication and time of day that it needs to be dispensed. If more space is needed, please attach a separate sheet.

First Name _____

Family Physician or Clinic _____

Address _____

Phone _____

In signing this application, I hereby certify that the above information is correct and give permission for: the use of photographs including my son or daughter in publicity; for my son or daughter to be transported in camp-owned and camp approved vehicles to and from public transportation or for approved out-of-camp activities and; for the release of medical records in case of illness. I also authorize the administration of prescription medication. Non-prescription medication will be administered following the camp's standing orders.

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

I understand that this child must be covered by medical insurance to be accepted into the camp program at Baptist Camp Lebanon

(REQUIRED)

SIGNATURE OF PARENT/GUARDIAN
X _____
Telephones during camp: Day(_____) _____
Night (_____) _____ Cell (_____) _____
Name & address of your health insurance company _____
Policy/Group # _____
Name of Primary Insured _____
Date of Birth of Primary Insured _____
Social Security # of Primary Insured _____
Relationship of Camper to Primary Insured _____