

BANGOR CHRISTIAN SUMMER DAY CAMP

2010

Please fill out the form in its entirety.

Please PRINT. Thank You!

CAMPER'S INFO:

Name: Last _____ First _____
Age _____ Grade Entering _____
Address: _____

Father:

First Name: _____ Last Name: _____
Billing Address _____
Mailing Address (if different) _____
Occupation/Department _____ Employer _____
Can we contact you at work? _____ yes _____ no
Does your cell phone receive text messages? _____ yes _____ no
Home Phone #: _____ Cell #: _____ Work #: _____

Mother:

First Name: _____ Last Name: _____
Billing Address _____
Mailing Address (if different) _____
Occupation/Department _____ Employer _____
Can we contact you at work? _____ yes _____ no
Does your cell phone receive text messages? _____ yes _____ no
Home Phone #: _____ Cell #: _____ Work #: _____

If Mom and Dad cannot be reached, please list two emergency contacts:

Name _____ Relationship _____ Phone _____ or _____
Name _____ Relationship _____ Phone _____ or _____

MEDICAL / INSURANCE Info:

Does the Camper have food or other allergies? If so, explain:

Does the Camper require medication? If so explain medicine name and purpose, and dosage information: _____

Do we have permission to administer this medication? _____ yes _____ no

Does the Camper have Health Insurance? _____ yes _____ no

Insurance Company Name _____ Policy # _____

Name of primary Policy Holder _____

Social Security Number of Policy Holder _____ - _____ - _____

Do we have permission to seek treatment for your child in the event of an injury or emergency?

_____ yes _____ no

Hospital Preference _____

CAMP INFO:

Cost per week is \$100/wk per camper or \$25/day. Additional fees may be assessed for field trips. Please mark applicable lines for the weeks that you will be attending.

WEEK 1 JUNE 14-18	_____	WEEK 6 JULY 19-23	_____
WEEK 2 JUNE 21-25	_____	WEEK 7 JULY 26-30	_____
WEEK 3 JUNE 28 –JULY 2	_____	WEEK 8 AUG 2-6	_____
WEEK 4 JULY 5-9	_____	WEEK 9 AUG 9-13	_____
WEEK 5 JULY 12-16	_____	WEEK 10 AUG 16-20	_____

Interested in Early Care? ____ Late Care? ____
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Choose a Financial Plan:

Weekly_____ Monthly_____ Entirely _____

Weekly and Monthly must be paid prior to your child’s attendance at camp.

Credit/Debit Card Payment Options:

Card Type_____ Name on Card_____

Card Number _____ Exp Date _____

Do you give permission to have this card bill each week your child attends? _____

Signature of person listed on card _____

Signature of person responsible for billing _____

Refund Policy: Bangor Christian Summer Day Camp will not refund for sick days during the week your child is signed up because staffing is provided according to the number of scheduled campers for that week.

Payment Plan Acknowledgement: The information provided above is complete and accurate. I understand that if payment is not made for the week my child enters camp, that Monday or before, I will be asked to take my child home.

Please list any special needs the camp counselors should be aware of:

Please list any special talents or abilities (musical instruments, arts/crafts, etc.)

Could the camper bring his/her musical instrument to camp each day? _____yes _____no



**Please return or call Bangor Christian Schools at 947-7356 Ext. 2
By May 10th to reserve your spot for this summer!**