



2010 BETH TFILOH CAMPS REGISTRATION FORM



phone 410.517.3451 * fax 410.517.3453

Return this form by mail or FAX. Please fill out one form for each child. To print more applications, or to register online, visit www.btcamps.org.

camper's last name		camper's first name		gender <input type="checkbox"/> M <input type="checkbox"/> F		date of birth	grade in September 2010
name of parent(s) living in the household, Mr., Mrs., Mr. and Mrs., Ms., Dr. and Mrs., Dr. and Mr., Drs. etc.						home phone	
camper's present mailing address						ZIP code	
name of <input type="checkbox"/> father or <input type="checkbox"/> stepfather living in the household			day or work phone		mobile phone	other phone	
name of <input type="checkbox"/> mother or <input type="checkbox"/> stepmother living in the household			day or work phone		mobile phone	other phone	
name of parent not living in the household			day or work phone		mobile phone	other phone	
names of siblings who will also be attending Beth Tfiloh Camps this summer				household's primary email address, please do not leave blank			

mark off your camper's camp program

- | | | |
|--|---|---|
| <input type="checkbox"/> Nursery Camp ages two and three, M-W-F from 9 to noon | <input type="checkbox"/> Day Camp age four through entering Kindergarten | <input type="checkbox"/> Arts Camp entering grades three through eight |
| <input type="checkbox"/> Nursery Camp ages two and three, 5 days a week from 9 to 1 | <input type="checkbox"/> Day Camp entering grades one and two | <input type="checkbox"/> Adventure Camp entering grades five through eight |
| <input type="checkbox"/> Nursery Camp ages two and three, 5 days a week from 9 to 3 | <input type="checkbox"/> Day Camp entering grades three and four | <input type="checkbox"/> Senior Camp entering grades five through eight |
| <input type="checkbox"/> Kinder Camp age four through entering Kindergarten | <input type="checkbox"/> Sports Camp entering grades three through eight | <input type="checkbox"/> Travel Camp entering grades five through eight |
| | | <input type="checkbox"/> Leadership Training entering grades nine and ten |

choose the weeks your child will attend camp

- Nursery Camp, Kinder Camp, and Day Camp** campers must select at least 4 weeks. Weeks don't have to be consecutive.
- Sports Camp, Arts Camp, Adventure Camp, and Senior Camp** campers must select at least 2 weeks. Weeks don't have to be consecutive.
- Adventure Campers entering 7th and 8th grades** must attend a week of camp prior to participating in the week 3 or week 7 trips.
- Travel Camp** campers must choose weeks in the following blocks - Weeks 1 and 2, or Weeks 5 and 6. You may enroll in both trip blocks.
- Leadership Training** campers must select at least 4 weeks and weeks must be selected in 2-week blocks.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Week 1 6/21 - 6/25 | <input type="checkbox"/> Week 3 7/6 - 7/9 | <input type="checkbox"/> Week 5 7/19 - 7/23 | <input type="checkbox"/> Week 7 8/2 - 8/6 |
| <input type="checkbox"/> Week 2 6/28 - 7/2 | <input type="checkbox"/> Week 4 7/12 - 7/16 | <input type="checkbox"/> Week 6 7/26 - 7/30 | <input type="checkbox"/> Week 8 8/9 - 8/13 |

Write the total number of weeks for which the camper is enrolled.

Do you want to enroll in extended day? If yes, the camper will be enrolled in extended day option selected for all registered weeks of camp.

- yes, enroll the camper in Extended Day a.m.
- yes, enroll the camper in Extended Day p.m.

choose the camper's T-shirt size

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> child XS 2-4 | <input type="checkbox"/> child S 6-8 | <input type="checkbox"/> child M 10-12 | <input type="checkbox"/> child L 14-16 |
| <input type="checkbox"/> adult S 34-36 | <input type="checkbox"/> adult M 38-40 | <input type="checkbox"/> adult L 42-44 | <input type="checkbox"/> adult XL 46-48 |

Bunk Requests

Bunk requests are limited to friends of the same gender who are in the same grade and program. A "do-not-bunk-with" request is NOT confidential and will take precedence over your "do-bunk-with" requests.

This friend is my first choice as bunkmate

1

if possible, honor additional requests listed here in rank order of preference

2	3	4
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for office use only	date received	camper i.d.	program	transportation	bunk

Beth Tfiloh Camps Health History 2010
no physician's signature or exam is required

camper's full name	
camper's primary physician	physician's phone number
camper's dentist	dentist's phone number
medical and hospital insurance carrier	policy or group number

health history, mark all that apply <input checked="" type="checkbox"/> <input type="checkbox"/> frequent ear infections <input type="checkbox"/> diabetes <input type="checkbox"/> asthma <input type="checkbox"/> heart disease or defect <input type="checkbox"/> bleeding or clotting disorder <input type="checkbox"/> serious or recent injury <input type="checkbox"/> seizures <input type="checkbox"/> hypertension <input type="checkbox"/> other	if you selected "other" or indicated an injury, please provide more details if possible
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list any medication or other health aid that is in present use by the camper

list any medication or other health aid that the parent anticipates sending to camp for the camper's use

list any allergies that could impact upon the camper's summer experience

list any restrictions on the camper's full participation in the camp program

Is there a health problem that needs to be discussed with the Camp Nurse? no yes, a note is attached

Is there a behavior or anxiety problem that needs to be discussed with the counselor? no yes, a note is attached

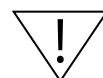
Is there a custody issue that impacts this camper? no yes, a note and a copy of the court order is attached

Does this camper attend a Maryland State School? yes no, call camp, 410.517.3451

Has this camper received all immunizations required by Maryland state law? yes no, call camp, 410.517.3451



The following items may not be left blank



Tell us the date of the camper's most recent DPT, DTP, or Tetanus immunization	month	day	year
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Please list two emergency contacts who have permission and will likely be available to pick up and transport the camper if the parent(s) cannot be reached in the event of an emergency or camper illness. Be sure these individuals know they have been listed.

name	day or work phone	mobile phone
1		

Does the above named individual have permission to make emergency decisions if the parent(s) cannot be located? <input type="checkbox"/> yes <input type="checkbox"/> no		
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name	day or work phone	mobile phone
2		

Does the above named individual have permission to make emergency decisions if the parent(s) cannot be located? <input type="checkbox"/> yes <input type="checkbox"/> no		
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Transportation

This application must be completed in its entirety and payment received by May 1st to be included in our 2010 bus routes. After May 1st, your camper may be assigned to the nearest bus stop. While we make every effort to service as many areas as possible with our bus service, there are some circumstances where we are unable to do so. If we have any concerns about your location, camp will contact you when your application is received. We do not offer any rebate if we are unable to provide busing to your area. Bus routes, central stop locations, pick-up and drop-off times are subject to change every summer.

Each camper registration and tuition received by May 1st includes one permanent bus stop. Daily bus changes may be called in no later than 2:30 p.m. , or 2:00 p.m. for Kinder Camp, however any daily bus change must be to an existing stop. Camp doesn't accept transportation notes or email during the summer, therefore all bus changes must be called in to the camp office.

If you answer "no" to any "yes or no" question below, and no parent or authorized individual is home or at a stop, your camper will be brought back to camp and placed in the Extended Day Program. In the event camp receives conflicting stop information for a camper, and we are unable to make contact with a parent by dismissal time, camp will place your camper into Extended Day.

All campers please answer the following question

What is the transportation address we should use when making bus routes?

Full transportation address

Baltimore County Full Day campers only, please answer the following questions

May we leave your camper alone at your home as long as your camper can get into the house? yes no

Who else besides the parent is allowed to receive your camper off the bus in the afternoon?

Please list names here, or attach a separate sheet if necessary. Leave this blank if no one else is authorized to receive your camper.

Kinder Camp and Howard County campers only, please answer the following question

It is camp's policy that each parent must sign to receive their camper off the bus in the afternoon. yes no
May another parent at your stop sign for and watch your camper should you not be present at the stop?

If you chose yes, please list names here, or attach a separate sheet if necessary.

Howard County Parents only

Keeping in mind that this is only a suggestion to us and does not at all guarantee a stop, please indicate the ideal Howard County Public School to be assigned to use as a central stop.

If this is left blank, we will assume the Howard County Public School your camper attends is most convenient.

A few questions

What camp, if any, did the camper attend last summer?	Will this be your child's first year at this campsite?
What school, if any, is the camper presently attending?	What school will the camper attend in September 2010?
Of which congregation, if any, is your family a member?	Where does the camper receive religious education?

Please read carefully and sign

Billing

- 1. The tuition is all inclusive. There are no extra charges for planned trips, supplies, or transportation within the camp's normal service area.
2. If I withdraw my camper prior to or on May 15th all monies will be refunded in full.
3. If I withdraw my camper after May 15th, no refunds will be given.
4. All fees must be paid in full by May 15th.
5. Bills for outstanding balances are mailed in the first week of each month. Discounts will appear on your bill as a credit. Questions about your bill should be referred to Mrs. Fox at Beth Tfiloh Congregation by phoning 410.413.2208.

Payment

- 6. Prior to and on May 15th, a deposit of \$250.00 or more must accompany each camper's application.
7. Prior to and on May 15th, payment in full is not required at time of registration to receive an eligible discount. Only a deposit is required.
8. After May 15th, payment in full is required at time of registration unless other arrangements have been made.
9. Prior to and on May 15th, payment may be made in cash, by check, VISA, or MasterCard.
10. After May 15th, all payments must be in the form of cash, cashier's check, money order, or credit card. No personal checks.

Registration

- 11. Once the camp season begins, a fee of \$50.00 will be assessed for switching or decreasing the weeks for which the camper is enrolled.
12. Once the camp season begins, a fee of \$50.00 will be assessed for switching from one camp program to another.
13. The camp fee includes, as applicable, transportation to and from one permanent address, lunch beverage, afternoon snacks, cookouts, out-of-camp trips, late stays, overnights, group photo, and a camp T-shirt.
14. I understand that not all age groups participate in all activities and that not all activities are available every week.
15. I understand that my child must abide by camp rules and all instructions from camp staff. Beth Tfiloh Camps may withdraw a child at any time if the camp director believes it would be in the best interest of that child, other campers, or the camp. In such cases, a proportional refund may be given. All payments are refunded if a registration is not accepted.
16. Registrations received after May 15th are not guaranteed bunking request assignments.
17. Registrations received after May 1st are not guaranteed a door-to-door bus stop. Last summer's routes have no bearing on this summer.

Health

- 18. My camper is able to participate in all camp activities, trips, programming, and special events without restriction unless noted in writing.
19. I am responsible for completing and submitting the health history section of this registration form. It is my responsibility to notify camp in writing of any changes to the camper's health history after this form is submitted.
20. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests. I agree to allow camp to release any records necessary for insurance purposes, and to allow camp to provide necessary transportation. I will not send my child nor should they attend camp if the camper appears to be ill.
21. I understand that to administer a prescription drug, camp must have written parental consent in a properly labeled container provided by a pharmacy accompanied by a specific written authorization from the prescribing physician.
22. Camp may administer non-prescription, over-the-counter drugs to my camper such as, but not limited to, Tylenol, Benadryl, Pepto-Bismol.
23. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by camp to secure and administer treatment, including hospitalization, for my camper. My physician will be contacted first, if possible.

Legal Obligations

- 24. On behalf of my child, I accept and assume any and all risks associated with attendance and participation in the camp and its activities.
25. Camp has permission to use my child's entire name and photograph in press releases, ads, news media, and electronic media.
26. Camp has permission to give my child's entire name, address, and phone number to other members of the camper's group to help friends keep in touch. In addition, I understand a photocopy of this registration form will be sent on any out-of-camp trips.
27. If a parent, grandparent, or other relative does not have permission to visit or pick up my camper, I have attached an explanation. This information may be shared with appropriate staff members as well as anyone named, if the camp is questioned.
28. As the parent signing this form, I agree that I am responsible for payment of camp tuition and the camp will abide by my instructions only.
29. All information I have provided is correct and complete to the best of my knowledge.

Parent's Signature

Date

Return entire form by mail with payment to Beth Tfiloh Camps, 400 Delight Meadows Road, Reisterstown MD, 21136 or FAX all four pages to 410.517.3453

Please compute the camper's total fee from the tuition and applicable discounts listed in the brochure and enter here \$

If you wish to make your \$250 deposit, a partial payment, or full payment by credit card, please complete the following

charge this amount \$ to my VISA MasterCard

account number expiration month / 20 4-digit year

3-digit card security ID number located on the back of the credit card ZIP code of card billing address

signature of card holder date