

## Camp Adventure Application 2025

Camper's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female / Prefer not to Answer

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### Primary Contact Information:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Secondary Contact Information:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Medical Information:

If a parent or guardian cannot be reached, I give the Birdsboro Community Center permission to obtain emergency medical care for my child at the nearest hospital. Initial: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Does your child have any health issues, allergies, physical limitations, or behavioral needs that counselors need to be aware of? If you feel that your child's health issues need 1-1 discussion please reach out to [directorbcmc@gmail.com](mailto:directorbcmc@gmail.com) If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication to be given during camp hours?      YES                      NO

If your child needs to have medication administered, please contact the office for a permission form. Campers are not to bring any type of medication to camp. Prescription or over the counter.

**Starting a new program can be quite challenging for some children, change isn't always easy. The more we know about your child the easier the transition can be. Help us get to know your child better by answering a few questions.**

Does your child have a nick name that they prefer? \_\_\_\_\_

How many people are in your family? \_\_\_\_\_

Do you have any pets at home, if so what kind? \_\_\_\_\_

Does your child have any hobbies or participate in any activities? \_\_\_\_\_

\_\_\_\_\_

Is your child comfortable in large group settings? \_\_\_\_\_

Does your child enjoy going to the pool? \_\_\_\_\_ Do they know how to swim? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

\_\_\_\_\_

Does your child generally follow instructions? Or do they often need redirection? \_\_\_\_\_

\_\_\_\_\_

What are some things that might upset or cause your child to become frustrated?

\_\_\_\_\_

Does your child enjoy reading? \_\_\_\_\_ Do they read at their current grade level? \_\_\_\_\_

We offer reading assistance throughout the summer as part of our partnership with the United Way of Berks County. We encourage all campers to participate in reading activities.

Each day we offer a variety of activities for your child to choose from. Please circle any of the following activities your child enjoys:

Hiking	Nature	Singing	Dancing	Board Games
Crafts	Acting	Cooking	Reading	Soccer
Fishing	Basketball	Science	Kickball	Baseball
Puzzles	Lego's	Video Games	Going to the Park	Field Trips

Is there anything you would like to let us know about your child to help make their summer more enjoyable?

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**Permissions:**

I hereby give permission and consent for my child to participate in all activities provided by Birdsboro Community Memorial Center. I understand that all safety precautions will be taken, and I will not hold Birdsboro Community Memorial Center, its staff, volunteers, or officials legally liable for any damage suffered by my child including personal injury, bodily injury, including dental, which arises out of my child's participating in its activity, program, or field trip. Initial: \_\_\_\_\_

I grant permission for BCMC to take and use photographs, or videos of my child for public relations, including social media platforms, program development and program documentation. Initial: \_\_\_\_\_

I agree to pick up my child on time from all programs at BCMC and understand that a failure to do so will result in an additional fee of \$20.00/15 minutes per occurrence. Initial: \_\_\_\_\_

I agree to read the membership rules and regulations of Camp Adventure and review them with my child. I understand that if the rules are not followed or my child creates a disruption, a parent or guardian will be contacted, and the child will be asked to leave. Repeated offenses will result in expulsion with no refund. Initial: \_\_\_\_\_

**COVID Precautions:**

I understand that COVID precautions or protocols may change at any time. BCMC will create policy based on the recommendations of the CDC, the state of PA, Berks County officials and the Daniel Boone School District. I agree to comply with all COVID policies implemented by BCMC. Initial: \_\_\_\_\_

**Authorized Pick Up:**

Please list anyone who is authorized to pick up your child and their relationship to the child. If on any given day, one of the people listed below are not allowed to pick up your child you must notify BCMC immediately. Please provide BCMC with any documentation of custody/divorce issues that may arise with pick-up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**BCMC Membership Fee: Payable \$35.00**

**Camp Adventure Enrollment: Circle Options**

**Birdsboro Resident: (Child must reside in the Borough of Birdsboro)**

**Early Bird Special:** \$1300 (Paid in Full by April 15)

2nd child \$1200

3rd child \$1100

**Regular Price** \$1600 (Paid in Full by June 2)

2nd child \$1500

3rd child \$1400

**Non-Resident:**

**Early Birds Special:** \$1500 (Paid in Full by April 15)

2nd child \$1400

3rd child \$1300

**Regular Price:** \$1800 (Paid in Full by June 2)

2nd child \$1700

3rd child \$1600

**If fees are not paid in full by June 2, 2025, you will be charged the weekly rate of \$250 per week.**

**Weekly Rate must be paid 2 weeks prior to the week attending and availability may be limited. If specific dates are not requested before the start of camp, space may not be available.**

5 Days a Week \$250 per week

Number of Weeks Attending: \_\_\_\_\_ Weeks Attending: \_\_\_\_\_

3 Days a Week \$200 per week

Number of Weeks Attending: \_\_\_\_\_ Weeks Attending: \_\_\_\_\_

Days Attending: \_\_\_\_\_

**Extended Care:** AM 7:30AM-9AM \$35 weekly  
PM 3PM-5:30PM \$35 weekly  
AM and PM Care \$65 weekly

AM All Summer \$315  
PM All Summer \$315  
AM&PM All Summer \$585

**Extended Care Daily Rate available with 24-hour advance notice based upon staffing ability. \$10 AM, \$10 PM. Extended Care payments are due the week prior to care.**

**Total Due:** \_\_\_\_\_ **Deposit Paid:** \_\_\_\_\_

**Balance Remaining:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian-Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian-Signature

## **Camp Adventure Refund Policy**

To ensure that our camp is of the highest quality, we plan, schedule, and commit to paying for staff, supplies, transportation and recreational activities months before summer camp begins. Families typically book their camp months in advance. Therefore, last minute cancellations are particularly difficult for us to fill since most campers have already made other arrangements for the summer.

If a refund is requested for any reason, in writing, before April 15, 2025: 100% of fees paid will be refunded minus the \$35 membership fee.

If a refund is requested for any reason, in writing, between April 16, 2025 and June 2, 2025: 50% of fees paid will be refunded minus the \$35 membership fee.

**Refunds will not be given after June 2, 2025.**

Refunds will not be given for any of the following reasons: expulsion from camp, vacation schedules, sports, employment changes, participation in other camps, changes in desire to attend camp, unhappy with services, COVID restrictions or illnesses.

If you feel that there is a special circumstance and wish for our Board of Directors to consider a refund your request will need to be submitted in writing for review. The Board of Directors will have the final decision and it will be decided on a case-by-case basis.

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**Camper Name**

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**Parent Signature**

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**Date**

## Camp Adventure Code of Conduct and Discipline Policy 2025

Campers are expected to always exhibit appropriate behavior while at camp. To provide all campers and staff with a camp experience that is safe and enjoyable, the following guidelines have been developed. A caring and positive approach will be taken regarding discipline. All campers must understand and follow the guidelines, please review them with your child. Staff will review these rules with all campers at the beginning of camp.

Talk in a pleasant manner. No foul language, putdowns, name calling, rude gestures or bullying will be accepted.

- Treat all equipment and supplies with proper care and respect.
- Show respect for staff and fellow campers.
- Follow directions, program/game rules.
- No pushing, tripping, hitting, kicking, or threatening.
- No stealing or taking items that belong to other campers.
- No weapons or drugs of any kind are permitted at Camp Adventure.
- Treat others as you would like to be treated. Have a positive attitude and have fun!

Listed below are the discipline procedures for campers who are exhibiting unacceptable behavior.

### **Step 1:** Verbal Warning

**Step 2:** Time out or time away from the group and a written warning. The Camper may have to sit out from activities including games, crafts, swimming, or a special event. Parents will be notified via a written incident form at the end of the day. If staff determine that the incident is serious the parents will be notified right away, and the camper may need to be picked up immediately. They will then have to leave camp for the remainder of the day.

**Step 3:** If the camper continues with unacceptable behavior, a 3-day suspension may be issued. No refunds will be issued for the time of suspension.

**Step 4:** If the camper persists with unacceptable behavior after being suspended, upon returning to camp, that camper will then be expelled from Camp Adventure. Students who are expelled will not be able to sign up for Camp Adventure in the future. No refunds will be issued.

**Depending on the severity of the behavior, we have the right to skip a particular step. Violence or aggressive behavior will not be tolerated.**

**I acknowledge that I have received a copy of the Code of Conduct and Discipline policy. I agree to the terms and will review this document with my child before the start of camp.**

**Camper's Name:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

