

Camp Adventure Application 2026

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:

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?

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.

Camper's are not to bring any type of medication to camp. Prescription or over the counter. Initial: _____

Support Services & ADA Acknowledgment

Camp Adventure is a group-based summer day camp and provides general supervision within established camper-to-staff ratios. Camp Adventure does not provide one-on-one supervision, personal aides, therapeutic services, or individualized instructional support. In accordance with the Americans with Disabilities Act (ADA), Camp Adventure will consider reasonable modifications to policies or practices when requested. However, modifications that would:

- Require one-on-one supervision or services.
- Fundamentally alter the nature of the camp program.
- Compromise the health or safety of campers or staff cannot be provided.

By registering my child, I acknowledge and understand that:

- My child must be able to participate safely in a group setting with general supervision.
- Camp Adventure is not a therapeutic, clinical, or special education program.
- Requests for one-on-one aides or individualized support plans cannot be accommodated.
- If my child's needs exceed the level of support Camp Adventure can provide, I may be required to pick up my child, and enrollment may be suspended or terminated.
- No refunds will be issued for dismissal related to support needs beyond program capacity.

I confirm that I have disclosed all relevant medical, behavioral, and developmental information during registration and agree to these terms. I have read and agree to the Support Services & ADA Policy Please Initial _____

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: _____

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: _____

Camp Adventure Enrollment: Circle Options

BCMC Membership Fee: Payable \$40.00

Birdsboro Resident: Early Bird Special \$1575 (Paid in Full by April 15)	Regular Price \$1800 (Paid in Full by June 2)
2nd Child \$1475	2 nd Child \$1700
3 rd Child \$1375	3 rd Child \$1600

Non-Resident: Early Birds Special \$1800 (Paid in Full by April 15)	Regular Price \$2025 (Paid in Full by June 2)
2 nd Child \$1700	2 nd Child \$1925
3 rd Child \$1600	3 rd Child \$1825

Please contact the director if you need an individualized payment plan directorbcmc@gmail.com

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 \$300 per week

Number of Weeks Attending: _____ Weeks Attending: _____

3 Days a Week \$250 per week

Number of Weeks Attending: _____ Weeks Attending: _____ Days Attending: _____

Extended Care	AM 7:30AM-9AM \$40 weekly	AM All Summer \$360
	PM 3PM-5:30PM \$40 weekly	PM All Summer \$360
	AM and PM Care \$75 weekly	AM&PM All Summer \$675

Extended Care payments are due the week prior to care.

Extended Care Daily Rate available with 24-hour advance notice based upon staffing ability. \$15 AM, \$15 PM.

Please contact the director as soon as possible if you need an individualized payment plan directorbcmc@gmail.com

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, 2026: 100% of fees paid will be refunded minus the \$40 membership fee.

If a refund is requested for any reason, in writing, between April 16, 2026, and June 2, 2026: 50% of fees paid will be refunded minus the \$40 membership fee.

Refunds will not be given after June 2, 2026.

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.

Camper Name

Parent Signature

Date

Camp Adventure Code of Conduct 2026

Camp Adventure is committed to providing a safe, positive, and respectful environment for all campers, families, and staff. The following Code of Conduct outlines the expectations for both parents/guardians and campers.

Parent / Guardian Code of Conduct

Parents and guardians play a vital role in supporting a successful camp experience. By enrolling a child in Camp Adventure, parents and guardians agree to the following:

1. Respectful Communication

Communicate respectfully with campers, staff, volunteers, and other families.
Use appropriate language in all verbal, written, and electronic communications.
Address concerns calmly and privately with camp staff or administration.

2. Staff Authority

Respect the authority and decisions of Camp Adventure staff while campers are in their care.
Do not undermine staff decisions in front of campers or other parents.
Follow established camp policies related to safety, behavior, and discipline.

3. Appropriate Behavior on Camp Property and at Maple Springs Pool

Disruptive, aggressive, or inappropriate behavior will not be tolerated.
Harassment, intimidation, or discrimination of any kind is prohibited.
Alcohol, drugs, and weapons are strictly prohibited on camp property.

4. Communication of Concerns

Direct questions or concerns to the appropriate staff member or Camp Director.
Allow staff adequate time to investigate and respond.
Do not confront other campers or parents regarding camp-related issues.

5. Drop-Off and Pick-Up Procedures

Follow all camp drop-off and pick-up policies and schedules.
Ensure all authorized pick-up individuals are listed on the camper's registration.
Notify the camp promptly of any changes.

6. Social Media & Privacy

Respect the privacy of campers, families, and staff.
Do not post photos, videos, or identify information of campers or staff without permission.
Concerns should be addressed directly with camp staff, not on social media.

7. Policy Compliance

Parents/guardians are responsible for reviewing camp rules and expectations with their child.
Failure to comply with this Code of Conduct may result in restricted access to camp activities or dismissal of the camper from the program.

Camper Code of Conduct

At Camp Adventure, we want everyone to feel safe, included, and respected. Campers are expected to:

Camp Expectations

Be respectful to other campers, counselors, and staff
Follow all instructions given by camp staff
Keep hands, feet, and objects to themselves
Use appropriate language and behavior
Respect camp property and personal belongings
Include others and help create a positive camp environment

Bullying, violence, aggressive behavior, or repeated disruptive behavior will not be tolerated.

Discipline Procedures for Unacceptable Behavior

If a camper exhibits unacceptable behavior, the following steps will be taken:

Step 1: Verbal Warning

The camper will receive a verbal warning.
Expectations and appropriate behavior will be clearly explained.

Step 2: Time Out / Written Warning

The camper may be given time out or time away from the group.
The camper may be required to sit out of activities, including games, crafts, or swimming.
A written incident form will be completed and sent home at the end of the day.
If the incident is considered serious, parents will be notified immediately.
In serious cases, the camper may need to be picked up immediately.

Step 3: Suspension

Continued unacceptable behavior may result in a three (3) day suspension.
No refunds will be issued for days missed due to suspension.

Step 4: Expulsion

If unacceptable behavior continues after suspension, the camper will be expelled from Camp Adventure
Expelled campers may not enroll in Camp Adventure in the future.
No refunds will be issued.

Important Notice

Depending on the severity of the behavior, Camp Adventure reserves the right to skip one or more steps in the discipline process
Violence or aggressive behavior will not be tolerated under any circumstances.

Acknowledgment & Agreement

I acknowledge that I have received and reviewed the Camp Adventure Parent & Camper Code of Conduct and Discipline Policy. I agree to the terms and will review this document with my child before the start of camp.

I agree to attend one of the mandatory Parent's Meetings before the start of camp.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Camper Name: _____

Tell Us About Your Child

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.

Camper's Name: _____

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? _____

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?
