



# CAMPER REGISTRATION

## Summer's Best Two Weeks Penfield Day Camp

### July 22 – Aug 2, 2019

Please indicate format and amount sent.	
CASH	\$
CHECK	\$
CREDIT	\$

**Please indicate what type of camper you are registering for:**

Full Day Camper 8:50 am - 4:45 pm \_\_\_\_\_ Squad 0 Half Camper 8:50 am – 12:30 pm \_\_\_\_\_

### Camper Information

**\*\* All Information is Confidential \*\***

Name of Camper: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_ M \_\_ F Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Grade entering in the Fall:** \_\_\_\_\_ **Age at time of camp:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*\*\*\* If camper is staying with another family member or friend during camp, please indicate below:*

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Siblings/ cousins attending camp:

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_

SBTW Team: (circle one) **Roman Galatian** Unknown New Camper

*(Note: Your child cannot switch teams. Once a Roman or Galatian, always a Roman or Galatian! Also, all siblings and cousins should be on the same team, for maximum team spirit!)*

*Friends do not have to be on the same team, if they are in the same squad, they will be together the whole day. The camp is divided boys and girls, and then into age groups - we like the call them squads.*

Squad mate preference: \_\_\_\_\_ (We will try to comply with requests - no guarantees!)

### Family Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Does your child live with both parents? \_\_\_\_\_ If no, whom? \_\_\_\_\_

Are there any family concerns we should be aware of? \_\_\_\_\_

Is your family part of a church? \_\_\_\_\_ Name of church? \_\_\_\_\_

**Parent Contact Information**

Parent or Guardian Contact Phone Numbers - during camp hours:

Dad – Home phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Mom – Home phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Dad – Work phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Mom – Work phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Dad – Cell phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Mom – Cell phone (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Name(s) and Relationship to Camper:**

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

Phone (specify):H/W/C (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Phone (specify):H/W/C (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

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

Phone (specify):H/W/C (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Phone (specify):H/W/C (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

**Medical Information**

Does your child have any medical (i.e. allergies, overheating issues), physical, psychological, or social concerns that we should be aware of?

\_\_\_\_\_

Does your child take regular medication? \_\_\_\_\_ If yes, what medication(s)? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

*(Please note: any medications sent to camp require a doctor’s note and must be in original container clearly labeled with your camper’s name, age, and dosing instructions.)*

Is your child covered by health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Vaccinations**

Please attach a copy of your child’s vaccination records from your doctor’s office.

**Waiver and Medical Release**

I approve the application above and conditions listed below. I have written/attached any necessary and pertinent information concerning our family and our camper. I release Rochester Christian Reformed Church, the staff and volunteers for Summer’s Best Two Weeks at Rochester Christian Reformed Church, its affiliates, other church volunteers and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities.

I give my permission for my child to be given first aid in case of any injuries while he/she is at camp. In the event that I cannot be reached in an emergency, I hereby give permission for emergency personal to take over.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release**

\_\_\_ I give \_\_\_ I do NOT give my permission for my child to be photographed while at camp and for those photos to be used promotionally for SBTW including appearing on the SBTW website and Facebook.

**If NOT** is it ok to include your child in Squad pictures and slide show for closing ceremony. Yes No

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Child Pick-Up**

The persons listed below have my permission to pick up my child from camp. I understand ID may be required. (Please list all including yourself and spouse):

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

The persons listed below are forbidden to pick up my child from camp.

\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SWIMMING For full day campers only... (Squad 0 does NOT go swimming).**

**What is your child’s swim ability?**

**Please circle one below, and add any additional information if needed.**

Strong Swimmer    Good Swimmer    Okay Swimmer    Weak Swimmer    CAN NOT Swim

**Please check all that apply:**

Can Swim \_\_\_\_ Does not swim yet \_\_\_\_

Has taken a swim test and passed \_\_\_\_ Has taken a swim test and is close to passing \_\_\_\_

Has never taken a swim test but CAN try it \_\_\_\_ Has never taken a swim test and is NOT ready to try it \_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\$\$\$ Camper Fee Details \$\$**

\$255 **Full Day** entering 2<sup>nd</sup> grade – entering 9<sup>th</sup> grade

- \$245 for all subsequent Squad 1-4 campers

\$190 **Half Day** entering Kindergarten – entering 1<sup>st</sup> grade

- \$180 for subsequent Squad 0 campers

\*If Camper fee is paid in full by **May 3<sup>rd</sup>**

- \$15 off each camper fee!

\*If Camper fee is paid in full by **June 7<sup>th</sup>**

- \$10 off each camper fee!

**We accept Cash, Checks, and Credit Card!**

- **CHECKS** can be made payable to **SBTW at RCRC**
- **CREDIT CARD** payment can be found at [www.rochestercrc.org/sbtw/camper-registration](http://www.rochestercrc.org/sbtw/camper-registration)
- **Please send a minimum deposit of \$25 with your registration**
- **Camper fees due in full by JULY 15th**

**Questions? Contact us!**

**Administrator:** Dianka Sobiech

[sbtwpenfield@gmail.com](mailto:sbtwpenfield@gmail.com)

Phone: (585) 415-2695

**Please return these registration forms to:**

Rochester Christian Reformed Church  
Summer’s Best Two Weeks  
2750 Atlantic Ave  
Penfield, NY 14526

Disclosure: SBTW is licensed by the Monroe County Health Department. The camp is inspected twice per year. Records of inspection are on file at the Monroe County Health Department, 111 Westfall Road, Rochester, NY 14692.