

BYC Applications
also available at
WWW.
BaisYaakov.net

Camp Bais Yaakov

11111 Park Heights Avenue
Owings Mills, Maryland 21117
410-363-3300 ext 214

Wednesday, June 30 – Wednesday, August 11, 2010
Monday – Thursday 9:30 AM – 4:00 PM
Fridays 9:30 AM – 1:30 PM



IMPORTANT APPLICATION INFORMATION

Please complete the enclosed application in pen. Please print clearly. Parent must sign and date the bottom line. Registration includes the application form and a \$75 non-refundable deposit for each camper.

Early Bird Special
Order a T-shirt with early bird registration and receive \$2 off the price of a T-Shirt while supplies last!

BUNK REQUESTS:

We make every effort to satisfy your 1st, 2nd or 3rd choice. Please indicate your 3 requests on the application form, or submit your request in writing until **June 4th**. Please list up to 3 specific names. (Unfortunately we cannot accommodate a request such as "anyone from Mrs. ___'s class.")

Please complete the entire application including all the blanks and health information. Please do so even if your child attended BYC in the past. If there is any change in health history, medication or restrictions during the camp season, please notify the camp immediately.

Dress code for Senior Division campers includes socks and elbow-length sleeves.

Girls Ages 4 to 13
Boys Ages 4 to 5 1/2
(Campers must be toilet trained)

Camp Fee per child is \$875

Super Special Early Bird Discount \$790 if registered by March 15 Save \$85 per child
After Pesach Special \$820 save \$55
if registered by Thursday April 15

To Receive Discount Rate:

1. \$75 **Non-refundable deposit** at time of registration
2. Balance must be paid in full by Friday **June 4th**. If not, regular fee of \$875 applies.
3. Camper is registered for **entire 7-week session**.

SUPER SIBLING DISCOUNT! Save an extra \$30 on each additional sibling!

2010

CAMP BAIS YAAKOV

APPLICATION - **Please use one form per camper**

11111 Park Heights Avenue Owings Mills, MD 21117 (410) 363-3300 Fax 410-363-3231

Camp Dates: June 30 - August 11, 2010

Please write clearly using blue or black ink



Last Name of Camper: _____ Birth date: ___ / ___ / ___ Age: _____
First Name:(English) _____ (Hebrew) _____ Male ___ Female ___
Name to be called in Camp: _____

****SCHOOL and GRADE currently attending:** _____
****PRESCHOOL:** grade now: Pre-Nursery ___ Nursery ___ KGN ___; ENTERING Grade _____ in Sept. 2010

Mailing Address: _____ Home Phone: _____
City, State, Zip: _____ Summer Address if Different: _____
Father's Name: (Rabbi, Dr., Mr.) _____ Father's Work Phone: _____ - _____ - _____
Mother's Name: _____ Mother's Work Phone: _____ - _____ - _____
Marital Status: Married / Divorced / Widowed (Circle one please)
Mother's Cell Phone: _____ - _____ - _____ Father's or Second Cell Phone: _____ - _____ - _____

Emergency Names and Phone Numbers: (Application will not be processed without this information)

- 1. _____ Relationship _____ Phone: _____
- 2. _____ Relationship _____ Phone: _____

Has child been in camp before? _____ Where: _____

Camper is attending full 7-week session: Yes _____ If Not: Starting date _____ Ending date _____

Please provide any information that you feel will help us better understand your child. (Interests, hobbies, etc.) _____

Please indicate three NAMES of 3 campers whom you prefer your child to bunk with. We will make every effort to place your child with at least ONE of them. Requests by "class" or "school" cannot be accepted.

Please provide the first and last names in your request. Written Bunk Requests Are Accepted until June 4th.

- 1) _____ 2) _____ 3) _____

\$75.00 NON-REFUNDABLE FEE IS REQUIRED at the time of registration and will be credited to the total fee. This fee is PER CHILD. ENTIRE FEE MUST BE PAID IN FULL BY JUNE 4, 2010

I hereby give my child permission to take part in all activities and to participate in day trips off campgrounds: Yes _____ No _____ (Notes will be sent home prior to trips).

I hereby authorize Bais Yaakov Day Camp to administer immediate First Aid and/or take my child to a doctor or hospital for emergency treatment that may become necessary.

I understand that NO REFUNDS or REDUCTIONS will be provided for days camper is absent.

Date

Parent(s) Signature

***** THIS FORM MUST BE SIGNED AND DATED *****

EMERGENCY & MEDICAL FORM

If your child requires special accommodations due to a medical condition or allergies, you are required to speak to the director before sending in the entire application.

This page must be completed by parent, and mailed or faxed to us before June 4th 2010.

Medical forms are not kept from year to year.

Information above dotted line **must** be filled in for each applicant.

No child will be admitted to camp without this medical form filled out.

NO PHYSICIAN SIGNATURE IS REQUIRED.

DATE: _____

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____

Please use most accessible phone # for emergencies.

Father's Name _____ Emergency # _____

Mother's Name _____ Emergency # _____

MEDICAL CONDITIONS: Allergies, special medication (even if administered at home), restrictions, non-chronic illness, sensitivities, diagnoses, etc...

CHILD'S AGE (As of June 30, 2010) _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____ - _____ - _____

Please be accurate with the immunization information:

If camper is a current Bais Yaakov student, the immunization record below is already on file. Otherwise, please fill in carefully.

RECORD OF IMMUNIZATION								
DOSE #	DTP-DTaP MO/DY/YR	DT-Td MO/DY/YR	Polio MO/DY/YR	Hib MO/DY/Y R	Hep B MO/DY/Y R	Measles MO/DY/Y R	Rubella MO/DY/Y R	Mumps MO/DY/Y R
1								
2								
3								
4								



BYC T-shirts
for sale !!

Camp Bais Yaakov Summer 2010



These $\frac{3}{4}$ sleeve T-Shirts with the BYC logo
are available in several sizes:
ADULT - large, medium, small
YOUTH - large, medium, small

\$8.50 per shirt

Early Bird Special:
Register your child by April 15
and receive \$2 off the price
of each T-Shirt.

**T-shirts will be available for pick up
after June 23 or the first day of camp
and throughout the summer,
while supplies last.**



For more information please call
410-363-3300 ext. 214

Please enclose a separate check for T-shirts made out to BYC
with desired size indicated on the MEMO line of the check.