

BYC 2024 CAMPER APPLICATION: JULY 2-AUGUST 19, 2024

To apply and/or pay online go to www.baisyaakov.net/byc/

Girls: Currently in Nursery - 6th Grade
Monday- Thursday: 9:15-4:00, Friday 9:15-1:30

| APPLICANT INFORMATION | | | |
|---|--|--|--|
| First Name (to be called in camp): | | Last Name: | |
| Date of birth: | | Current Grade (23-24): | |
| Home Phone: | | Current AM Teacher: | |
| School: | | Attending full session: <input type="checkbox"/> Yes (see prices below). <input type="checkbox"/> No, Circle one: Session 1: July 2-July 26 (\$775) or Session 2: July 29- August 19 (\$775) | |
| Current address: | | T-shirt size Circle one: Child XS S M L XL Adult S M L XL XXL | |
| City/State: | | Zip: | |
| Mother's name and title: | | Mother's Cell: | |
| Father's name and title: | | Father's Cell: | |
| Primary Email: <small>Will get all camp updates and photos</small> | | Secondary Email: <small>Will receive only very important communication</small> | |
| EMERGENCY CONTACT: APPLICATION WILL NOT BE ACCEPTED WITHOUT A LOCAL CONTACT. THIS MAY NOT BE A PARENT | | | |
| Name of LOCAL emergency contact: | | | |
| Home Phone: | | Relationship: | |
| Cell Phone: | | | |
| HEALTH INFORMATION | | | |
| <small>Please list any information about your child. This information remains confidential, but helps us better understand your child and help her in case of emergency.</small> | | | |
| Pediatrician's Name: | | Phone Number: | |
| Medical/Allergies: | | | |
| Social/Family issues/Emotional/Educational/Behavioral/Psychological: | | | |
| Medications: | | | |
| Other: | | A staff member may apply sunscreen to this camper: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CAMP FEES: CAMP FEES ARE DUE IN FULL WITH APPLICATION. \$150.00 NON-REFUNDABLE DEPOSIT MUST BE DATED ON OR BEFORE THE DEADLINE DATE. OTHER PAYMENTS CAN BE POST-DATED (MAX. 2 POSTDATED CHECKS) UNTIL MAY 29, 2024, BUT MUST BE RECEIVED WITH APPLICATION FOR APPLICATION TO BE ACCEPTED. CALL/EMAIL FOR SIBLING DISCOUNT. | | | |
| January 3: \$1400 <small>(150.00 deposit + 1250.00)</small> | | March 22: \$1450 <small>(150.00 deposit + 1300.00)</small> | |
| May 29: \$1500 <small>(150.00 deposit+1350.00)</small> | | *Application Deadline: May 29 | |
| **PLEASE READ AND CHECK THAT YOU READ EACH PART IN THIS SECTION** | | | |
| <ul style="list-style-type: none"> ○ Your \$150.00 deposit is non-refundable. However, it does go toward your total payment. So, if you register by January 3, you would pay 150.00 at the time of registration and 1250.00 payable by May 29 in post-dated check(s)-no more than 2 checks total. ○ We are accepting full time campers before part-time campers. Part-time camper positions are subject to availability and will open on March 11 ○ Applications will <u>not</u> be processed until all paperwork and money is complete and correct. We will send an acceptance email once your camper is accepted into camp. Please do not assume that sending in the application and payment guarantees acceptance. | | | |
| REFUND POLICY AND IMPORTANT INFORMATION | | | |
| No refunds or reductions for days missed (including for illness) or for early departure from camp. A \$150.00 non-refundable deposit per camper is required at the time of registration and will be credited to the total camp fee. The entire camp fee must be received in full for application to be processed and accepted. Payments may be postdated until May 29, 2024. Post-dated checks made payable after May 29 will not be accepted. Applications that are received with insufficient payment or checks post-dated after May 29, 2024, will not be processed. Any payments after May 29, 2024 will be subject to the full camp fee (\$1500). Checks should be made out to: Camp Bais Yaakov. Anyone who withdraws between May 10 and May 29, 2024 will be eligible for a 60% refund of their total bill. Anyone who withdraws between May 30 and June 10, 2024 will be eligible for a 40% refund of their total bill. Anyone who withdraws after June 10, 2024 will not be eligible for any refund. Signature of this application authorizes 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 give the camp permission to use any photos or media in which my child appears. My child has permission to go on any trip or participate in any activity on or off camp-grounds. I understand that they will be transported under camp's authority. | | | |
| SIGNATURE: I HAVE READ AND ACCEPT THE ABOVE INFORMATION: | | | |
| Parent Signature: | | Date: | |
| | | My child has been immunized and is up-to-date on all required immunizations: _____(initials) | |

Please mail this completed and SIGNED form with a **\$150.00 non-refundable deposit and FULL Payment** (can be broken into post-dated checks) to:
Camp Bais Yaakov 6802 Cross Country Blvd., Baltimore, MD 21215.



Before you send in your application: Make sure you have:

- ✓ Signed application
- ✓ \$150.00 non-refundable deposit payable immediately **and** checks for the remainder of the balance payable on or before May 29
To receive a discount, your application and monies must be postmarked or received by the discount deadline
- ✓ Immunization forms (can be sent in until May 29) are only needed for campers who are not enrolled in Bais Yaakov.

Contact Us: Email: camp@baisyaakov.net or call: 443-548-7700 option 6