

Please complete all information. Signed applications should be sent with \$100 deposit to: Beacon Community Center, 23 West Center Street, Beacon, NY 12508. Upon return you will receive a confirmation letter, parent handbook, and medical form in the mail or via email.



BEACON
COMMUNITY
CENTER

BEACON COMMUNITY CENTER
LionSun Camp
CAMPER APPLICATION 2008

Select one: Day Camp Program Teen Leadership Camp Program

First Name _____ Last Name _____ Nickname _____

Birth Date _____ Sex _____ Age _____ Grade _____ School _____
(as of Sept 2008)

Street _____ City _____ State _____ Zip _____

Parent Name _____ Parent Name _____

Parent Address _____ Parent Address _____

Home Phone _____ Home Phone _____

Work Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Cell Phone Number _____

Email _____ Email _____

If parents do not live together, with whom does the child live? _____

Emergency Contact Name _____ Relationship to Camper _____

Emergency Contact Home Phone Number _____ Work/Cell Phone Number _____

Would you like your name made available for carpooling? Yes _____ No _____

My Child may be released to the following people: (please list name and phone number)
1) _____ 2) _____

HEALTH INFORMATION (please complete this section in addition to the Medical Form being sent separately)

Indicate any significant health problems _____

Camper's Doctor _____ Phone # _____

Does child take any medication to be administered by camp nurse? _____

Indicate any food allergies _____

Swim Level and remarks _____

PROGRAM DATES AND FEES

Day Camp for children ages 5-12

- From June 30 until August 15, 2008-- Registration for a full one or two week session (refer to brochure for more information) is ***highly recommended*** because sessions are theme based with a set beginning and end for project completion, and the opportunity to work towards community building, performance and exhibitions. We will try to accommodate other dates but set curriculum will not change.
- **\$200/week** covers cost of most materials, two daily snacks that are healthy and nut free.
 - Siblings receive a discount of \$20/week (10%).
 - There is an additional charge of \$10/day each for early drop off and late pick up (\$100/week for both).
 - **\$100 deposit is due with application to hold your spot.** The space will not be held without the deposit. The deposit will be subtracted from total payment. Once your deposit is received, 50% of the payment is due on May 15th. The full payment is due by June 15th.
 - Violin lessons will be an additional \$25/week for ½ hour of instruction and young people who sign up for violin will need to have or rent their own instrument.
 - Swim Lessons will be an additional \$30/week for two days/week of swimming instruction.

FREE Counselor in Training (CIT) Program for mature teens ages 13-17.

- Limited positions
- Program incentives (3 day sail on Clearwater, etc) are for teens who complete the full seven weeks of leadership camp from June 30 until August 15, 2007, Monday-Friday, 9AM-5PM. Incentives will be available to others notable to make the full commitment as available
- Interview required. **Contact director at (845)831-6180 if interested.**

My child will attend camp for:

Session 1—FIRE	June 30- July 3 (one week)	_____
Session 2—WATER-	July 7-July 18 (two weeks)	_____
Session 3—EARTH	July 21-August 1 (two weeks)	_____
Session 4-- AIR	August 4- August 15 (two weeks)	_____
Other _____		_____

Yes I would like swim instruction _____
 Yes, I would like violin lessons _____

Total Payment Enclosed: make checks payable to Beacon Community Center _____

Scholarship Information

DO not let finances be a barrier to your child's participation. Many partial scholarships are available. If you would like to receive information about our scholarship program, you will need to fill out our Campership Application and provide proof of income.

_____ I would like a Campership Application.

BCC LionSun Camp Agreement with Parents and Campers: I have studied the fees and schedules and understand the contents thereof. Enclosed is a nonrefundable deposit of \$100 (for day camp) for administrative and processing expenses and is not refundable or transferable under any circumstances. I agree to pay the balance of fees by June 1, 2007 knowing that failure to do so may automatically cancel this application. I understand that no refund is made for absences, dismissal or voluntary withdrawal. No refund on balance of fees will be granted except in the case of verified illness. The Camp reserves the right to dismiss, at its sole discretion (generally for gross behavioral violations), any camper, in which no refund will be made. If fees are not paid in full by Parent or Camper, Parent shall be liable for all costs of collection, including attorney fees. I am aware of the schedule of activities and allow my child to participate. I authorize the applicant to participate in all planned camp activities including out of camp trips under the camp auspices. I acknowledge there are natural hazards associated with camp and outdoor activities. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for prompt medical attention. I hereby release The Beacon Community Center, The City of Beacon, the State of New York, its agents and employees from all claims of liability and for any damages or injuries which may be sustained while my child is at camp. I authorize the physician or nurse selected by the Camp to render whatever treatment he/she may deem necessary in case of an emergency. Accurate and up to date medical forms must be submitted by June 1, 2007. Camp reserves the right to refuse campers without a medical form on file. I also authorize LionSun to have and use photographs, slide, or videotapes of the persons named on this application as may be needed for its records or public relations programs.

Parent/Guardian Signature _____ Date _____