



Streamside 2019 Summer Camp Registration

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Register online at www.streamside.org

Camper's Last Name _____ First _____ Middle _____

Birthdate ____/____/____ Age _____ Gender Male Female Last Year at Streamside _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relation _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Email _____

Church Name (optional) _____

Church Address _____ City _____ State _____ Zip _____

How to register your camper

- Complete this registration form **OR** register online at www.streamside.org
- Pay the required deposit
- Complete *Health History & Parent/Camper Consent*
- Complete *Behavior Contract*
- Complete the *Summer Food Service Program Income Eligibility Application (SFSP)* form if interested in financial aid.
- Pay the remaining balance at least two weeks before the encampment

Helpful Information

- Complete ONE Registration form for EACH child attending Camp
- There is a \$10 late fee if Balance is not paid on time and a \$20 charge for returned checks

Special Discounts

- **Streamside Campership:** A \$50.00 Campership is available to eligible campers who complete the SFSP form. Guidelines are on our website.
- **SFSP Discount:** An additional \$40.00 discount is available to eligible campers who complete the SFSP form.
- **Early Bird*:** To qualify, register and pay in full BEFORE MAY 1ST and receive a \$10.00 credit towards your balance for each encampment.
- **Family Plan*:** To qualify, children must be siblings and reside in the same household. Please send applications together.
 - 1st child = full amount
 - 2nd child = \$15 off
 - Each additional Child = \$35 off
- **Group Discounts:** Call us at (570) 629-1902 or visit our web site at www.streamside.org to find out more about additional Group Discounts.

*Special discounts cannot be applied toward Group discounts or full-ride scholarships, such as the Madeline Moore Grant.

Mark the encampment(s) that you are registering for

Please note that all of our camps are co-ed.

Kids Camp (Ages 7-12) \$60 Deposit per week PLUS:

- June 24 - June 29 1 week **\$265.00 Balance** (\$325 total)
- July 1 - July 6 1 week **\$265.00 Balance** (\$325 total)
- July 8 - July 13 1 week **\$265.00 Balance** (\$325 total)
- July 15 - July 20 1 week **\$265.00 Balance** (\$325 total)
- July 22 - July 27 1 week **\$265.00 Balance** (\$325 total)

Teen Camp (Ages 13-15) \$60 Deposit per week PLUS:

- June 24 - June 29 1 week **\$265.00 Balance** (\$325 total)
- July 1 - July 6 1 week **\$265.00 Balance** (\$325 total)
- July 8 - July 13 1 week **\$265.00 Balance** (\$325 total)
- July 15 - July 20 1 week **\$265.00 Balance** (\$325 total)
- July 22 - July 27 1 week **\$265.00 Balance** (\$325 total)

Alumni Camp (Ages 16+) \$25 Deposit per session PLUS:

- August 31 - Sept 2 weekend **\$95.00 Balance** (\$120 total)

Transportation request

- Streamside Bus from Philadelphia, round-trip cost per week \$50.00

Enclosed is...

\$ _____ **Deposit (non-refundable) - Due NOW**

\$ _____ Balance - *Due at least two weeks before encampment*

\$ _____ **Streamside Philadelphia Bus, \$50.00 - Due NOW**

\$ _____ Spending Money - *Due Anytime* (\$10-20 to be used in camp snack shop as incentive for good behavior)



Health History & Parent/Camper Consent

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Questions? contact: (570) 629-1902 or summercamp@streamside.org

Camper's name _____ DOB ____/____/____
 Parent/Guardian Name _____ Relation _____
 Address _____ City _____ State _____ Zip _____
 Phone: Home (____) _____ Work (____) _____ Cell (____) _____
 Emergency Contact Name _____
 Relationship _____ Phone (____) _____
 Family Physician _____ Phone (____) _____
 Date of last physical exam ____/____/____ Do you carry family medical/hospital insurance? Yes No
 If so, indicate: Carrier _____ Phone (____) _____
 Policy/Group # _____

THIS FORM MUST BE COMPLETED AND SENT AT LEAST TWO (2) WEEKS PRIOR TO THE ENCAMPMENT TO BE CONSIDERED REGISTERED FOR CAMP.

CONFIDENTIAL: We respect your privacy. This form is intended to provide necessary medical information to care for the well being of your child. It is reviewed by the camp nurse and possibly your child's cabin counselor, if appropriate. In the event of an emergency, it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

<p>ALLERGIES AND CONDITIONS Indicate severity of all that apply</p> <p>Mild: no medication required (ex: rash resolves on its own) Moderate: medication may be required (ex: Benadryl for hives) Severe: life threatening (ex: carries a bee sting kit)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">SPECIFY</th> <th style="text-align: center;">MILD</th> <th style="text-align: center;">MODERATE</th> <th style="text-align: center;">SEVERE</th> <th style="text-align: left;">ADDITIONAL COMMENTS:</th> </tr> </thead> <tbody> <tr> <td>Hay Fever</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Ivy Poisoning</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Insect Stings</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Penicillin Medication</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Asthma</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table>	SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:	Hay Fever	_____	_____	_____		Ivy Poisoning	_____	_____	_____		Insect Stings	_____	_____	_____		Penicillin Medication	_____	_____	_____		Asthma	_____	_____	_____		Other	_____	_____	_____		<p>FOOD ALLERGIES AND DIETARY RESTRICTIONS Streamside will accommodate for food allergies and special diets to the best of our ability if information is received at least two (2) weeks prior to encampment. Please list food restrictions or allergies, the severity of the reaction and any medical interventions necessary (epi-pen, Benadryl, etc.):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">RESTRICTIONS/ALLERGY</th> <th style="text-align: left;">REACTION</th> <th style="text-align: left;">INTERVENTION</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>ADDITIONAL COMMENTS: _____</p>	RESTRICTIONS/ALLERGY	REACTION	INTERVENTION	_____	_____	_____	_____	_____	_____
SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:																																									
Hay Fever	_____	_____	_____																																										
Ivy Poisoning	_____	_____	_____																																										
Insect Stings	_____	_____	_____																																										
Penicillin Medication	_____	_____	_____																																										
Asthma	_____	_____	_____																																										
Other	_____	_____	_____																																										
RESTRICTIONS/ALLERGY	REACTION	INTERVENTION																																											
_____	_____	_____																																											
_____	_____	_____																																											
<p>DISEASES AND CONDITIONS (Check all that apply, please give appropriate dates)</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>_____ Frequent Ear Infections</td> <td>_____ Chicken Pox</td> </tr> <tr> <td>_____ Heart Defect/Disease</td> <td>_____ Measles</td> </tr> <tr> <td>_____ Convulsions/Seizures</td> <td>_____ German Measles</td> </tr> <tr> <td>_____ Diabetes</td> <td>_____ Mumps</td> </tr> <tr> <td>_____ Bleeding/Clotting Disorders</td> <td>_____ A.D.D./A.D.H.D.</td> </tr> <tr> <td>_____ Hypertension</td> <td>_____ Bedwetting</td> </tr> <tr> <td>_____ Mononucleosis</td> <td>_____ Sleepwalking</td> </tr> <tr> <td>_____ Hepatitis</td> <td>_____ Other _____</td> </tr> </tbody> </table> <p>ADDITIONAL COMMENTS: _____</p>	_____ Frequent Ear Infections	_____ Chicken Pox	_____ Heart Defect/Disease	_____ Measles	_____ Convulsions/Seizures	_____ German Measles	_____ Diabetes	_____ Mumps	_____ Bleeding/Clotting Disorders	_____ A.D.D./A.D.H.D.	_____ Hypertension	_____ Bedwetting	_____ Mononucleosis	_____ Sleepwalking	_____ Hepatitis	_____ Other _____	<p>MEDICATION All medications must be turned in to the Camp Nurse and must remain in the original pharmacy labeled container that bears the camper's name on it, loose pills will not be accepted. Be sure containers are clearly marked with:</p> <ul style="list-style-type: none"> • the name of the prescribing physician, • the name of the Medication, • the dosage and strength, and • how often the medication is to be taken. <p>Our Camp Nurse will have most over-the-counter medications available. Unused medications will be returned at the end of camp.</p> <p>1. _____ 2. _____ 3. _____</p> <p>ADDITIONAL COMMENTS: _____</p>																												
_____ Frequent Ear Infections	_____ Chicken Pox																																												
_____ Heart Defect/Disease	_____ Measles																																												
_____ Convulsions/Seizures	_____ German Measles																																												
_____ Diabetes	_____ Mumps																																												
_____ Bleeding/Clotting Disorders	_____ A.D.D./A.D.H.D.																																												
_____ Hypertension	_____ Bedwetting																																												
_____ Mononucleosis	_____ Sleepwalking																																												
_____ Hepatitis	_____ Other _____																																												
<p>Tetanus shot - last vaccination date ____/____/____ Operations or serious injuries (dates) _____ Disability, chronic or recurring illness _____ Any specific activities to be encouraged or limited by physician's advice _____</p>																																													

AUTHORIZATION FOR TREATMENT AND CONSENT

IMPORTANT - This release form MUST be signed for attendance

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center and Christian Camp and Conference Association to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date ____/____/____