

Camp Bishopswood
Registration Form 2013

Campers Name _____

Gender _____ Date of Birth _____ Age at camp _____

Mailing Address _____

Town _____ State _____ Zip _____

Phone () _____ - _____ number of years a camper at Bishopswood _____

Parent Email/s _____

Camper lives with ___parent I ___parent II ___both ___other: _____

Parent I Name _____ Work phone () _____ - _____

Parent II Name _____ Work phone () _____ - _____

Denomination _____ Church name _____

Town _____ State _____

Yes or No **Do not mail the summer Camp Packet.** I will download it from the bishopswood.org website. I know there are vital forms that needs to be submitted with payment no later than 4 weeks prior to camp session.(If you circle yes, all correspondence will be via email.)
Please Circle One

I wish to bunk with (**1 request only**) _____. **BOTH** campers must request each other. This request will be possible if they are similar in age, and all of the forms are received in the camp office 4 weeks prior to camp session.

How did you hear about Bishopswood: _____

In signing this form, I certify the following. 1) I have read and understand the policies regarding payment and cancellations. 2) The camper is in normal health and may participate in camp activities. 3) Any photos taken of the camper may be used for promotion by Bishopswood.

Parent's Signature _____

Date: _____

2013 Summer Schedule

Traditional Youth Camp Tuition \$415
Age 8-16

- YC 1: June 30th - July 6th
- YC 2: July 7th - July 13th
- YC 3: July 14th - July 20th
- YC 4: July 21st - July 27th
- YC 5: July 28th - Aug 3rd
- YC 6: Aug 4th - Aug 10th
- YC 7: Aug 11th - Aug 17th

MiniCamp I & II Tuition \$175
Age 6-8

- MC I: June 30th to July 2nd
- MC II: July 4th to July 6th

Counselor In Training CIT Tuition \$1250
Age 16 or Completed 10th grade

- CIT: July 7th to August 10th
- *NEW five week program this year.
- *Must fill out application on web page.

Camp Sessions Requested

Total Number of Sessions _____

Rank sessions in order. (1 being your first choice.)

YC 1 ____ YC 2 ____ YC 3 ____ YC 4 ____

YC 5 ____ YC 6 ____ YC 7 ____

MC I ____ MC II ____

CIT ____

Notes: _____

Payment Schedule

	Registration	May 1 st	4 weeks prior
Youth Camp	\$150 Per session	\$150 Per Session	\$115 Per Session
MiniCamp	\$65 Per session	\$65 Per session	\$45 Per session
CIT	\$450 Per session	\$450 Per session	\$350 Per session

Deposit, Refund, & Cancellation Policies:

A non-refundable deposit is due with the completed registration form, a second non-refundable payment is due by May 1st, and a final payment is due at least four weeks before your camp session begins. If payment is not made in full by four weeks before scheduled arrival at camp, the camper may lose his or her place to someone on the waiting list.

Payment enclosed

\$ _____

If you would like to pay the whole tuition when registering, it would be gratefully appreciated.

Donation

If able, we hope you will add a donation. The actual cost of camp is subsidized and we depend on donations like yours to make up the difference. Thank You.

\$ _____

Total

\$ _____

Or Charge to:

____ Visa ____ MasterCard ____ Discover

Card # _____

Expiration Date _____ CVV# (3 digits back of card) _____

If you pay with a credit card, would you be willing to donate an additional 2.75% to help offset the processing fee, and keep the cost of camp affordable for all kids?

Yes _____ No _____

For Office use Only

RF **HF** **EMF**

CL **PL** **PPU**

If you have any questions or would like scholarship information please call Mike at (207) 772-1953 x127 or email mike@bishopswood.org

Make checks payable to Camp Bishopswood.

Return registration and deposit to:
 Camp Bishopswood
 Diocese of Maine
 143 State Street
 Portland, ME 04101

CAMPER'S LETTER TO THE COUNSELOR AND ACCEPTANCE OF RULES

Be sure to sign the acceptance of rules at the bottom of the page.

Please note: These forms are kept in the camp office and are not seen by anyone other than camp staff. We want you to feel free to give us information that will help us get to know you better!

Camper's Name: _____ My friends call me _____

I am coming to Bishopswood for the first time: Yes No

I have been to other overnight camps: Yes No

I am coming to camp because:

What I look forward to doing most is:

What I don't want to do at camp is:

I am afraid of:

I'd like my counselor to know this about me:

RULES FOR CAMPERS

- Respect others! Treat all campers and Bishopswood staff with respect. Swearing, foul language, or name calling is not acceptable. Talk to a counselor or other staff member if you have a problem or concern while at camp.
- Be safe! All campers must keep their hands to themselves. No rough housing, pillow fights, towel snapping, hitting, punching, kicking, or any activity that may cause harm to others. Sticks and rocks should stay on the ground. We cannot allow any items that could hurt someone such as jackknives or Leatherman tools. Campers may not leave their cabins after lights out unless they have permission from their counselor. Always listen to the directions of your counselor or other Bishopswood staff person.
- Be healthy! No tobacco, drugs, or alcohol are permitted at Bishopswood.
- Shoes must be worn at camp at all times.
- Be smart! Do not bring iPods, electronic games, or other electronic devices. Cell phones will be taken away and returned at the end of the camp session. **Bishopswood is not responsible for lost or stolen items.**
- Just a reminder - Campers are not permitted to call home during their time at Bishopswood.

I have read and discussed with my Parent(s) / Guardian(s) the Camp Rules which are designed for the safety of everyone. I agree to follow the rules. I understand that if I do not follow the rules, the Camp Director may send me home.

Camper Signature: _____

Date: _____

PARENT'S LETTER TO THE COUNSELOR AND ACCEPTANCE OF RULES

Be sure to sign the acceptance of rules at the bottom of the page.

Parents, please note: The purpose of this form is to help us make your child's experience as good as can be. Please feel free to attach additional information about your present family situation or problems your child might be having if you feel it might help the staff at Bishopswood.

Camper's Name: _____ **Age:** _____ **Current Grade:** _____

Names of Parents: _____
Mother Father

Camper Lives With: Mother & Father Mother Father Other: _____

Occupation of Parents: _____
Mother Father

What does your child do when upset? Helpful hints for the staff?

Does your child have significant or unusual fears?

Is he/she allergic to any foods?

Is he/she allergic to other (insects, hay fever, animal dander)?

Things which we feel deserve special attention. Please include information the counselors should know about your child's health, medical, and emotional concerns:

I have read and discussed the Camp Rules (on the reverse side) with my child. These rules are designed for the safety of everyone. My child agrees to abide by the rules. If my child does not abide by the rules, the Camp Director may require us to remove her/him from camp.

Parent/Guardian Signature: _____ **Date:** ____/____/____

CAMPER PICK-UP FORM

Please list parents/guardians as well as anyone who may be picking your camper up.

The authorized pick-up person will be required to sign the back of this form and may be asked for identification.

Camper Name: _____

I authorize any of the persons and individuals listed below and/or those listed as emergency contacts on the Health Form to pick up my child.

Parent/Guardian Signature: _____

Parent/Guardian who may pick up camper: _____

Other people who may pick up my child:

- 1)
- 2)
- 3)
- 4)
- 5)

SPECIAL NOTE:

The following person is **never** authorized to pick up my child:

Name: _____

*Please attach copies of any court papers or documents related to custody rights of parents/guardians.