



2010 SUMMER REGISTRATION

Please CHECK ONE session:

Session #	Overnight	Day
#1 June 14-18 (No Bus)	N/A	—
#2 June 20-25 (No Bus)	—	—
#3 June 27-July 2	—	—
#4 July 4-July 9	—	—
#5 July 11-16	—	—
#6 July 18-23	—	—
#7 July 25-30	—	—
#8 Aug 1-6	—	—

FEE: Day Camp (Age 6-13) \$130
Resident Camp (Age 8-14) \$300

BUS FEE: \$30 per camper (Chicago only)

DEPOSIT: \$30 NON-REFUNDABLE deposit MUST be sent in with the registration form. Credit cards are accepted. Campers whose registration forms are not completed or without deposit may be unable to attend camp.

USDA FORM: The FAMILY APPLICATION FOR FREE SUMMER MEALS form MUST be completed and returned by each family.

FINANCIAL ASSISTANCE: Scholarship assistance must be requested. The USDA form is used in determining scholarship eligibility. Illinois residents, who receive public aid, may qualify for TITLE XX state assistance for camp. **MUST HAVE COPY OF MEDICAL CARD WITH REGISTRATION FORM.**

Please send
REGISTRATION FORM AND DEPOSIT

to:
Camp Beechpoint Registrar
3212 -125th Avenue
Allegan, MI 49010
1-800-991-CAMP
www.beechpoint.com



***DAY CAMPS** are Monday - Friday, 8:30am - 4:15pm
***RESIDENT CAMPS** are Sunday 6pm — Friday 5:15pm

Camper's Name _____
Parent's/Guardian's Name _____
Address _____
City _____ State _____ Zip _____
Phone (H) _____
(W) _____ (cell) _____
Circle one: Male / Female
Birth date ____/____/____ Age _____

IMPORTANT! The following person(s) or organization has my permission to pick up the camper named, following their camp stay:

OFFICE USE ONLY	Bus	_____
	TITLE XX (Illinois only)	_____
	Snacks -	_____
	T-Shirt - \$10	_____
	Deposit (Min \$30)	_____
	Date received	_____
	Check #	_____
	Credit Card #	_____
Balance Due	_____	

BEECHPOINT HEALTH FORM

Mother's name: _____
Phone: _____
Father's name: _____
Phone: _____
Emergency contact: _____
Phone: _____

Allergies: _____
Current infectious diseases: _____
Emotional or behavioral problems: _____
Disabilities: _____
Special health considerations: _____
Past Medical Treatment: _____

Immunizations: Diphtheria, Measles, Polio, Rubella, Whooping Cough, Small Pox are current: ____ Yes ____ No
Tetanus Booster date: _____

DIFFICULTIES

_____ Headaches	_____ Diabetes
_____ Nosebleeds	_____ Heart trouble
_____ Asthma/hay fever	_____ Kidney
_____ Frequent colds/sore throat	_____ Bed wetting
_____ Skin rashes (specify)	_____ Bowel habits
_____ Menstrual difficulties	

Explanations: _____

MEDICATIONS: (MUST be in original container)

Medication	Dosage	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE CO. _____
Case # / Policy / Group # _____

This health history is correct, to the best of my knowledge, and the person herein has my permission to engage in all camp activities, including off-site trips, except as noted by our attending physician and myself. I give my permission to the physician selected by the Director of Camp Beechpoint to hospitalize, secure proper treatment for injections, anesthesia, or surgery for the child named above. Parents will be notified upon such need. I also give permission to the Beechpoint Health Officer to give routine, non-surgical treatment and do a lice check upon arrival at camp or bus stop. Camp staff may inspect/search luggage for items that are illegal or inappropriate for camp. I give my permission to Camp Beechpoint to use quotes & images taken of my child while at camp. Such representations will only be used to promote the ministry & programs of Beechpoint.

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

S T O P

EVERY CAMPER ...

must have the Summer Food Service Program Application completed and returned with the registration form. Our organization, in an effort to keep camper fees low and more effectively use our scholarship money, serves free meals as part of the federally funded program. In order to receive these federal funds, we must document the number of children eligible for this program. Thank you for taking an extra minute to carefully **COMPLETE** and **SIGN** this form. Our organization will **NOT** use the information on this application for **ANY** other purpose.

The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability.

SUMMER FOOD APPLICATION INSTRUCTIONS

FOOD STAMP/TANF/FPDIR HOUSEHOLDS

Complete **PARTS 3, 5, & 7**. Write the children's names, the Food Stamp, FIP, or FDIR case numbers for those children. **SIGNATURE AND SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER COMPLETING THE APPLICATION IS REQUIRED.**

FOSTER CHILD

One form for EACH foster child. Complete **PARTS 1, 3, 5, 6, & 7**. Write the foster child's name, his/her personal income. **SIGNATURE AND SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER COMPLETING THE APPLICATION IS REQUIRED.**

ALL OTHER HOUSEHOLDS

Complete **PARTS 3, 4, 5, & 7**. The application must have the children's names and the names of ALL household members. List the amount of income each person received last month with the source of each person's income. **SIGNATURE AND SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER COMPLETING THE APPLICATION IS REQUIRED.**

<u>Household income</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Twice per month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Add for each additional person	+6,919	+577	+289	+267	+134

REQUEST FOR SCHOLARSHIP

It is Camp Beechpoint's desire that every child have the opportunity to attend camp. Beechpoint scholarships are normally for **no more than half of the camp cost**. Please pursue these options and complete the following questions.

Incomplete forms will not be eligible.

Cost of camp (circle one) \$130 day camp / \$300 resident camp

My family will provide _____

My church will provide _____

Social agencies/State will provide _____

Assistance requested from Camp Beechpoint:

(Cost minus family/church/state) _____

Reason financial assistance is needed: _____

My child/family will write a letter of thanks to the donor who sponsors them. YES NO

PARENT/GUARDIAN SIGNATURE _____