

office use only
Date Received _____
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CAMP KUM-BA-YAH

Summer Camp Application 2010



4415 Boonsboro Road
Lynchburg, VA 24503
434-384-1755
CampKBY@verizon.net

OPEN ADMISSION POLICY

We consider applicants without regard to race, color, religion, gender, national origin, non-camp related medical condition or handicap.

PERSONAL DATA

Child's Name _____ Preferred Name _____
Last First Middle

Email _____ Telephone (home) _____ (cell) _____

Address _____
Street City State Zip

Age while attending camp _____ Date of Birth _____ Age _____ [] Female [] Male

[] New Camper [] Returning Camper If returning camper, last year attended _____

SCHOOL

School attended _____ Grade completed by June 2010 _____

PARENT/GUARDIAN

Parent / Guardian's Name _____

Address _____ Phone _____

Business Name _____ Phone _____

Business Address _____

Parent / Guardian's Name _____

Address _____ Phone _____

Business Name _____ Phone _____

Business Address _____

PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD

Is the person(s) or agency named above the person(s) or agency having legal custody of the camper? Yes [] No []

Name of person(s) or agency having legal custody _____

Home address _____

Business Name and Address _____

Home Phone _____ Business Phone _____

PHOTO RELEASE

Camp Kum-Ba-Yah hereby requests permission to use photographs, slides and/or video footage of the person identified on this form for the single purpose of program promotion. By signing this form, the parent or legal guardian releases Camp Kum-Ba-Yah from all legal claims and/or fees while using the photographs, slides and/or video footage for promoting its program.

[] No _____ [] Yes _____
Initial Initial

EMERGENCY CONTACTS

The Commonwealth of Virginia Department of Social Services requires two emergency contacts other than the parent or guardian in case they cannot be reached.

• Name _____
Relationship _____ Home Phone _____
Home Address _____
Business Name & Address _____ Cell Phone _____

• Name _____
Relationship _____ Home Phone _____
Home Address _____
Business Name & Address _____ Cell Phone _____

PERSON(S) AUTHORIZED TO TRANSPORT CHILD

Person(s) authorized to transport child _____
(Emergency contacts are considered person(s) automatically authorized to transport child. We must receive a note from you prior to the child being transported by someone other than those listed above.)

Person(s) **NOT** authorized to visit or pick up child _____
(Appropriate paperwork such as court order or signed custody agreement must be attached if a parent is not allowed to transport the child.)

CAMP HOURS Monday through Friday 9:00a.m. – 3:30p.m.

PROGRAM AND SESSION DESIRED

<input type="checkbox"/> Session 1	Monday, June 21 - Friday, June 25	1 week session	Fee \$225
<input type="checkbox"/> Session 2	Monday, June 28 - Friday, July 9	2 week session	Fee \$325
<input type="checkbox"/> Session 3	Monday, July 12 - Friday, July 16	1 week session	Fee \$225
<input type="checkbox"/> Session 4	Monday, July 19 - Friday, July 30	2 week session	Fee \$325
<input type="checkbox"/> Session 5	Monday, August 2 - Friday August 6	1 week session	Fee \$225
<input type="checkbox"/> Counselor-in-Training	Monday, June 21 - Friday, August 6	7 week program	Fee \$400

(Ages 14 – 15)

CAMP CARE OPTION

Camp Care hours are 8:00 - 9:00 a.m. and 3:30 - 5:30 p.m. daily. Cost: 1 week \$40 2 weeks \$75

*Note: Sorry, no scholarship assistance or transportation is available for Camp Care.

Yes, I'll take advantage of the Camp Care option.

PAYMENT POLICY

A deposit of \$95 per session per camper is needed to ensure your child's placement in the session you choose. Upon receipt of this completed application form, identification, immunization & physical records, and deposit, a Statement of Acceptance will be sent to the parent or guardian. The **balance of fees due is required one week before the camp session or according to advance arrangements.** If payment arrangements need to be made, please call 434-384-1755.

REFUND AND CANCELLATION POLICY

The \$95.00 deposit and all payments are refundable through June 1. **After June 1, the deposit is non-refundable**, although the balance of the fees paid is refundable if requested at least two weeks before the beginning of the session for which the camper has registered. There will be no refunds made for a camper leaving during the session for which he/she has registered, except with the written verification of a physician. If necessary, due to insufficient registration, any program may be canceled one week in advance with full refund to those registered.

DISCOUNTS

- More than 1 Child Discount: if 2 or more children in the same family are attending during the same session, you will receive a \$15 discount for the second and each additional child. This discount does not apply to the Camp Care option.
- Prepaying Discount: if you pay in full before February 28, 2010, you will receive a \$25 per camper discount on the camp fee.

CAMPERSHIP ASSISTANCE

Limited financial assistance is available for qualified campers to help with a portion of their tuition costs. However, each family requesting assistance must submit a \$10 Participation Fee per Camper Application in order to hold a spot in the session requested. Check the box below if you would like to receive the Campership Assistance Application Form
[] Yes, campership assistance is needed. The form must be filled out & returned before a payment schedule can be set up.

TRANSPORTATION INFORMATION

Camp Kum-Ba-Yah offers a limited number of seats on our vans for campers who have no other means to get to camp. Seats are offered on a first come first served bases.

[] I have no other means of transportation. I give my permission for Camp Kum-Ba-Yah to transport my child in its vehicles or that of a volunteer driver.

Signed: _____ When needed AM [] PM [] Both []

HEALTH INFORMATION

Please note, a copy of your child's immunization records and physical examination must be enclosed with the application as required by the Commonwealth of Virginia. Do we already have these? Check one: [] Yes [] No

Name of child's physician _____ Phone _____

Name of child's dentist _____ Phone _____

Date of last tetnus shot _____ Is your child covered by medical insurance? [] Yes [] No

Please list any allergies or intolerance to food, medication, etc. (eg. penicillin, bee stings, peanuts, dairy, etc.) _____

If an allergic reaction occurs, please list the steps necessary to relieve the reaction _____

Name of child's allergist _____ Phone _____

Does your child currently receive services at school for any physical, emotional or behavioral needs? [] Yes [] No

Is your child currently taking any medication? [] Yes [] No

If the child requires medication during camp hours, please inquire about an authorization form that needs to be completed. Written permission, including any known adverse reactions, is also required if insect repellent or sunscreen is to be applied while at camp. These products must be in their original containers with the child's name written on them and taken directly to the director/office staff.

	No	Yes	(If Yes, please explain)
Specific activities encouraged by physician			
Activities limited by physician			
Emotional or behavioral conditions which might affect camp experience			
Previous hospitalization (dates and reasons)			
Current or previous psychiatric counseling			
Operations or serious injuries (dates and injury)			
Disabilities or chronic or recurring illness			
Dietary modifications			
Other important health considerations			

LOW INCOME ELIGIBILITY

Camp Kum-Ba-Yah receives grants designed to benefit our campers from low income families who receive scholarship assistance. In order to claim those grants we must show proof of each child's eligibility. Please help us do so by marking the statement which matches your family's situation. This information will be kept confidential.

- Yes, my family lives in Section 8 Assisted Housing or a Public Housing Complex.
- Yes, my family meets the requirements for Low Income families although we do not live in Section 8 Assisted Housing or a Public Housing Complex. Please send me the Income Eligibility Form which I will complete and return to you.
- No, my family does not qualify for Section 8 Assisted Housing or a Public Housing Complex.

*****NOTE: THE APPLICATION, ALL REQUIRED DOCUMENTS, AND PAYMENT(S) MUST BE RECEIVED BEFORE YOUR CHILD CAN ATTEND CAMP!*****

EMERGENCY AUTHORIZATION

I, as parent or guardian of a camper, give permission to the medical or dental personnel selected by the Camp Director to order x-rays, routine tests and treatment for the camper. In the event I cannot be secured in an emergency, I hereby give permission to the physician or dentist selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper. In the event of a serious allergic reaction or condition requiring immediate attention on site, I authorize the Camp Director or personnel selected by the Camp Director to give the appropriate medication which can include but not be limited to, epi pen or benadryl. I further acknowledge I will be responsible for the payment of all charges related to the medical or dental services for the camper beyond the limits of the Camp's accident and/or liability insurance policy. This form may be photocopied for use out of Camp.

If my child becomes ill during camping hours, I agree to pick up my child as soon as possible. Otherwise, the above "Emergency Authorization" applies.

I further agree to report to Camp Kum-Ba-Yah within 24 hours if any member of the camper's immediate household has developed any communicable disease as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signature of Parent or Guardian _____ Date _____

As a child care center licensed by the State of Virginia, we are required to obtain the following information:

- Unless it is on file, **proof of your child's identity, which may include the original or certified copy of the birth certificate issued by the State, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child-placement agency, the original record or report card from a public school in Virginia, or certification by a principal or his/her designee of a public school in the U.S. that the original or a certified copy of the child's birth record was presented. These documents need to be presented to the Camp Office in their original form. Photocopies are NOT acceptable.**

You may mail one of the above documents with your completed application form or bring to the Camp Office in person.

Check here if you need any of the above documents to be returned to you.

- List below **ALL** child day care programs and schools your child has attended, including their location (city and state).

School or Day Care:

Location:

PARENT OR GUARDIAN AGREEMENT & AUTHORIZATION

I, as parent or guardian of a camper, understand Camp Kum-Ba-Yah takes reasonable precautions to insure the program and activities at Camp Kum-Ba-Yah are conducted by qualified personnel in a safe and responsible manner. However, I further understand these activities involve certain risks which include, but are not limited to, ropes course, water sports, food preparation over a campfire, and hiking. I, the undersigned, parent or guardian of a camper, individually and on behalf of the camper, recognize these risks and agree to assume these risks by attending or allowing the camper to attend Camp Kum-Ba-Yah and participate in these programs.

I, as parent or guardian, individually and on behalf of the camper, hereby release, discharge, and agree to save-harmless and indemnify Camp Kum-Ba-Yah, its Director, Program Directors, Members of the Board, staff and volunteers from all liability for damage, injury, illness, or death to the camper or his/her property relating to or deriving from his/her presence at Camp Kum-Ba-Yah or participation in or travel to or from Camp Kum-Ba-Yah activities.

I have read and understand the contents of this application, including the Emergency Authorization, the Refund and Cancellation Policy, the Payment Policy, and the Parent Agreement.

Signature of Parent or Guardian _____

Date _____