



Summer's Best Two Weeks

Penfield Day Camp

July 26th - August 6th 2010

Full Day Camper 8:50 A.M. - 4:45 P.M. * Half Day Camper 8:50 A.M. - 12:30 P.M.

Camper Information

Name of Camper: _____
Nickname: _____ Gender: _____ Age at time of camp: _____
Present Grade: _____ Birthday: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ E-mail Address: _____

SB2W Team: (circle) Roman Galatian Unknown New Camper

Squad mate preference: _____

(We will try to comply with requests-no guarantees!)

Siblings attending camp /name and grade: _____

Family Information

Does the camper live with both parents? _____ If no, whom? _____

Are there any family concerns we should be aware of? _____

Is your family part of a church? ____ If yes, what church? _____

Are you interested in finding out more about the ministries at Rochester Christian Reformed Church? _____

Emergency & Medical Information

Parent or Guardian Emergency Contact Phone Numbers- during camp days:

Please Specify (mom/dad, cell/work etc.): _____ (____) _____ - _____

Please Specify (mom/dad, cell/work etc.): _____ (____) _____ - _____

Alternate Emergency Contact Name(s) and Relationship to Camper: _____

Phone (specify): _____ (____) _____ - _____

Phone (specify): _____ (____) _____ - _____

Do you have any physical, psychological or social concerns for your child that we should be aware of?

Does your child take regular medication? _____ If yes, what medication(s)? _____

Physician Name: _____ Phone: (____) _____ - _____ Is the camper

covered by health insurance? _____ If yes, Insurance Company: _____

Policy Number: _____ (more on back)

Vaccinations

Give date vaccination was received or attach a copy from school records.

Diphtheria _____ Whooping Cough _____ Measles _____ Tetanus _____ HIB _____

Mumps _____ Rubella _____ Poliomyelitis _____ Chicken Pox _____ Hep.B _____

Waiver and Medical Release

I approve the application above and conditions listed below. I have written any necessary pertinent information concerning our family and our camper. I release Rochester Christian Reformed Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities.

I give my permission for this camper to be given first aid in case of any emergency while he/she is at camp. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment for and to order injection or surgery for my child. (The Director will attempt to phone your child's physician first.)

Signature of Parent or Guardian _____ Date _____

Photography Release

I give permission for my child to be photographed while at camp and for those photos to be used promotionally for SBTW including appearing on our website.

Signature of Parent or Guardian _____ Date _____

Child Pick Up

A new policy this year, only those persons listed below will be allowed to pick up your child from camp. ID may be required. I give these individuals permission to pick up my child from SB2W: (please list all including yourself)

Signature of Parent or Guardian _____ Date _____

<p>Camp Board of Directors RCRC Youth Chair: Johannes Le Roux Planning Director: Ann Michele Bouwmeester Treasurer: Jan Huussen Administrator: Denise Dettman Camp Director: Dianka LeRoux Phone: (585-415-2695) Assistant Director: Nate Brown</p>	<p>Camper Fee Details: \$225 Full Day entering 2nd grade – entering 9th grade \$160 Half Day entering Kindergarten to entering 1st grade If Camp fee is paid in full May 15th; \$10 off camp fee! - Checks made payable to SBTW at RCRC - Please send a min. deposit of \$25 with your application. - If Camper Fee not paid by July 1st, a \$5 administration fee will apply</p>
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Please submit this application to:
 Summers Best Two Weeks
 Rochester Christian Reformed Church
 2750 Atlantic Avenue
 Penfield, NY 14526

If you have any questions please
 E-mail: RCRC.SBTW@gmail.com
 Phone: (585-381-7861) Ask for Denise or Nate.

Disclosure: SBTW is licensed by Monroe County Health Department. The camp is inspected twice per year. Records of inspection are on file at the Monroe County health Department, 111 West Fall Road Rochester, NY 14692