



2011 SUMMER REGISTRATION

Please **CHECK ONE** session:

	Overnight Camp	Day Camp
	\$300	\$130
#1 June 13-17 (DAY CAMP ONLY)	N/A	—
#2 June 19-24 (No Bus)	—	—
#3 June 26-July 1	—	—
#4 July 3-July 8	—	—
#5 July 10-15	—	—
#6 July 17-22	—	—
#7 July 24-29	—	—
#8 July 31-Aug 5	—	—

- **DEPOSIT: \$50 NON-REFUNDABLE** deposit **MUST** be sent in with the registration form. Registration forms received incomplete or without the deposit will be returned.
- **USDA FORM: The FAMILY APPLICATION FOR SUMMER MEALS** form **MUST** be completed and returned by each family.
- **FINANCIAL ASSISTANCE:** Requests for financial assistance must be received 2 weeks before the camp session. The amount of scholarship awarded is based on USDA federal income guidelines.
- **BALANCE MUST BE PAID IN FULL** by the first day of camp. If paying by credit card please call the office to provide the necessary information.

DAY CAMPS (ages 6-13) are Monday - Friday, 8:30am—4:15pm
OVERNIGHT CAMPS (ages 8-14) are Sunday 6pm—Friday 5:pm

Camper's Name _____
 Parent's/Guardian's Name _____
 Address _____
 City _____ State _____ Zip _____
 Email address _____
 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:

Session Cost	_____
Bus Fee (\$30 round trip)	+ _____
Snack/Missions (optional)	+ _____
T-Shirt (\$10—optional)	+ _____
Total Due	_____
Deposit (min. \$50) -	_____
Balance Due	_____

****Call office to inquire about financial assistance**

Please send
REGISTRATION FORM AND DEPOSIT
 to:

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

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 CONTAINERS)

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. I give my permission for Camp staff to 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.

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

LOOK

EVERY CAMPER ...

Must have the Summer Food Service Program Application completed and returned with the registration form. 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.*

USDA FEDERAL INCOME GUIDELINES

<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

FINANCIAL ASSISTANCE

Financial assistance is available for those who qualify. Scholarships are based on household income. Requests for funds **MUST** be received two (2) weeks in advance.

Please call the office to apply at 1-800-991-2267.