

CAMP BISHOPSWOOD 2009

— Summer Camp Made Simple —

REGISTRATION APPLICATION FORM

One child per form, please. Photo copies (both sides) of this form on the same paper size are fine.
Or, call 207-772-1953 x 27 for additional forms. Please print clearly. Thanks.

<u>Office use only</u>	
DR	_____
DA	_____
WK#	_____
NTS	_____

Name _____ Sex _____ Grade completed by summer _____

Address _____ Age June 1st _____
Street Town State Zip

Camper's first year at Bishopswood? Yes ___ No ___ Camper's Date of Birth _____

Parent or Guardian _____

Contact Information: (Please attach additional telephone information as necessary.)

Home Phone (_____) _____ Bus. (_____) _____ (M) Cell (_____) _____ (M)
Phone (_____) _____ Phone (_____) _____ (F) Alt. (_____) _____ (F)

Home e-mail _____ Alt. email _____

Camper's email * _____ * will not be shared with mass messaging

Alternate contact for Summer Emergency:

Name _____ Relation to Camper _____

Home Phone (_____) _____ Business Phone (_____) _____ Cell Phone (_____) _____

Home e-mail _____ Alt. e-mail _____

Camper's Church Preference _____ If Episcopal, which Parish _____
Name Town State

2009 Summer Schedule	
All sessions begin Sunday afternoon and end Saturday morning. Staff Training: June 20-June 27	
Camper Sessions:	
# 1* June 28 to July 4	# 4 July 19 to July 25
# 2 July 5 to July 11	# 5 July 26 to Aug. 1
# 3 July 12 to July 18	# 6 Aug. 2 to Aug. 8
# 7 Aug. 9 to Aug. 15	
(Tuition: \$395/session) (*Special: Week #1 \$375)	
Counselor-In-Training: Sessions #2 #5 (CIT Tuition \$1150)	

CAMP SESSIONS REQUESTED

1st choice _____
Session #'s Starting date

2nd choice _____
Session #'s Starting date

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The following questions are necessary to identify appropriate care for your child if he or she is accepted to camp.

Camper's Present School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Does your child attend a Resource Classroom? \_\_\_\_\_ How often do they attend? \_\_\_\_\_

Other notes about schooling that may be helpful to the camp staff:

Is your child undergoing any counseling? If so, please describe the reason and the progress your child has made.

Is your child taking any medication (during the school year) that alters his or her behavior? If so, please describe his/her behavior with and without medication.

Is the child prone to sleep walking? \_\_\_\_\_ Bed-wetting? \_\_\_\_\_  
*We are accustomed to both, and would appreciate your suggestions on how to best help your child.*

Our goal is to provide a complete camping experience for all our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disability or impairments. We use this information to establish appropriate staffing levels and to insure accommodations are available. Please note in the space below any impairments or disabilities.

Please list persons with whom the camper may leave camp other than yourself and the Bishopswood staff.

**Deposits, Refund and Cancellation Policies:** Tuition is \$395/week/camper.\* A non-refundable deposit of \$145 is due with the completed registration form, the second non-refundable payment of \$125 is due by June 1, and final payment of \$125 is due at least two weeks before camp session begins. If an alternate payment plan is necessary, please contact the Director. If payment is not made in full by two weeks before scheduled arrival at camp, space may be lost to someone on the waiting list. Emergencies may be discussed with the director. (\* Week #1 Special Rate = \$375)



Contribution to the Bishopswood Scholarships Fund \$ \_\_\_\_\_  
Camper Deposit (\$145 X # of Weeks)\* \$ \_\_\_\_\_  
Total Enclosed \$ \_\_\_\_\_

\*will be returned if registration cannot be confirmed.

Notes regarding payment:

Checks Payable to:  
**CAMP BISHOPSWOOD**

Return registration and deposit to:

**CAMP BISHOPSWOOD**  
Diocese of Maine  
143 State Street  
Portland ME 04101-3799

In signing this form, I certify the following. 1) I have read and understand the policies regarding payment and cancelltions. 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date