



Camp Dates: June 22, 2020 to August 14, 2020

- ✓ **NO Personal Checks**
- ✓ **Registration fees are non-refundable**
- ✓ **Following our monthly payment schedule is recommended**

Please follow these easy steps to ensure complete registration.

STEP 1: Print and complete an application form for **each child** that you are registering.

STEP 2: It is necessary that you Fill out **all** forms. Incomplete forms will deem your registration incomplete.

STEP 3: Scan and email your application to campbethel@betheldeliverance.org; and provide your payment by calling 215-885-2585.

- **Applications are not valid without required payments**
- **Payments will not be received without a completed application**

STEP 4: Pay your \$300.00 non-refundable registration fee/payments by cash or a valid credit card. We will not accept checks for payment.

Once we have received your completed application and all required payments YOU HAVE SUCCESSFULLY REGISTERED your child/children for Camp Bethel 2020!

On Behalf of the Camp Bethel Staff Welcome to Camp Bethel 2020!

Pastor Wayne Diggs
Pastor Wayne Diggs



Tuition Cost

\$1500.00

- ✓ **NO Personal Checks**
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Registration Fee	\$ 300.00	<i>(Registration fee is non-refundable)</i>
Remaining Tuition	\$1,200.00	
AM or PM Care	\$ 100.00	
AM & PM Care	\$ 200.00	

Monthly Payment Schedule Dates:

February 17 th	\$ 300.00	<i>(Non-Refundable Registration Fee)</i>
March 20 th	\$ 300.00	Tuition, (AM and/ or PM Care additional cost)
April 24 th	\$ 300.00	Tuition, (AM and/ or PM Care additional cost)
May 22 nd	\$ 300.00	Tuition, (AM and/ or PM Care additional cost)
June 12 th	\$ 300.00	Tuition, (AM and/ or PM Care additional cost)



Enrollment/Tuition Terms

- This is an inclusive eight (8) week camp package.
- Registration is on a first come, first served basis. The \$300 registration fee per child is nonrefundable.
- 50% of Tuition is non-refundable after April 24, 2020.
- No refunds or reductions in camp tuition will be made for days missed due to holidays, absence, illness, vacation, withdrawals (including expulsions), or summer school.
- Signed medical authorization forms will be required for all campers at registration.
- Parent/Guardian authorizations must be completed at registration for camp to transport your child or children to and from off-site activities and trips.
- Camp Bethel reserves the Right & Discretion to change any Excursion or Activity when or if necessary to do so.
- I have received and agree to the terms of the payment plan for Camp Bethel 2020 Tuition.
- I have read and I agree with the above terms.

Signature and Date

Camper's Name

(Please print)

This page must be signed at time of Registration.



CAMP BETHEL
2901 W. Cheltenham Avenue
Wyncote, PA 19095
Bishop Eric A. Lambert, Jr., Pastor
(215) 885-2585

(PLEASE PRINT)

Camper's Full Name _____
Last First M.I.

Camper's Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Gender: Male _____ or Female _____ Date of Birth _____

Last grade completed _____ Age as of June 22, 2020: _____

Name _____
Parent/Guardian

Address if different from above _____

Telephone Number (Home) _____ (Work) _____ (Cell) _____

Work Address _____

Emergency contact:

Name _____ Relationship _____

Address _____

Telephone Number _____

Please list existing medical conditions, limitations or restrictions for activities

Does your child take any type of medication(s)? Yes _____ No _____

If yes, please list name and purpose of medication(s):

Extended care required Yes ___ No ___ If needed: ___ Morning ___ Afternoon

For Office Use

Approved by _____ Date _____

Bethel Deliverance International Church



Camp Bethel Activity Permission Slip

I _____ give my
(Parents Name)

daughter/son, _____
(Child's Name)

Permission to participate in the Bethel Deliverance International Church “Generation of Disciples” Camp Bethel 2020, youth activities, events, and outings June 22, 2020 – August 14, 2020. I understand that my child(ren) are expected to participate in and attend all activities, events, and outings.

I the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my child participating in said event, agree to indemnify and hold harmless and release, remise and forever discharge Bethel Deliverance International Church, (“BDIC”) its affiliates, its employees and volunteers, its officers and directors, and agents individually and collectively from any and all liability, claims, causes of action or obligations, lawsuit, cost, expense, or claim of any type whatsoever (including attorney’s fees) for any harm, injury or death arising from or that may result from my child’s participation in the above-named event or in traveling to and from the event.

I understand that this activity/event will be supervised by competent adults and every reasonable effort will be made to ensure the safety of my child. I further understand that participants will be responsible in conduct to the bus driver, staff members and chaperons, and if applicable, adult sponsors, at all times. I understand that my child(ren) participation in these activities is voluntary.

EMERGENCY MEDICAL AUTHORIZATION TO TREAT A MINOR

In the event of an emergency, I give my permission to call 911 and/or contact and transport my child to a medical facility or physician selected by BDIC staff for emergency medical treatment for which I will be financially responsible. I will not hold liable BDIC or its directors, agents, or professional staff for medical aid rendered and will reimburse BDIC or its directors, agents, or professional staff any medical or other expenses incurred in the care of my child. I wish to be advised as soon as humanly possibly of any such event and prior to any further non-emergency treatment by the hospital or physician. I have on file with BDIC a current emergency contact form.

I certify and acknowledge that I have had the opportunity to carefully consider my child’s participation in activities sponsored by Camp Bethel and have an understanding of this agreement and any risks and hazards associated with the sponsored events. I further understand that I have the opportunity to fully discuss this agreement with a BDIC representative to clarify any concerns or questions I may have. My signature below is made freely and voluntarily and authorizes my child’s participation in this event.

Date

Signature

Printed Name



Confidential Emergency Contact Information

Parent(s) Name: _____

Address: _____

Telephone: _____

Cellular Telephone: _____

Child's Name: _____

Child's Age: _____

Name of Health Care Provider: _____

Name of Doctor: _____

Policy Number: _____

Does your child have any existing medical conditions/or limitations or restrictions? _____

If Yes, Please Describe: _____

Is Your Child Taking Any Medication? Yes _____ No _____

If Yes, Please list name and purpose of medications(s):

Other Emergency Contact: _____

Address: _____

Telephone: _____ Cellular Telephone: _____

Relationship to Child: _____



Please check all that applies to your Child

- We understand that our child's doctor must provide written authorization before any medications can be dispensed. All medication must be in the original container with the child's name marked on it.
- We agree to share IEP/IFSP information with Bethel Camp Administration.
- We understand that in order for my child to attend and stay in Camp Bethel, their immunization shots must be up to date. I will contact the facility immediately if my child contracts any communicable disease.
- We understand that our child must wear the official camp T-shirt on Wednesdays, Fridays and any other off campus outing.
- We understand that our child must be at Camp by 8:30 am in order to be served breakfast.
- We understand that a child may be dismissed from Camp Bethel at the Administration's discretion.

Please review and sign below before submitting application

Date

Signature

Printed Name

Bethel Deliverance International Church



Camp Bethel Drop-off and Pick-up Procedures & Parental Consent for Child Release

1. All drop-offs/pick-ups will be at the Bethel Deliverance International Church, Main Sanctuary, 2929 W. Cheltenham Avenue.
2. Drop-off time will be from 7:00 a.m. – 8:30 a.m. (7:00 a.m. – 8:00 a.m. for those with extended AM Care). No camper may be dropped off before 7:00 a.m. All campers must be accompanied by an AUTHORIZED person to and from camp. Your child’s well-being is very important to us; therefore Camp Bethel will not be responsible for campers accompanied by someone not authorized on this form. The parent/guardian will list up to 3 people (including themselves) as “authorized” to pick-up and drop-off their child(ren) (if necessary this may be edited by the parent in person on any camp day).
3. Parents must come inside to drop-off and pick up children before and after camp. After 8:30 a.m. it is the parent’s responsibility to park and walk the child(ren) into Camp Bethel.
4. A PHOTO ID may be required every time for any “authorized” person at all pick-up times. Pick-up time will be from 4:30 – 6:00 p.m. daily. All campers will be “signed-out” only to an “authorized” person.
5. If at any time should someone other than those on this form attempt to pick-up your child(ren) from camp, a telephone call will be made to you to confirm verbal authorization for the release of the child(ren) to that person’s custody. If you cannot be reached, the child(ren) will not be permitted to leave with the person under any circumstances.
6. All students must be picked up by an authorized person at the end of each day. Any child picked up late will be brought to the Main Sanctuary at 2929 W. Cheltenham Avenue for pick up by an authorized adult. If the adult responsible for picking up the Camper is late more than one time, a late fee of \$10 for every 10 minutes or (\$1.00 per minute) will be charged for parents picking campers up after designated pick-up time. This fee must be paid no later than the following day of camp.
7. Parents should submit a WRITTEN NOTICE to Camp Bethel if a child(ren) is leaving camp early. The date, time of pick-up, and name of the person picking the child up must be stated. PHOTO ID is always REQUIRED for early pick-up.



Parental Consent for Child Release

I give the following people permission to drop off and pick up my child(ren) at Camp Bethel (*Please note your child will only be released to the adults you list below*)

1) Drop Off/Pick Up Name (please print clearly): _____

Drop Off/Pick-Up Phone Number (please print clearly): _____

Relationship: _____

2) Drop Off/Pick Up Name (please print clearly): _____

Drop Off/Pick-Up Phone Number (please print clearly): _____

Relationship: _____

3) Drop Off/Pick Up Name (please print clearly): _____

Drop Off/Pick-Up Phone Number (please print clearly): _____

Relationship: _____

NOTE: We will not release your child to anyone who is not listed unless we have your written permission. This includes older siblings. If you would like your older child to pick up his/her younger sibling, please indicate this on this form.

Teens Only

I _____

(Parents Name)

grant my teenage daughter/son, _____

(Name)

permission to sign herself/himself in and out of Camp Bethel at appropriate times as determined by Camp Bethel Staff. I understand the risk associated with my decision and assume full responsibility for any and all liability resulting from my decision including but not limited to, personal injury and/or death.

I have read and understand the Camp Bethel Drop-Off and Pick-up Procedures & Parental Consent for Child Release. I, my heirs and/or assigns agree to release, indemnify, and hold harmless BDIC, its agents, officers, and employees from any and all losses, liabilities, claims, and expenses that may occur as a result of my child(ren) release to the persons designated on this form or by me or in writing and/or verbally. I further understand that, my consent will remain effective June 22, 2020 – August 14, 2020.

Date

Signature

Printed Name

Bethel Deliverance International Church



Camp Bethel Photograph Release Form

I, _____, hereby give permission for pictures of my
(parent/guardian- please print)

child(ren), _____, to appear on/in any Bethel Deliverance
(full name - please print)

International Church (“BDIC”) marketing materials. I understand that participation is purely voluntary and without compensation, and that all materials and images will be owned solely by BDIC. I hereby give permission for BDIC to use, display, license, publish, etc. the images, as well as use images in any form of advertising.

I further release BDIC, its affiliates, its employees and volunteers, its officers and directors, and agents individually and collectively from any and all liability claims, causes of action or obligations, lawsuit, cost, expense, or claim of any type whatsoever (including attorney’s fees) for personal injury to my child(ren), from or by reason of this activity.

Parent/Guardian Signature

Date



T-shirt Order Form

Each camper receives two t-shirts and one tank top. Please select the size that will fit your child comfortably. Once the order has been placed, we will not be able to change the size. Thank you.

Parent's Name: _____

Camper's Name: _____

Age Group _____

T-SHIRT

Child Small _____

Child Med _____

Child Large _____

Adult Small _____

Adult Large _____

1X _____

Adult Med _____

Adult X Large _____

2X _____

3X _____

TANK TOP

Child Small _____

Child Med _____

Child Large _____

Adult Small _____

Adult Large _____

1X _____

Adult Med _____

Adult X Large _____

2X _____

3X _____

(Parent's Signature)

(Date)



CAMP HEALTH EVALUATION

NAME: _____ DATE OF BIRTH: ____ / ____ / ____ SEX: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

PARENT/ GUARDIAN NAME: _____ PHONE: _____ (day)

ADDRESS: _____ (alt.)

HEALTH HISTORY (Past illnesses, surgery, hospitalizations. Please give approximate dates)

Medication child takes now:

Will child need to take during Camp? Y / N

IMMUNIZATIONS AND DATES

DPT: #1 _____ OPV: #1 _____ HIB: #1 _____ HepB: #1 _____ MMR: #1 _____
#2 _____ #2 _____ #2 _____ #2 _____ #2 _____
#3 _____ #3 _____ #3 _____ #3 _____ #3 _____
#4 _____ #4 _____
#5 _____
Chicken Pox: _____ Other: _____

EXAMINATION

SCREENING TESTS

Normal:	Yes	No	Comment	Normal:	Yes	No	Comment
Height _____				Vision _____			
Weight _____				Hearing _____			
Blood Pressure _____				Dental _____			
General Appearance _____				Caries _____			
Head Lice Check _____				Missing Permanent Teeth _____			
Eyes _____				Infection _____			
Ear, Nose _____				Protrusion _____			
Mouth, Throat _____				HGB/ HCT _____			
Neck _____				Sicklelex _____			
Lymph nodes _____				Lead _____			
Lungs _____				Other lab tests _____			
Cardiovascular _____							
Genitalia, Breasts _____							
Abdomen _____							
Extremities, Joints _____							
Spine _____							
Skin _____							
Neurological _____							
Developmental/ Behavioral _____							
Nutrition _____							


SPECIAL INSTRUCTIONS (include allergies, activity restrictions, special diet, etc.)

RECOMMENDATIONS FOR FOLLOW-UP

SIGNATURE _____ ADDRESS _____
NAME _____

DATE _____ DATE OF EXAM, IF DIFFERENT: _____ PHONE _____

Emergency Information Form for Children With Special Needs

 American College of
Emergency Physicians*

American Academy
of Pediatrics



Date form
completed
By Whom

Revised
Revised

Initials
Initials

Last name:

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:	Emergency Phone:		
	Fax:		
Current Specialty physician: Specialty:	Emergency Phone:		
	Fax:		
Current Specialty physician: Specialty:	Emergency Phone:		
	Fax:		
Anticipated Primary ED:	Pharmacy:		
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1. _____	Baseline physical findings:
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs:
_____	_____
4. _____	_____
_____	_____
Synopsis:	Baseline neurological status:
_____	_____
_____	_____
_____	_____

*Consent for release of this form to health care providers

Diagnoses/Past Procedures/Physical Exam continued:	
Medications: <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 	Significant baseline ancillary findings (lab, x-ray, ECG): _____ _____ _____ Prostheses/Appliances/Advanced Technology Devices: _____ _____

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1. _____	
2. _____	
3. _____	
Procedures to be avoided	and why:
1. _____	
2. _____	
3. _____	

Immunizations									
Dates									
DPT									
OPV									
MMR									
HIB									

Antibiotic prophylaxis:	Indication:	Medication and dose:
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Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature:	Print Name:
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