

## 2022 Summer Day Camp Application

Camp Barclay c/o Katie Foley  
79 Winding Way Rd  
Stratford, NJ 08084

[www.barclayfarm.org](http://www.barclayfarm.org)  
[camp@barclayfarm.org](mailto:camp@barclayfarm.org)



\* Required Fields

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

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\*Campers must be entering Kindergarten- sixth grade for the 2022 school year.

### Parent/Guardian #1 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian #2 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_ Email: \_\_\_\_\_

### Alternate Summer Address (only if different than Parent/Guardian #1 or #2 addresses)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Information:

1. There is \$100 registration fee. Please register your camper on the Barclay Farm Swim Club website. Click on "Camper Registration", create an account, upload a credit card and submit the \$100 registration fee. The \$100 registration fee will hold your camper's spot. The \$100 registration fee is PER FAMILY, not PER CHILD. This fee is NON-REFUNDABLE. **Your spot is not reserved until you pay the \$100 non refundable registration fee.**

3. Weekly camp dues will be paid each week. Your credit card will be automatically charged each Monday for the previous camp week. Any concerns about payments and Camp dues should be directed to the camp director- Katie Foley. Email her at: [camp@barclayfarm.org](mailto:camp@barclayfarm.org)
4. Please refer to the "2022 Pricing Guide" for pricing rates.
5. Overdue Pick-Up Charge: \$15.00 per quarter hour or portion thereof is charged for pick up after 6:00 PM. Charge is assessed per family.
6. **\*\* Membership is NOT required for Participation in our Day Camp**, please note that Non-Members will be charged a higher rate than Club Members. Different rates do apply.
7. Camp dates are tentatively scheduled for 8 consecutive weeks, starting on June 22, 2022 and ending August 12, 2022. We will be closed on Monday, July 4th for the Fourth of July Holiday.
8. Please complete the 2022 tentative Camper Schedule to the best of your ability. This schedule is used for planning purposes, and does not commit you to payment for those days. You will only be charged for the days that your camper attends camp.
9. All questions and concerns can be addressed to Katie Foley. Please feel free to text or call her at: (856) 534-6158 with any inquiries.
10. Your registration is complete once you submit this packet, submit updated immunization records, and pay the \$100 registration fee via [ADD THE LINK](#)
11. **You are required to print and submit this packet. Please mail all completed paperwork and attached immunization forms to:**

**Katie Foley  
79 Winding Way Rd  
Stratford, NJ 08084**

## 2022 Camp Enrollment Agreement



1. Campers and parents agree to abide by rules and regulations set by Directors for health, safety and welfare of campers.
2. Camp is not responsible for camper's equipment or personal belongings, while in transit or at camp, if lost or damaged by fire, theft, water, heat or otherwise. Camp will make every effort to provide proper supervision so that losses.
3. Directors reserve the right to deny, cancel, sever or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the registration fee will be refunded.
4. Fees: Please refer to the "2022 Pricing Guide" for rates and discount opportunities.
5. Campers who wish to participate in Swimming and Diving teams must also pay the associated additional fees and will make those arrangements through the swim club.
6. An allowance will be made for interruption in the camp season due to adjustments to the Cherry Hill Public School calendar. Camp is scheduled to start Wednesday, June 22rd , 2022- if the Cherry Hill School calendar interferes with the start of camp, you will be notified via email and the website.
7. Please inform the camp director as soon as possible of schedule changes.
8. BFSC Day Camp qualifies for Dependent Care Flexible Spending Account (FSA) reimbursement.
9. Health forms, immunization forms, camp application, camp enrollment agreement, predicted camper schedules, and first week's payment must be submitted before your camper can attend our camp. Campers are not permitted to attend until all forms are submitted.
10. Parent's signature gives campers permission to participate in all camp activities and I understand that part of the camping experience involves activities, group arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
11. Parent's signature further gives camp permission to use my camper's image in camp publications, website, videos, and social media.

\* Parent/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
\* Parent/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Please tell us how you heard about our Day Camp? \_\_\_\_\_

# Camper Health Form

315 Whitemarsh Way  
 P.O. Box 1513  
 Cherry Hill, NJ 08034  
 www.barclayfarm.org



**Mail to:**  
**Camp Barclay Email:** [camp@barclayfarm.org](mailto:camp@barclayfarm.org)  
**c/o Katie Foley**  
**79 Winding Way Road Phone: 856-534-6158**  
**Stratford, NJ 08084**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

In an emergency, please contact the following people in this order:

Contacts supplied will be allowed to pick up your child without previous notice.

CONTACT 1:	CONTACT 2:	CONTACT 3:	CONTACT 4:
Name:	Name:	Name:	Name:
Relationship to child:	Relationship to child:	Relationship to child:	Relationship to child:
Phone #:	Phone #:	Phone #:	Phone #:
Phone #:	Phone #:	Phone #:	Phone #:
Address:	Address:	Address:	Address:

Do you need us to administer medicine to your child?  Yes  No If yes, describe dose and regimen:

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Does your child have physical, medical or emotional limitations?  Yes  No

If yes, please describe: \_\_\_\_\_

Does your child take medications on a daily basis?  Yes  No If yes, list them and reasons taken:

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Does your child have any known allergic reactions to the following?

Bee Sting  Peanuts  dairy  Penicillin  Other Foods  Other Drugs  Seasonal Allergens  Other: \_\_\_\_\_

What is your child's usual reaction?  Hives  Rash  Anaphylaxis  Other Please describe other: \_\_\_\_\_

The Camp Director/ Head Counselor has permission to administer Benadryl, tylenol, motrin if needed?  Yes  No

\*\* We will always call parents before administering any oral medications.

**HEALTH HISTORY:** (Please check – giving appropriate dates.)

Please list any recent surgeries or procedures:

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Please list any chronic illnesses:

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My child is prone to:

swimmer's ear  Strep Throat  eczema  sunburn  Poison Ivy

headaches/ migraines  Asthma  Constipation

Any Allergies \_\_\_\_\_

Emotional Stability:  Much  Some  Little  None

Maturity Level:  Much  Some  Little  None

Please list any behavior differences that could limit your child's ability to socialize appropriately with his/her peers.

Recommendations/Restrictions (diet, medicine, swimming, running, etc.)

**IMMUNIZATIONS:** Please **ATTACH YOUR UPDATED IMMUNIZATION FORMS.**

Is your child up-to-date with Tetanus vaccine or Tetanus booster shot?  Yes  No

In case of an emergency, I understand every effort will be made to contact parents/guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent Signature: Date:

Physician's Name: Physician's Phone:

Physician's Signature: Date of Last Physical:

Medical exam is preferred but not required by state law. Doctor's signature is only necessary if the camper requires medical clearance to participate in camp activities.



## 2022 Camp Barclay Pricing Guide

### "Swim Club MEMBER" RATES:

	Daily Rate 8am-4pm	Weekly Rate 8am-4pm	Half Day Rate 8am-12pm/ 12pm-4pm	Late Stay 4pm 6pm (daily)
1 child	<b>\$50</b>	<b>\$230</b>	<b>\$30</b>	<b>\$10</b>
2 children	<b>\$90</b>	<b>\$410</b>	<b>\$60</b>	<b>\$15</b>
3 children	<b>\$100</b>	<b>\$460</b>	<b>\$90</b>	<b>\$20</b>

**"CAMP ONLY MEMBER" RATES:**

	Daily Rate 8am-4pm	Weekly Rate 8am-4pm	Half Day Rate 8am-12pm/ 12pm-4pm	Late Stay 4pm 6pm (daily)
1 child	<b>\$65</b>	<b>\$300</b>	<b>\$45</b>	<b>\$10</b>
2 children	<b>\$120</b>	<b>\$520</b>	<b>\$90</b>	<b>\$15</b>
3 children	<b>\$140</b>	<b>\$580</b>	<b>\$120</b>	<b>\$20</b>

**2022 Camp Barclay "Tentative" Schedule**

CAMPER NAME(S): \_\_\_\_\_ Membership: Full or Camp Only (Circle one)

Mon.- June 20 <b>Closed</b>	Tues. June 21 <b>Closed</b>	Wed. June 22	Thurs. June 25	Fri. June 26
Mon. June 27	Tues. June 28	Wed. June 29	Thurs. June 30	Fri. July 1
Mon. July 4	Tues. July 5	Wed. July 6	Thurs. July 7	Fri. July 8



Mon. July 11	Tues. July 12	Wed. July 13	Thurs. July 14	Fri. July 15
Mon. July 18	Tues. July 19	Wed. July 20	Thurs. July 21	Fri. July 22
Mon. July 25	Tues. July 26	Wed. July 27	Thurs. July 28	Fri. July 29
Mon. Aug. 1	Tues. Aug. 2	Wed. Aug. 3	Thurs. Aug. 4	Fri. Aug. 5
Mon. Aug. 8	Tues. Aug. 9	Wed. Aug. 10	Thurs. Aug. 11	Fri. Aug. 12