

CBM of MARYLAND Inc. Camp Discounts



ATTENTION ALL PARENTS/CAREGIVERS: Please attach and send this form with your child's application. You must select which discount option you will be using. You can only select **ONE!!! The deadline for ALL discounts and need based assistance is May 30th.** Please see the following options:

_____ **Early Bird Registration ends April 1st; your camp cost will be \$300.00/child (which is a \$100.00 discount) you must pay 300.00 all at once before deadline.**

Other discounts below

1. _____ Mailbox club certificate-(50.00 off if completed at least one course)
2. _____ Member of Character-Building Club (\$50.00 off)
3. _____ Family Discount --(\$25.00 off/child) can only be used by non-club members
4. _____ Group discount: 10+ from the same church --\$ 50.00(**all applications must come in together**)
5. _____ Bring a Friend Discount (If you bring a friend who has never attended camp before, both you and friend will receive a \$25.00 discount ***Friend's Name**_____)

*** _____ **Need Based Assistance:** (Limited so apply NOW!) Full and partial assistance available. Please answer the following questions, in order for us to determine eligibility and you **must submit proof of income.**

1. Do you live with a spouse/significant other? Yes___ No___
2. What is the combined income of you and spouse/significant other? \$_____
3. How many children (under18) live in your home and is supported by income stated in question #2_____
4. How many other adults live in the home? #_____
5. How many of those adults in question #4 are unemployed?_____
6. Do you receive any additional income? (E.g. alimony, child support, Social Security/Disability, etc.)
Yes_____ No_____ Amount_____

Things to Remember: A \$50.00/child, non-refundable deposit must be paid at time of application before any discount or scholarship can be applied. You will receive a letter of confirmation that your application has been received and processed. It will also let you know your balance which is to be paid on or before June 30th, and other additional information. Should you have any questions, feel free to contact our office at 410-796-7990 or email at cbmofmd@gmail.com

How to pay fees: Send check or money order to address on application. Or pay online at www.cbmmd.org/tithely. Make sure you drop menu to which camp (Overnight Camp)

Thank you for allowing Children's Bible Ministries of MD the privilege of serving you through our camp ministry. We count it a joy.

In Christ Service,

Denise Morgan, CBM Area Director

CHILDREN'S BIBLE MINISTRIES OF MARYLAND, INC.

E-Mail: cbmofmd@gmail.com Web Site: www.cbmmd.org

CAMPER REGISTRATION/MEDICAL FORM MUST BE COMPLETED* Must complete a separate application for each child. Registration fee*Include \$50.00(non-refundable)

RETURN TO: CBM of Maryland, Inc. 1600-B Emory Rd. Upperco, MD 21155

Has child attended camp before? _____ How did you learn about CBM? _____

Parent(s)/ Guardian name _____

Address _____

City _____ State _____ Zip _____

Home# _____ Cell# _____

Parent's E-Mail _____

*Camp fee includes T-shirt, Craft and all activities. Rules for acceptance and participation in the camp are the same for everyone without regard to race, color or national origin.

I am registering my child for Camp Harambee (Day Camp) _____ Overnight camp _____ Both _____

***COMPLETELY FILL OUT MEDICAL REPORT BELOW OR CAMPER WILL NOT BE ACCEPTED (WRITE "NONE" IF NECESSARY)**

CAMPER'S FULL NAME _____

Gender M _____ F _____ Camper's T-Shirt Size _____

Birth date _____ / _____ / _____ Age _____ Height _____ Weight _____

In case of Emergency, a Second Contact _____

at# _____

Or Contact _____

at# _____

Do you have medical insurance? _____ yes _____ no

Insurance Co. name _____ policy# _____

Health history: (check all that apply)

_____ Frequent ear infections _____ Convulsions/ Seizures (last date) Asthma _____ Heart

defect/disease _____ Diabetes _____

List any other medical, psychological, behavioral conditions, dietary restrictions or special needs.

Date of last Tetanus booster (or DTP) _____ (must be filled in)

Allergies? (check one) _____ No known allergies

_____ Yes,

List What type of reaction?

Operations or serious injuries

(dates) _____

Any specific activities to be encouraged or limited by physician's advice?

Name of dentist/orthodontist _____

ph.# _____

Name of family doctor _____

ph.# _____

Date of last physical exam _____

reason _____

The following must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. EMERGENCY AUTHORIZATION: I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over the counter medication, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature of parent or legal guardian _____

Date _____

MEDICATION PERMISSION SLIP

(Children's Bible Ministries of MD, Inc.)

Please fill out forms for prescription and/or over-the-counter medications you will bring with you.

All medications must be in the original container with instructions.

Must sign this form even if no medications are brought.

CHILD'S NAME: _____

***PLEASE FILL OUT EACH MEDICATION SEPERATELY
(Complete both sides and returned with registration form.)***

PRESCRIPTION MEDICINE

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Each child must have his or her own medications.

Should sunscreen be indicated for your child how would you like it to be applied? Please check appropriate

box. Nurse apply. Child apply to self.

SIGNED: _____ Date: _____

Parent or Legal Guardian

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide a copy of immunizations confirming that the camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.
2. Is the camper exempt from any immunization on medical or religious grounds?
 - YES, provide a signed copy of Maryland Department of Health and Mental Hygiene
Immunization Certificate from either a licensed physician indicating that the
Immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
 - NO

STATE OF PENNSYLVANIA & MARYLAND
CAMP Tohiglo AND CHILDREN'S BIBLE MINISTRIES OF MD., INC.

HOLD HARMLESS AGREEMENT

I, _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my care and
(Child's Name)

custody, do hereby grant my permission for my child to attend a program or event at **CAMP Tohiglo** I fully understand the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury or harm to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at **CAMP Tohiglo**, and I agree to indemnify and hold harmless **CAMP Tohiglo** and Children's Bible Ministries of Maryland, Inc. , its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property.

Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at **CAMP Tohiglo**. I also grant permission for pictures and images of my child to be taken while participating in activities and used for **CAMP Tohiglo** and/or CBM promotional purposes.

Dated this _____ day _____, 20 _____.

Parent's Signature: _____