

# Camp BCC Day Camp 2025 Application The Barre Congregational Church



## Camp BCC Day Camp Forms Checklist:

Childs Name: \_\_\_\_\_

\_\_\_\_ Completed & Signed Application

\_\_\_\_ Immunization Records

\_\_\_\_ Allergy and Daily Medications Form (Backpage if applicable)

Camp BCC 2025 Enrollment Dates: Check all the dates your camper is applying for

Day 1 July 21 <sup>st</sup> _____	Day 2 July 22 <sup>nd</sup> _____	Day 3 July 23 <sup>rd</sup> _____	Day 4 July 24 <sup>th</sup> _____	Day 5 July 25 <sup>th</sup> _____
Day 6 July 28 <sup>th</sup> _____	Day 7 July 29 <sup>th</sup> _____	Day 8 July 30 <sup>th</sup> _____	Day 9 July 31 <sup>st</sup> _____	Day 10 August 1 <sup>st</sup> _____
Day 11 August 4 <sup>th</sup> _____	Day 12 August 5 <sup>th</sup> _____	Day 13 August 6 <sup>th</sup> _____	Day 14 August 7 <sup>th</sup> _____	Day 15 August 8 <sup>th</sup> _____
Day 16 August 11 <sup>th</sup> _____	Day 17 August 12 <sup>th</sup> _____	Day 18 August 13 <sup>th</sup> _____	Day 19 August 14 <sup>th</sup> _____	Day 20 August 15 <sup>th</sup> _____

## Outline of each week's themes:

<b>Week 1 (July 21<sup>st</sup> – July 25<sup>th</sup>)</b>	<b>Mini Musician Week</b>
<b>Week 2 (July 28<sup>th</sup> – August 1<sup>st</sup>)</b>	<b>Creative Crafters Week</b>
<b>Week 3 (August 4<sup>th</sup> – August 8<sup>th</sup>)</b>	<b>Young Chef Week</b>
<b>Week 4 (August 11<sup>th</sup> – August 15<sup>th</sup>)</b>	<b>Camp BCC Olympics</b>

Applications can be emailed to [bccuccoffice@gmail.com](mailto:bccuccoffice@gmail.com) or dropped off at 35 Church Street Barre Vermont, 05641. An online fillable form can be found, completed, and submitted at [barrecongregational.org](http://barrecongregational.org)

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**General Information:**

Parent Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone(Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Email: \_\_\_\_\_

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

Grade (Fall of 2025) \_\_\_\_\_ Age: \_\_\_\_\_

Gender: *Check one* \_\_\_Female \_\_\_Male \_\_\_Non-binary \_\_\_Transgender \_\_\_Other

Preferred Pronouns: \_\_\_\_\_

Immunization Records: *Please check which apply*

\_\_\_ I have attached a copy of the most recent immunization records.

\_\_\_ I will email a copy of my child's most recent immunization records

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program. Email: [Bccuccuoffice@gmail.com](mailto:Bccuccuoffice@gmail.com)

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## Emergency Contact Form:

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

### Parent/guardian

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone(Home): \_\_\_\_\_ Work \_\_\_\_\_

Cell: \_\_\_\_\_

### Parent/guardian

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone(Home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### Emergency Contact #1(Not in household)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### Emergency Contact #2(Not in household)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

The following people have permission to pick up my child:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health information: Check boxes that apply:

\_\_\_ Food or other allergies: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_ Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Other special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Medication required daily \_\_\_\_\_

\_\_\_\_\_

**Please also fill out the medication administration form for medicines  
to be administered during camp for over-the-counter and  
prescriptions.**

**Medical contacts:**

Primary Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

**Release of Liability & Medical Release:**

Release of Liability & Medical Release: I assume all risks and hazards incidental to such participant and I hereby waive, release, absolve, indemnify, and agree to hold harmless the Barre Congregational Church, the City of Barre, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

I agree to be financially responsible for any damage of property my child may cause during an activity.

Parent/Guardian Signature

Date

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**Walking Field Trips and Special Events:** Summer Day Camp activities will take place at The Barre Congregational Church, 35 Church Street, Barre, VT 05641, and other various community locations such as Currier Park, Playground 2000, the Historical Museum, and City Hall Park. Parents / Guardians will be verbally notified of weekly trips and schedule changes, and all changes will be emailed to them.

Initials: \_\_\_\_\_

**Media Release:** I hereby give the Barre Congregational Church 'Camp BCC' Staff permission to publish and/or use my child's photographic portraits or pictures for the purpose of advertising, summer programs in The Barre Congregational Church's publications, social media, websites and/or in local newspapers.

Initials: \_\_\_\_\_

**Mandatory Reporters:** All staff members of The Barre Congregational Church's 'Camp BCC' are mandatory reporters. I understand that Vermont law mandates that all 'Camp BCC' staff report any suspected child abuse or neglect to the Department of Child and Family Services.

Initials: \_\_\_\_\_

### Sunscreen Consent:

Sunscreen Consent: Please initial next to the applicable option below. As the parent/guardian, I further understand that sunscreen will be applied to exposed skin, including the face, ears, nose, shoulder, arms, and legs regardless of if my child or staff apply it.

\_\_\_ Staff may apply sunscreen to my child as described above.

\_\_\_ I have provided sunscreen for my child, to be applied as described above by the staff. I will have labeled the sunscreen container with my child's first and last name.

\_\_\_ No. Staff may not apply sunscreen to my child. I have provided sunscreen that is labeled with my child's name. My child will apply their own sunscreen before heading outdoors.

**On-Site Movies:** Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for your child to view a PG movie, please initial next to the applicable option.

\_\_\_ I give permission for my child to watch a PG movie that may be part of an activity

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**SUMMER CAMP BEHAVIOR AGREEMENT 2025**

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by checking off each box. We have these rules to ensure the safety and engagement of every camper as well as staff and volunteers at Camp BCC Summer Day Camp.

☐ I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.

☐ I will work with my counselors and fellow campers toward creating an environment that is safe and welcoming for each of us.

☐ I understand that doing intentional harm or bullying another camper, either physically or emotionally is grounds for dismissal from camp

☐ I understand that although I may be able to solve some conflicts on my own, the counselors are always ready to listen and assist if there is a problem.

☐ I understand that my counselors and all the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.

☐ I will remain with my counselor and partake in the activities of my session as required.

☐ I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.

☐ I will leave my cell phone in my backpack, pocket, and out of sight. It can be used in a case of emergency but I understand in the case of an emergency counselors will take care of me.

☐ I will be respectful of the property and personal space of other campers and camp staff.

☐ I will not possess smoking materials, lighters, matches, illegal drugs, alcohol, or weapons of any kind on Camp property or on any camp excursions.

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## Camp BCC Day Camp Disciplinary Policy

Day Camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a participant, the steps that will be followed are outlined below:

Camp BCC operates on a four-strike policy.

The first infraction of the behavior management will result in a verbal warning between staff and camper(s) and notification to the parent at the end of the camp day.

The second infraction will result in being sent home for the day and a conference between the camper(s), parent(s), and Camp Director and Assistant Recreation Director.

A third infraction will result in a conference between the camper(s), parent(s), and the Director of Recreation. This third infraction will include a behavior contract created during this conference.

The last strike results from the behavior contract being broken and the campers' removal from the camp program.

A zero-tolerance policy is enforced regarding Physical Aggression. Any camper who commits an act of physical aggression against another camper, staff member, or anyone else will be removed from camp. As a parent, you will be responsible for picking up your camper within one hour of the decision to dismiss your child from camp. Depending on the act of aggression, your child may not be able to return to camp for the remainder of the camp program.

Camper Signature

Date

Parent/Guardian Signature

Date

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**Authorization to Give Medication Childs Information**

Name of Program: \_\_\_\_\_ Camp BCC \_\_\_\_\_ Todays Date \_\_\_\_\_

Name of Child (First and Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason Medication is needed during program hours:

\_\_\_\_\_

Dose: \_\_\_\_\_

Routine: \_\_\_\_\_

Time of administration of the medicine: \_\_\_\_\_

\_\_\_\_\_

Does the medicine need to be refrigerated? Circle one: YES NO

Additional instructions \_\_\_\_\_

\_\_\_\_\_

Date to start medicine \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop date \_\_\_\_/\_\_\_\_/\_\_\_\_

Known side effects of medicine: \_\_\_\_\_

\_\_\_\_\_

Plan of management of side effects: \_\_\_\_\_

\_\_\_\_\_

Child allergies: \_\_\_\_\_

\_\_\_\_\_



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**Prescriber's Information**

Prescribing Health Professionals Name: \_\_\_\_\_

Prescriber's signature \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Permission to Give Medicine**

I hereby give permission for the camp program to administer medicine as prescribed above. I have administered at least one dose of this medicine to my child without adverse effects.

Parent or Guardian Name (Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Please note that medication cannot be administered until the above  
information is completed.**