

2025 Summer Day Camp Application

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

www.barclayfarm.org
camp@barclayfarm.org



Camper Name: _____ Date of Birth : _____

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•Eligible campers must range from “entering Kindergarten for the 2025 school year” to entering 6th grade for the 2025 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: _____

CAMPER’S T-SHIRT SIZES: _____ CAMPER’S SHORT SIZES: _____

Other Important Information:

1. **There is \$100 nonrefundable 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. Registration will be available February 1, 2025.
 - The \$100 camp registration fee will hold your camper’s spot. **The \$100 registration fee is PER FAMILY, not PER CHILD. This fee is NON-REFUNDABLE.**
2. A Barclay Farm Swim Club **Membership IS required** to be able to attend our Summer Camp. A membership must be attained prior to camp registration. Please refer to the [Barclay Membership Website](#) for details and rates.
3. 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
 - Please refer to the “2025 Pricing Guide” for pricing rates.
4. Camp Hours are from 8am to 4 pm. Options for “early drop off” (7:00 am) and “Late Stay” (6:00pm) are available for an additional cost. Any “Pick Up” After 6:00pm will be charged : \$1 for every minute after 6:00pm. This will be paid in cash to the counselor directly. Charge is assessed per family.
5. Camp dates are tentatively scheduled for 8 consecutive weeks, starting on Monday, June 23 and ending August 15th . We will be closed on Friday, July 4th for the Fourth of July Holiday.
6. Camp Rates **INCLUDE a Lunch.** Please pack your child WATER and SNACKS each day.
7. Please complete the 2025 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.
8. All questions and concerns can be addressed to Katie Foley. Please feel free to email at camp@barclayfarm.org to text or call her at: (856) 534-6158 with any inquiries.
9. **Your registration is complete once you submit:**
 - The \$100 Registration fee (available Feb. 1, 2025). [Camper Registration Link](#)
 - Please scroll to the bottom of the Barclay Home page, and click on Camper Registration
 - This packet, along with your children’s immunization records (Please Submit by MAY 1, 2025)
 - Paper copies only please!
 - Mail to: Katie Foley, 79 Winding Way Rd. Stratford NJ 08084

2025 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.
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 NOT be refunded.
4. Swim Team and Swim lessons are available. 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.
5. 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 **Monday, June 23, 2025**- if the Cherry Hill School calendar interferes with the start of camp, you will be notified via email and the website.
6. BFSC Day Camp qualifies for Dependent Care Flexible Spending Account (FSA) reimbursement. Information for this is available at: [Camp Barclay Website](#)
7. All Camper paperwork must be submitted by May 1, 2025. (This includes: This packet along with your child's immunization records).
8. 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.

- ☐ I give camp permission to use my camper's image in camp publications, website, videos, and social media.
- ☐ I DO NOT give permission to use my camper's image in camp publications, website, videos, and social media.

* Parent/Guardian's Signature: _____ Date: _____

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Please tell us how you heard about our Day Camp? _____



Camper Health Form

Child's Name: _____

Date of Birth: _____ Age: _____

Primary Parent Contact: (Name) _____ Phone Number: _____

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:

MEDICATIONS:

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

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: _____

ALLERGIES:

Does your child have any known allergic reactions ☐ Yes ☐ No

Please list any Allergies: _____

Please list your child's usual reactions to the allergy listed above: _____

BEE STINGS:

☐ My child has been stung by a bee, and their reaction was: _____

☐ My child has NOT been stung by a bee before, I do not know what type of reaction they may have.

SUNBLOCK:

☐ My Child is sensitive to specific sunblock, please only apply what we supply.

☐ My Child does not have a reaction to certain sunblocks, and I give permission for their Camp Counselors to apply sunblock as needed if the sunblock I supplied has run out.

☐ Yes ☐ No - Do you give The Camp Director/ Head Counselor permission to administer Benadryl, tylenol, motrin if needed? Please list your child's weight for proper dosage: _____

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

Please list any surgeries or procedures: _____

Please list any chronic illnesses: _____

(Please Check) My child is prone to: ☐ swimmer's ear ☐ Strep Throat ☐ eczema ☐ sunburn

☐ Poison Ivy ☐ headaches/ migraines ☐ Asthma ☐ Constipation

MENTAL HEALTH Questionnaire :

Emotional Stability: ☐ Much ☐ Some ☐ Little ☐ None **Maturity Level:** ☐ Much ☐ Some ☐ Little ☐ None

Please tell us a little bit about your child's social history, so we can better support them with peer relationships if needed: _____

Please list any recommendations/ Restrictions (diet, medicine, swimming, running, etc.) : _____

IMMUNIZATIONS:

☐ I have included **OUR 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: _____

Parent Signature: _____ Date: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Signature: _____ Date of Examination: _____

* Physician's signature is only required if you need us to administer daily medication.



2025 Camp Barclay Pricing Guide

	Daily Rate 8am-4pm	Weekly Rate 8am-4pm	Half Day Rate 8am-12pm/ 12pm-4pm	Late Stay 4pm - 6pm (daily)
1 child	\$70	\$320	\$50	\$10
2 children	\$130	\$560	\$95	\$15
3 children	\$160	\$600	\$140	\$20
4 children	\$175	\$620	\$145	\$25

2025 Camp Barclay “Tentative” Schedule

* Please indicate your intended schedule below*

CAMPER NAME(S): _____

Mon. June 23	Tues. June 24	Wed. June 25	Thurs. June 26	Fri. June 27	Estimated Payment:
Mon. June 30	Tues. June 1	Wed. July 2	Thurs. July 3	Fri. July 4 NO CAMP	Estimated Payment:
Mon. July 7	Tues. July 8	Wed. July 9	Thurs. July 10	Fri. July 11	Estimated Payment:
Mon. July 14	Tues. July 15	Wed. July 16	Thurs. July 17	Fri. July 18	Estimated Payment:
Mon. July 21	Tues. July 22	Wed. July 23	Thurs. July 24	Fri. July 25	Estimated Payment:
Mon. July 28	Tues. July 29	Wed. July 30	Thurs. July 31	Fri. Aug. 1	Estimated Payment:
Mon. Aug. 4	Tues. Aug. 5	Wed. Aug. 6	Thurs. Aug. 7	Fri. Aug. 8	Estimated Payment:
Mon. Aug. 11	Tues. Aug. 12	Wed. Aug. 13	Thurs. Aug. 14	Fri. Aug. 15	Estimated Payment: