



Berks Area Youth Recreation

Summer Camp Registration Packet

Welcome to BAYR CAMP! We're thrilled you're joining us for a summer filled with adventure, friendship, and unforgettable memories. Please complete the following forms to secure your child's spot.

Camp Dates: Monday June 1- Monday August 17, 2026

Next Steps

1. **Complete all forms:** Ensure every section is filled out accurately and legibly.
2. **Submit required documents:** Include any necessary health records and consent forms as attached.
3. **Pay camp fees:** Summer Camp Materials Fee and \$25 deposits per week must be included in the registration packet acceptance. Submit 1st week of care tuition payment the Thursday prior to the week of attendance.
4. **Review camp policies:** Familiarize yourself with our guidelines for a safe and enjoyable experience.

We can't wait to see you this summer!

Miss Lori and Team

610-678-6590

BAYRCAMP@comcast.net

BUILD YOUR SUMMER 2026
AT BERKS AREA YOUTH RECREATION

610-678-6590



Come for the summer fun, stay for the friendships – Build your summer the way YOU like it, with the adventures you enjoy the best. Anyway you build it, an experience at BAYR Summer Camp will be memorable for years to come.

BAYR Campers will enjoy

- * A rich group living experience, with adventures to share and explore together
- * An opportunity to build individual skills, both social and practical, while gaining a sense of belonging to a larger community
- * A close involvement with the natural environment, exploring the wonders around us in air/earth/water
- * Sharing the unique experiences of the summer season, including water play, trips to memorable summer places and developing purpose in projects

The daily program occurs from **8am – 4:30pm, Monday – Friday**. The facility is open from 7am – 5:30 pm for the needs of working parents.

This program is for youngsters who have **completed Kindergarten up to and including Middle School youth**. There is something for everyone.

Program levels :

RANGERS: for youngsters completing grades K-2 who are ready for an active and varied schedule of summer events. Rangers will enjoy daily Summer Crafts, Summer Science and exploration, water play/pool and Summer movement/games/sports.

HI ADVENTURE: for youngsters completing grades 3 & older, who will enjoy a high energy schedule of exploring, swimming, moving, creating, being a team member in unique summer fun. Hi Adventure kids can have choices of intermediate or high activity days.

CAMP AIDES: for youngsters completing grades 6 & older who are interested in attending camp with a 'helper' attitude. Camp Aides participate in all camp activities with the group, however also assist counselors at small tasks where appropriate, model good campmanship and enthusiasm, become positive role models. Camp Aides enjoy the group games/sports, projects and waterplay/pool events all summer.

Fees:	3 days	5 days	5 days with Zoom*
Ranger	\$195	\$220	\$270
Hi Adventure	\$185	\$210	\$260
Camp Aide	\$175	\$200	\$250

* A Zoom Pass is an easy way to handle participating in ALL the offered trips, pool time, extra excursions going on all summer. Taking care of extra (discounted) trips/activities on a weekly, consistent basis eliminates extra fees and provides a budgeting tool to eliminate unexpected costs.

* See the listing of scheduled/planned trips within each sessions' overview.

*Trips can be signed up & paid for individually when the time comes for those preferring that method of accessing extra activities.

Fees listed are for attendance at the Camp program 8am – 4:30pm. Attendance before 8am and/or after 4:30pm will be subject to the \$5.00 per occurrence wrap around fee. The facility is open from 7am – 5:30pm.

A minimum of 5 weeks is required for registration at the Build Your Summer. This minimum of attendance provides for building inclusion, friends and a familiarity with the entire program.

A \$25/ per week of attendance, non-refundable deposit is required with registration paperwork. This deposit is then applied to the week of camp when it occurs. Camp fees are due the Thursday prior to the week of attendance of a session. Fees received after a Thursday incur a late fee of \$10/ per day late. Campers will not be admitted into a program week without program payment.

Program Sessions:

#1 June 1 – 5 LET SUMMER BEGIN

A beginner week into summer where Campers join in when school is concluded. Campers can enjoy excursions to Nolde Forest, Exeter Park Creeking, Mohnton Castle Playground. Trip activities will include going Mini Golfing with Ice Cream & the Hershey Zoo America with Chocolate World

#2 June 8 – 12 VACATION TRAVEL

This week our campers experience different modes of travel available. Trip activities will include going to The Boyertown Auto Museum, a ride on the Reading Outer Station trains and Biking. This week we offer optional pool sessions.

#3 June 15 – 19 FUR, FEATHERS & FINS

This week has us getting acquainted with animals of all sorts. Besides a project with the Humane Pennsylvania Center, we'll be going to the Adventure Aquarium in New Jersey, via a ride on the RiverLink Ferry from Philadelphia and a day at the Philadelphia Zoo. Another pool session will be offered this week

#4 June 22 – 28 SAFARI

We'll continue with animals, but with a Safari theme. We'll explore animal welfare projects with more wild species. We'll go to Lake Tobias and experience a real field adventure with beasts that we can feed. We'll have a pool session, And our older kids can help with the Community Days event if desired – more info to come ---

#5 June 29 – July 3 AMERICAN BACKYARD

This Patriotic week we wear Red/White/Blue and experience foods that all Americans enjoy-- We'll visit the September Cheese House to watch cheese being made and we can taste, and we'll visit the Julius Sturgis House where the Soft Pretzels were made. We'll get fresh hot pretzels to take along. We'll have a backyard hot dog cookout picnic for everyone. We'll also have a pool session this week. And again, our older campers can be involved with Community Days * *The program will be closed on Friday July 3 in observance of the 4th of July Holiday*

#6 July 6 – 10 WE'RE AUTHORS

We take this week to write, illustrate and publish our own book about our summer adventures – yes a real book!! In between the crafts, sports, nature lore science and pool, we'll each be creating a page that will be included in the whole edition of our Summer of '26 Adventures.

#7 July 13 – 17 OUTDOOR LIVING

This week we get into real camping. BAYR offers a Resident Camp program, with a separate sign up/registration. As a precursor to that we'll be enjoying outdoor hiking, tool craft and pitching a tent ! We'll have a pool session this week.

#8 July 20 – 24 ITS A CARNIVAL

We'll be holding our own Camp Carnival with games & treats! We can create our own game stands or food stand, and at the end of the week we'll hold our carnival for ourselves and families

#9 July 27 – 31 WILD WEST

It's gonna be a Rodeo. We'll have friendly contests of skills, running, jumping and more! We'll have Rodeo food and square dancing. All the aspects of the old west and more!

#10 August 3 - 7 SUMMER OLYMPICS

We'll be holding our multi faceted skills in all areas at our Olympics. Campers can join in individual or team sports. We'll even hold a ceremony with awards at the end of the week for all our Olympian Athletes. We'll have a pool session this week

#11 August 10 – 14 SUMMER CRAZY

This week we explode with Trip Activities. Besides a pool session, we'll offer day long trips to either Dorney Park or Dutch Wonderland. We'll also visit the Wolf Sanctuary of PA, and try our hand at fishing at Blue Marsh.

12 August 17 – 21 SUMMER SUNSET

We sadly say good bye to the Summer of '26 with final trips to the Playgrounds and end with a Polynesian Luau. We'll have grass skirts, Pineapples, the Limbo and Hulas.

Welcome To BAYR CAMP

Miss Lori-Camp Director

610-678-6590

BAYRCAMP@comcast.net

<https://www.berksareayouthrec.org>

Venmo-@Lori-Bayr

Facebook: Berks Area Youth Recreation Inc.

**Please Keep Top 3 Pages for Yourself and Hand in the
next pages of the registration packet, including all attachments.**

Thank You

intentionally left blank



Childs Name: _____ Age: _____ DOB: _____ Gender: _____

Last Grade Completed: _____ School Attended: _____

Parent/Legal Guardian: _____ Phone Number: _____

Days of the Week Attending: _____ Hours of Attendance: _____

Parent Email: _____ Child TShirt Size: _____

Welcome to BAYR Summer Camp 2026!

2026 will be the 38th year that Berks Area Youth Recreation had been providing enrichment to children and youth's summer experiences.

We look forward to another great season. Attached you will find information to help guide your youngster through a happy and well prepared day camp experience. Please look over the information given regularly so your camper can come prepared for each day at hand. We look forward to day camp experiences with you this summer!

General Camp Information:

*General daily programs as outlined run from 8am-4:30pm. Extended flexibility for early drop off at 7am or later pick up till 5:30pm is available at \$5 extra per occurrence.

*General Registration to day camp includes permission for daily excursions to parks/ playgrounds/ grove. Any specific themes field trip will have its own permission form.

*A Minimum of 5 weeks/sessions are required for attendance at summer camp for the wellness of the camp community social group

*Weekly program fees include treks to woodland & wetlands, AM/PM Snack and Lunch when not out on an excursion

*Apply to attend a week session with a \$25 non-refundable non-transferable deposit per session. This will be applied to each week when your child attends

*Additional Fees will include optional field trips, \$40 bounced check fee, extended care hours, tuition late fee, attendance late fee, materials fee, attendance flex fee

*\$5 for a reusable camp water bottle, that will stay at camp till the end of summer

*Balance DUE Thursday prior to the week of attendance

*Resident Camp is separate, please see the camp director for an additional attachment

*All forms and deposits must be provided prior to attendance

*General daily programs as outlined run from **8am-4:30pm**. Extended flexibility for early drop off at 7am or later pick up till 5:30pm is available at \$5 extra per occurrence.

*I understand that the arrival time into day camp is at the time I have listed on my registration. DO NOT arrive earlier than 4 minutes before that time or there may not be staff available to receive your camper.

*I understand that pick up time from Day Camp as listed on my registration, and IF I DO NOT PICK UP my camper by the agreed time, and staff need to remain on site to baby-sit your youngster, that the baby-sitting charges will be in effect: \$20 for the first 15 minutes late, and \$5 for every 5 minute block after that time.

Group Recreation and Care:

*I understand that being prepared to participate in Community/Environmental program infers that my child is self sufficient in all personal care needs, including the ability to walk and move freely, feed self, toilet self, and demonstrates adequate self regulation.

*I understand that my youngster will be required to facilitate the day with supervision from BAYR Staff within Camp regulation ratio and be among other persons in their group through the day- and self regulate themselves within reason.

*I understand that within the BAYR community we do not tolerate bullying of others, foul language, destruction of property, disrespect of staff, disrespect of peers self or property, violent or aggressive behavior to anyone- and that if my youngster displays severe behavior that he/she will be dismissed from the program without a refund.

Arrival and Departure:

*General daily programs as outlined run from 8am-4:30pm. Extended flexibility for early drop off at 7am or later pick up till 5:30pm is available at \$5 extra per occurrence.

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*I understand that pick up time from Day Camp as listed on my registration, and IF I DO NOT PICK UP my camper by the agreed time, and staff need to remain on site to baby-sit your youngster, that the baby-sitting charges will be in effect: \$20 for the first 15 minutes late, and \$5 for every 5 minute block after that time.

* I understand that I will walk my camper to the door, and not let them run in the parking lot, sign them in/out and communicate any daily needs with the receiving staff.

Be Prepared for the Day:

*Wear SNEAKERS- don't wear flip flops or sandals

*Bring your personal sunscreen with your campers name on it, YOU MUST apply the 1st dose prior to arrival at camp!

*Bring a water bottle daily with your campers name on it, (or we will provide one that stays here for \$5)

*We provide lunch unless on a field trip, you may need to pack a lunch appropriate for travel in nature

*Bring a backpack daily for your child's belongings, especially something sturdy for when on field trips (not a plastic bag)

*If your child needs a change of clothes if they get dirty, please provide that in their bag or cubby

Meals and Snacks:

*Weekly program fees include treks to woodland & wetlands, AM/PM Snack and Lunch when not out on an excursion

*Camp participants are offered USDA approved snacks & lunch included, unless the camper is on a field trip when a packed lunch from home will be needed

Sunblock and Medications:

*Bring your personal sunscreen with your campers name on it. Please write their name in sharpie and then cover it with scotch tape to prevent rubbing off. **YOU MUST apply the 1st dose prior to arrival at camp!**

*Medications coming to the program: MUST be in the original container with a signed note from parent/physician with instructions.

More Information:

General Registration to day camp includes permission for daily excursions to parks/ playgrounds/ grove. Any specific theme field trip will have its own permission form.

Optional field trips will be additional as listed on a weekly/monthly calendar

Days of attendance are consistent, are non-transferable nor credited to another day.

Paid Closure Days are required if they fall on your regularly scheduled day: July 3

Attendance Flex Fee- \$30 for the summer for 3 days of varied attendance

Summer Camp Needs for Daily Attendance:

1. Refillable Water Bottle Labeled with your child's name
2. Parents should apply sunblock daily before attendance. Then staff will re-apply with the sunblock you provided, labeled with your child's name.
3. Wear Sneakers or outdoor exploration shoes
4. Outdoor/Weather appropriate/ Clothing for the day
5. Water Shoes or Flip Flops for water play
6. Bathing Suit and Towel for water play
7. Spare Clothing
8. No extra electronics, toys ect. We are not responsible for lost or broken toys/items.
9. DO NOT bring Toys from Home
10. Please make sure everything is labeled in a sturdy travel bag for adventures, no plastic grocery bags that will rip

***I understand that choosing to participate in a Community/Environmental program** is choosing to have an experience in a social environment, free of technologies such as cell phones/computers/tablets ect. Any such technologies are not needed and should be left at home. If a camper or camper's parents decide to send such devices to day camp, it is understood that BAYR is not responsible for loss or damage to such items. And I further understand that if BAYR staff determines that usage of such device by my camper is disruptive or inappropriate, that BAYR staff has my permission to confiscate such devices for my possession upon pick up- and that device may not return to the program environment.

- **Cell Phone/Tablet Use Policy for minors in the BAYR Program**
 - First preference is that phones/tablets are NOT brought to the program-there is no use for phones as the Staff will make communications to parents at any necessary time, and the program has tablets in-house youth participants can use. However, in this current culture, it seems that phones/tablets are an evident part of youth culture to use in everyday life.
 - IF a minor brings a tablet/phone/device to the program:
 - It is understood that such devices may only be used at approved/appropriate times- that when the content of the program is actively occurring, said devices are to be put away
 - It is understood that the content of material that is being viewed or discussed/chatted is appropriate for minors to be engaged upon
 - It is understood that devices may Not be given/shared to another minor- minors need parent permission to be on devices, it cannot be at the discretion of another minor to hand over a device
 - It is understood that if a device enters the program, it is by parent permission to do so- BAYR is in NO manner responsible for devices lost/stolen/broken

- It is understood that minors are strictly FORBIDDEN to Photograph, video or record any other minor or person within the program. BAYR administration needs to receive parental permission to photograph youth participants. The minor with a device has no such permission from another parent to record, video their child
- It is understood that if a minor with a device is found to have infringed any of the above policies to have the privilege of bringing a phone/devices to BAYR programs, that- that device will be taken from the minor and held until parent pick up. A conference will be held to discuss if the phone privilege will be returned.
- I give permission for my child to be included in photographs that may be used for projects and BAYR media.

I have read, understand and agree to the BAYR policies on Program Fees, Paid Closure Days, Deposits, Tuition, Field Trips, Additional Fees and the Devices/ Cell Phone policies. I am signing that I received this information and the parent handbook information, with additional link as listed on our BAYR website if I should ever need it.

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

Hold Harmless

Camper _____ who is participating with BAYR Summer Programs enters into such activity with him/her selves and parents/guardians acknowledgment of the normal risks of physical and social environment involved with group outdoor activity, including social contact and health risks and assumes personal responsibility for participation. The undersigned further hold BAYR and Trinity Lutheran Church, it's staff, volunteers and any and all persons associated with the operation of the facility and programs with the confines of the program, its acreage, buildings, facilities of any and all natures, involving usage by each participant, HARMLESS AND NOT RESPONSIBLE for any loss, damage or injury to the participant, his/her property, possessions, whether real or implied- arising from preparation, involvement or participation in any of the activities in the programs and usage of the facility and it's acreage. It is further agreed by the participants and his/her parents that medical insurance coverage is NOT provided for participants. Medical insurance is the sole responsibility of the participant.

I acknowledge that I have read, understand and agree with the outlined information as written above and that I will share in the responsibility for participating in the program with my camper.

Camper Signature: _____

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

Camp Tuition Fees: The summer experience at BAYR Camp is one of being a part of the summer community. To be apart of the community, campers need to be in the community a good part of the season to share in the experiences- one week campers would not have the same great team building opportunity as season campers. Therefore, for the wellness of the group, it is required that campers commit to at least 5 weekly sessions this summer.

ARE YOU READY for an Adventure? This summer at BAYR Camp we'll explore, collect, examine and ponder our natural environment. We'll visit places for land, air & water fun with exploration. With the summer program, every day we'll enjoy camp crafts, sports, environmental interpretation and most of all, have great times with friends! You'll make friends to keep for life at camp!

For a total summer experience, this camp will also enjoy optional water adventures and field trips to cool places. At the latter part of the summer, a true resident camp overnight experience will be offered.

Days of attendance are consistent, are non-transferable nor credited to another day.

Flex Fee \$30 for the summer for varied days of attendance

Paid Closure Days are required if they fall on your regularly scheduled day: July 3

Camper Fees

Your summer activity fee of _____ per camper covers daily on site activities, snack/lunch and routine transportation, due Thursday prior to the week of service.

Your camper fees for your summer program of \$_____ per week
Minus your deposit of \$_____ per week
Leaves you with a balance of \$_____ per week session selected
Summer Materials Fee of \$30 \$_____ per child
Summer Attendance Flex Fee of \$30 \$_____ for the summer
Summer Reusable Water Bottle \$5 \$_____ stays at camp
Total Paid at the time of enrollment: \$_____

Camper fees are **DUE THURSDAY** prior to the next week/session of attendance. \$_____ per week

There is a late fee of \$10/per day after the Thursday for the late camper payments.

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

ALL FORMS must be Received before attending!

BAYR Registration flyer: _____ BAYR Reg. Policies: _____ BAYR Health: _____

BAYR Summer Reg/Hold Harmless: _____ BAYR Fee Agreement: _____

BAYR Emergency Contact/Guardian Consent: _____ Parent Handbook Signature: _____

OCDEL Health Assessment (must be signed by child's medical provider): _____

All Pre Registration Fees and 1st Week of Camp Tuition: _____

I have read, understand and agree to the BAYR policies and procedures as listed above.

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

BAYR CAMP

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	DATE OF BIRTH
ADDRESS	
PARENT'S NAME/LEGAL GUARDIAN	PHONE NUMBER
PARENT'S NAME/LEGAL GUARDIAN	PHONE NUMBER
PARENT'S EMAIL	
EMERGENCY CONTACT PERSON(S)	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.	
2.	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME ADDRESS TELEPHONE NUMBER WHEN CHILD IS IN CARE/ PARENT AT WORK
1.	
2.	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
DISABILITIES (IF ANY)	
ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	
IEP NEEDS OR ACCOMIDATIONS	
MEDICATION, SPECIAL SITUATIONS NEEDED	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD	POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	PARENTS SIGNATURE
1. OBTAINING EMERGENCY MEDICAL CARE	1.
2. ADMIN. OF MINOR FIRST-AID PROCEDURES	2.
3. WALKS AND TRIPS	3.
4. TRANSPORTATION BY THE FACILITY	4.
5. WATER WADING	5.
6. SPLASH DAYS	6.
7. APPLICATION OF SUNSCREEN DURING THE DAY (PARENT MUST APPLY THE FIRST DOSE BEFORE ATTENDANCE, AS WELL AS PROVIDE A CONTAINER OF SUNBLOCK LABELED WITH CHILD NAME)	7.
8. ADDITIONAL FIELD TRIP FORMS AND PAYMENT MUST ALSO BE SIGNED	8.
9. FEES AND FORMS FOR WEEKLY ATTENDANCE MUST BE RECEIVED PRIOR TO TRIP ADVENTURES	9.
	NAME OF PARENT: _____
	SIGNATURE/DATE: _____

BAYR Summer CAMP FEE AGREEMENT

Child's Name	Date of Birth	
Weekly Fee	Days of Attendance	
Times of Attendance	Arrival	Departure
<p>Weekly Fees are DUE Thursday Prior to the Week of attendance</p> <p>Weekly fees include lunch, snacks, curriculum activities, care *fees are non-transferable nor refundable</p> <p>*summer camp 8 am-4:30 pm * Extended flexibility for early drop off at 7am or later pick up till 5:30pm is available at \$5 extra per occurrence</p>		
<p>Late Fees for late pick up: after contracted time/center closing time \$20 1st 15 minutes \$5 per 5 minute segments after</p>		
<p>Extra Fees if Applicable: Registration fee, Field Trips, \$40 Bounced Check Fee</p>		
<p>Late Fees for Payments not received Thursday prior to the week of service \$10 per day after Thursday</p>		
<p>Parent Signature *I Received BAYR CAMP enrollment, policies and procedures information *I Agree to update any changes with contacts or medical information</p>	Date	
Any additional notes for this child's attendance or fees		
Child Start Date:		

Berks Area Youth Recreation

Summer Program

19 Vermont Rd, Sinking Spring, PA 19608

610-678-6590

BAYRCAMP@comcast.net

2026 Summer Program Registration

Participant Name: _____ M ___ F ___ DOB _____ Age _____

Address _____

Parent Name: _____ Parent Phone # _____ Parent Email _____

School Attending _____ Grade _____

Summer Program Fee paid with program: Day Camp _____ Resident Camp _____

Known allergies or medical/emotional considerations, or other considerations to be understood when participating in BAYR Social/Educational/Community programs.

My child has my permission and support to participate and be included in BAYR programs/activities/events at the given location. I give permission for participation and group activity at/ and within walking distance from the regular, designated program location, as well as vehicle transportation by BAYR staff to understood, agreed upon and authorized destinations/locations. I understand that reasonable measures will always be taken to safeguard the health and safety of my child. I will be notified as soon as possible in the event of an unforeseen emergency. I understand that BAYR cannot be held responsible for events beyond their control. In signing this registration permission form, I agree to share that responsibility. In the event that I, nor any of the adult agents as listed below cannot be reached in an emergency, I hereby authorize the calling of the physician/ambulance and/or transportation of my child to the nearest medical/surgical treatment facility as deemed necessary at my expense. Persons authorized to contact in the event of an emergency and may pick up my child from BAYR events.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Times registering for program: Days _____ Arrival _____ Departure _____

I understand my child will be enrolled in the BAYR program as outlined, for the time frames outlined. When the program ends, I will be responsible in picking up my child from the program on time. I understand if I or any of my agents assigned do not pick up my child at the end of the program time and it is necessary for BAYR staff to remain on site to baby sit my child after his/her program is over, that I will be responsible for those baby-sitting chare fees: \$20 for the 1st 15 minutes late, \$5 for every 5 minute block following until pick up.

I do _____ I Do Not _____ give permission for my child to be included in photographs/videos and for that media to be included in BAYR archives and future publicity for BAYR.

Parent/Legal Guardian Signature _____ Date _____

Summer Program Medical Form

Berks Area Youth Recreation

Summer Program 2026

19 Vermont Rd, Sinking Spring, PA 19608

610-678-6590

BAYRCAMP@comcast.net

Participant Name: _____ M ___ F ___ DOB _____ Age _____

Address _____

Parent Name: _____ Parent Phone # _____ Parent Email _____

Known allergies or medical/emotional considerations, or other considerations to be understood when participating in BAYR Social/Educational/Community programs.

Primary Physician Practice: _____ Primary Physician: _____

Physician Address: _____ Physician Phone Number: _____

Date of Most Recent Exam: _____ Know Allergies: _____

Medications: _____ Medications coming to the program MUST be in the original container with assigned note from the parent/physician with instructions for administration.

Attach a copy of immunization record from physician's office (unless updated record is already on file in the BAYR office)

Additional information (social/physical/emotional/behavioral) that is pertinent to the child's welfare in a group setting and community:

Over the counter medications that me be administered to my camper/child with my written permission:

___ Tylenol ___ Stomach Relief ___ Anti-Itch/Benadryl ___ Anti bacterial ointment ___ Removal of Splinter or Stinger

Parent Signature: _____ Date: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

*General daily programs as outlined run from 8am-4:30pm. Extended flexibility for early drop off at 7am or later pick up till 5:30pm is available at \$5 extra per occurrence.
 *A Minimum of 5 weeks/sessions are required for attendance at summer camp for the wellness of the camp community social group

*Weekly program fees include treks to woodland & wetlands, AM/PM Snack and Lunch when not out on an excursion
 *Apply to attend a week session with a \$25 non-refundable non-transferable deposit per session. This will be applied to each week when your child attends
 Additional Fees will include optional field trips, \$40 bounced check fee, extended care hours, materials fee, flex attendance fee see packet for more information
 *Balance DUE Thursday prior to the week of attendance
 *All forms and deposits must be provided prior to attendance



DAY CAMP



REGISTRATION

BERKS

AREA YOUTH

RECREATION

Build Your

Summer

2026

Day Camp

Please circle the program for your family: M-F 8am-4:30 PM

Fees:	3 days	5 days	5 days with Zoom*
Ranger	\$195	\$220	\$270
Hi Adventure	\$185	\$210	\$260
Camp Aide	\$175	\$200	\$250

* A Zoom Pass is an easy way to handle participating in ALL the offered trips, pool time, extra excursions going on all summer. Taking care of extra (discounted) trips/activities on a weekly, consistent basis eliminates extra fees and provides a budgeting tool to eliminate unexpected costs.

Additional Fees for Registration:
 Summer Materials Fee: \$30 per child _____
 Summer Flex for flexible/ not consistent schedule: \$30 for the summer _____
 Reusable Water Bottle with Child's Name: \$5 _____
 \$25 deposit per weeks of attendance: # of weeks: _____ amt paid: _____

Optional field trips will be additional as listed on a weekly/monthly calendar. Days of attendance are consistent, are non-transferable nor credited to another day. Paid Closure Day of July 3rd is required with regular attendance schedule.

Call to set up an appointment for enrollment or mail registration information and certified check:

610-678-6590
 19 Vermont Rd Sinking Spring PA 19608
 BAYRCAMP@comcast.net
 www.berksareayouthrec.org



Monday June 1-
 Friday August 17

Open House
 Fri. April 24th 5-7pm
 Sat. April 25th 10am -12pm

*Once camper registration is received, a confirmation packet including a calendar of highlights/field trips and program details will be given

ENROLL NOW!
 610-678-6590
 BAYRCAMP@COMCAST.NET

REGISTRATION

Join us for enrichment, fun, learning
and endless memories at Camp!

General Registration Information

Childs Name: _____
 Age: _____ T-shirt Size _____ Gender: _____
 DOB: _____
 Last Grade Completed: _____
 School Attended: _____
 Parent/Legal Guardian: _____
 Phone Number: _____
 Days of the Week Attending: _____
 Hours of Attendance: _____
 Parent Email _____

Check for Weeks of Attendance

Week 1 _____ Week 7 _____
 June 1-5 _____ July 13-17 _____
 Week 2 _____ Week 8 _____
 June 8-12 _____ July 20-24 _____
 Week 3 _____ Week 9 _____
 June 15-19 _____ July 27-31 _____
 Week 4 _____ Week 10 _____
 June 22-28 _____ Aug 3-7 _____
 Week 5 _____ Week 11 _____
 June 29-July 3 _____ Aug 10-14 _____
 *paid closure 7-3

Week 6 _____ Week 12 _____
 July 6-10 _____ Aug 17-21 _____



5 Week Minimum of Attendance

*Disabilities (If Any) _____
 *Allergies (Including Medication Reaction) _____
 *Medical or Dietary Information _____
 *IEP needs or Accommodations (a copy of the IEP is required prior to attendance for the best success of the camper/program) _____
 *Medication, Special Situations Needed _____

*ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

- Any omission or false information maybe reason for termination from the program without a deposit return.

I have read, understand and agree to the BAYR policies and Program Fees, Paid Closure Days, Deposits, Tuition, Field Trips, Additional Fees policies.

Parent/Guardian Signature: _____

Date: _____

Administration Use:

Summer Materials Fee \$30: _____ Summer Flex \$30: _____
 Reusable Water Bottle \$5 _____
 \$25 deposit per weeks of attendance:
 # of weeks: _____ amt paid: _____
 Total Amount Paid at registration: _____
 Check: _____ Cash: _____