

- *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
- *Balance DUE Thursday prior to the week of attendance
- *All forms and deposits must be provided prior to attendance

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

Rangers K-1st

3 day/\$150

5 day/\$165

High Adventure 2nd-6th

3 day/\$145

5 day/\$160

Total Weekly Tuition _____

Call for Middle School programs

Additional Fees for Registration:

Registration Fee:

\$30 per child

Summer Flex for flexible/ not consistent schedule: \$30 for the summer

Reusable Water Bottle with Your Childs 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 4th 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

ENROLL NOW!

610-678-6590
BAYRCAMP@COMCAST.NET



DAY CAMP



REGISTRATION

BERKS



AREA YOUTH RECREATION

Summer Camp Adventures 2025

Day Camp

Monday June 2- Friday August 22

Open House

Fri. April 4 5-7 pm

Sat. April 5 1-2pm



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



REGISTRATION

General Registration Information

Childs Name: _____

Age: _____

DOB: _____ Gender: _____

Last Grade Completed: _____

School Attended: _____

Parent/Legal Guardian: _____

Phone Number: _____

Days of the Week Attending: _____

Hours of Attendance: _____

Check for Weeks of Attendance

Week 1
June 2-6 _____

Week 7
July 14-18 _____

Week 2
June 9-13 _____

Week 8
July 21-25 _____

Week 3
June 16-20 _____

Week 9
July 21-Aug 1 _____

Week 4
June 23-27 _____

Week 10
Aug 4-8 _____

Week 5
June 30-July 4 _____
*paid closure 7-4

Week 11
Aug 11-15 _____

Week 6
July 7-11 _____

Week 12
Aug 18-22 _____

5 Week Minimum of Attendance



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

*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:

Reg Fee \$30: _____ Summer Flex \$30: _____ Water Bottle \$5: _____

\$25 deposit per weeks of attendance:

of weeks: _____ amt paid: _____

Total Amount Paid at registration: _____

Check: _____ Cash: _____