

5 STAR KIDS CAMP 2011 REGISTRATION FORM

Instructions: Complete and mail with a one-time \$50 non-refundable deposit per child to 5 Star Kids Camp/ 1916 Bonifant Rd. / Silver Spring, MD 20906.

Date _____

Camper Information

Name of camper being registered: _____

Current home address of camper: _____

Summer address of camper(s) if different from above:

*effective as of ____ / ____ / ____ _____

Grade camper just completed: _____ Date of Birth: ____ / ____ / _____

Sex: M or F Age: _____ Weight _____

School Name: _____

Church Name (if applicable): _____

Other siblings also registering for Camp:

Dates of Attendance: Please circle the weeks of Camp you wish to register this camper for:

1) June 20 - June 24 2) June 27 - July 1 3) July 5 - July 8 4) July 11 - 15

5) July 18 - 22 6) July 25 - 29 7) Aug 1 - 5 8) Aug 8 - 12

Extended Care: Available from 7:30-9 a.m. and 3:30-5:30 p.m.

Before Care \$25.00/wk After Care \$35.00/wk

(extended care fees must be paid at the time of payment of weekly fees)

extended care drop in fees - \$10.00 per half hour

Please tell us how you heard about 5 Star Kids Camp _____

Method of registration payment:

____ cash

____ check, (number): _____

*If paying by check, to what name does the account

belong: _____

**make checks payable to:

"5 Star Kids Camp"

PAYMENT INFO

A one time non-refundable deposit fee of \$50 per camper is required upon receipt of this registration form. This will hold your place for the week(s) registered and be applied to the first week's fees.

*You can pay weekly fees now OR on the Monday of each week - your choice.

*Discounts will be applied to tuition

5 STAR KIDS CAMP 2011 REGISTRATION FORM cont.

Parent/Guardian #1

Name _____

relationship to camper

Home phone # _____ Cell phone #: _____

Work phone # _____ Email address: _____

*Street Address (if other than above): _____

Parent/Guardian #2

Name _____

relationship to camper(s)

Home phone # _____ Cell phone #: _____

Work phone # _____ Email address: _____

*Street Address (if other than above): _____

Emergency Contacts we may use if necessary:

#1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

Pick-up Restrictions: Please list all person(s) who might be picking up this camper from camp:

1. Name: _____ Relationship to camper: _____

2. Name: _____ Relationship to camper: _____

3. Name: _____ Relationship to camper: _____

*Note: You will receive more information about our pick-up policy and No one will be permitted to pick up this camper from Camp without your permission.

*Please list anyone who should specifically be *prevented* from picking up this camper from Camp and attach a brief note of explanation

Name: _____ Relationship to camper: _____

Swimming Restrictions: (check one): _____ Shallow end only _____ Deep end permission*

*Note: Even if you grant Deep End permission for this camper they will still need to pass a swim test administered by Camp staff and certified lifeguards at the designated pool.

Medical Information: This medical section below is required by State for the Maryland Department of Health and Mental Hygiene, and must be completed *fully*. Your camper will not be enrolled at 5 Star Kids Camp until this information is complete.

Insurance Company: _____ Policy #: _____

Name of Primary Care physician: _____ Phone: _____

DATE OF CAMPER'S LAST TETANUS SHOT: ____ / ____ (month/year) **VERY IMPORTANT!**

*If camper is exempt from any vaccinations for religious/medical reasons please *check here* _____.

** If camper is not a resident of Maryland or not attending a public or private school, complete immunization records need to be attached along with this registration form.

List any foods or drinks the camper should not have: _____

List any allergies or restrictions that may hinder the camper from fully participating in all camp activities: _____ (attach separate page if necessary)

Will the camper need to take any medications at Camp? YES NO (circle one)

Note: If so, a medication form for self-administered medication will be provided for you to complete.

5 STAR KIDS CAMP 2011 REGISTRATION FORM cont.

1916 Bonifant Road, Silver Spring, MD 20906
310-460-3110 www.5starkidscamp.org

Medical Release Form

Child's Name _____ Date of Birth _____

Address _____ Zip _____ Home Phone _____

Medications currently taking _____

Allergies and/or Medical Conditions: _____

Physical Handicaps or limitations _____

** (if address or contact numbers for parent is different than child's, provide specific info)

Parent/Legal Guardian name: _____

Contact Number(s) _____

Medical/Health Insurance Company _____ Policy/Group # _____

Emergency contact: Name and relationship _____

Phone Numbers _____

The parent/guardian approves of the camper's participation and assumes all risks associated with participation in the program. 5 Star Kids Camp assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, 5 Star Kids Camp encourages each participant to consult his or her physician concerning fitness to participate in the program.

I, the undersigned parent or legal guardian of _____, grant permission Layhill Community Church and personnel acting on behalf of the 5 Star Kids Camp to approve any medical treatment needed to secure the welfare of the above named child. I understand that all medical costs will be assumed by our family and/or insurance program. I hereby release 5 Star Kids Camp of Silver Spring, MD, its staff and sponsors from responsibility and liability for any injury or illness my child may sustain from any liability during travel to, the duration of, travel home, and on any outings related to off site trips. In case of an emergency, I hereby authorize an adult sponsor on trips, as agent for me, to consent to any X-ray exam, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state wherein the service(s) are rendered, either at a doctor's office, in any hospital, or location deemed advisable or necessary by any qualified physician. My son/daughter understands that he/she must follow the guidelines established by the Camp Director and approved sponsors. By signing here, I verify that all information on this form is correct and I agree with the release statement above.

Parent/Legal Guardian

Date

Witness

Date

5 Star Kids Camp

WELL CHILD POLICY

Your child's health is important to you and to those at 5 Star Kids Camp. We ask that you keep your child home if they have any of the following symptoms and/ or illnesses:

Persistent Sneezing	Persistent Coughing
Any discolored nasal discharge	Vomiting
Lice	Inflamed throat
Earache	Rashes/Impetigo
Runny nose and/or eyes	Swollen glands
Unusual fatigue or irritability	Complaints of stomachache
Fever (over 99 degrees, must be fever free for 24 hours)	

If your child is being treated with antibiotics, he/she must be on the drug for at least 24 hours before returning to camp.

If a child shows signs of any of these symptoms while in our care, the child will be isolated from the others and parent or guardian will be contacted. (In the case of children with allergies who might exhibit some of the above-mentioned symptoms, exceptions will be made).

Our desire is to protect all children and volunteers from exposure to illness. We appreciate your cooperation in maintaining a healthy environment.

★ Parent/Guardian Agreement

Parent/guardians must keep their children home from camp when they are ill. 5 Star Kids Camp agrees to notify the parent/guardian whenever the child becomes ill while at camp, and the parent/guardian agrees to make arrangements to pick the child up as soon as possible. Parents/guardians must inform 5 Star Kids Camp within 24 hours or the next business day if their child or any member of their immediate household has developed any reportable communicable disease. Life-threatening diseases must be reported immediately.

Parent Signature: _____ Date: _____

5 STAR KIDS CAMP PARENTAL CONSENT FORM

- ✓ I understand that full tuition of \$150 for the first week and \$140 for any additional weeks of camp must be paid in full by Monday morning of the impending week of camp. Before and After Care fees must also be paid at this time.
- ✓ I understand that before and after care fees must be paid in full along with regular camp fees. Drop-in extended care fees are 10.00 per half hour.
- ✓ I understand a one time non-refundable deposit of \$50 per camper must be included with this registration form.
- ✓ I understand my child cannot begin any week of camp until the registration form is fully completed, **including the date of the last tetanus shot.**
- ✓ I give permission for my child to participate in all camp activities, realizing that every safety precaution will be taken at all times but that 5 Star Kids Camp assumes no liability for injuries or damage resulting from regular participation.
- ✓ I give permission for the 5 Star Kids Camp staff and any agency acting on its behalf to provide medical attention that might be necessary and urgent during a time when I cannot be contacted by telephone.
- ✓ I understand there will be a \$20 fee for each returned check.
- ✓ I understand that camper registrations are accepted on a first-come, first-served basis. I will be promptly notified in the case I am placed on a waiting list and any monies paid will be refunded.
- ✓ I understand that medications can only be administered with a completed Physician's Medication Order form signed by the prescribing doctor. This form will be sent with the confirmation letter once my registration is processed.
- ✓ I understand that the directors of 5 Star Kids Camp reserve the right to suspend any camper for any length of time when it is deemed necessary in the best interest of the camper or the camp.
- ✓ I give permission for 5 Star Kids Camp to use my child's name, voice, testimony, and/or picture in any type of promotional material. I will notify a director if this is unacceptable.
- ✓ I have completed all required information and have enclosed my payment. I understand that 5 Star Kids Camp cannot guarantee acceptance of this application. All applications are processed in order of arrival.
- ✓ I understand that if I pick up my child after **5:30 p.m.**, I will be charged a \$1.00 per minute, per child late fee.

By signing my name, I indicate that I have read and have understood each of the above statements, and agree to relate with 5 Star Kids Camp in a way that reflects my understanding of this page.

Parent/Guardian Signature

Date