



Where Kids Discover A New Adventure Everyday!

2017 SUMMER REGISTRATION PACKAGE

ENROLLMENT & PARTICIPATION POLICY

1. (Initial for verification) **ENROLLMENT POLICY** The registration payment is due at the time of enrollment. Completed forms without payment are not considered enrolled participants. All registration fees are non refundable. All payments must be paid in cashier check or money order. Absolutely NO cash or personal checks.
2. (Initial for verification) **PAYMENT POLICY** As the Parent/Guardian and the person responsible for payment of an enrolled camper, I understand my child's camp fees *must be received in full prior* to services being rendered. There are no pro-rated tuition fees. A \$10.00 late fee will be accrued to your account if the payment is not received on the 3rd business day. All payments must be paid in cashier check or money order. Absolutely NO cash or personal checks.
3. (Initial for verification) **LATE PICK-UP POLICY** Campers not participating in the extended camper care program may be dropped off at camp *no earlier than 8:50am* and *picked up promptly by 4pm*. If I sign-up my child for after camp care, I understand he/she must be picked up by 6pm. The Late Pick-up Policy will apply if camper is picked up after 6pm. All late payments must be paid the next camp day at the time of drop-off.
 - a. Fees are as followed: 6:01-6:04 (No charge), 6:05 (\$5.00), 6:06-6:09 (\$5.00), 6:10 (\$10.00), 6:11-6:14 (\$10.00), 6:15 (\$15.00) and 6:16 –up (plus \$1.00 until pick up)
4. (Initial for verification) **REFUND POLICY** Days missed from the program cannot be rescheduled or reimbursed. Big field Trip money may only be transferred to other Big Field Trips.
5. (Initial for verification) **LOSS OR PERSONAL DAMAGES** While every reasonable effort is made to safeguard camper's belongings, I understand Camp Discovery cannot be held responsible for the loss or damage of any of my child's belongings.
6. (Initial for verification) **PARTICIPATION AGREEMENT** As the Parent/Guardian of an enrolled participant, I agree to allow my child to participate in all activities of Camp Discovery.
7. (Initial for verification) **EXCURSIONS AWAY FROM CAMP** I give my consent for my child to be taken off the program premises by the staff on a bus or on foot, as a scheduled part of the program.
8. (Initial for verification) **EMERGENCY MEDICAL TREATMENT** In the event of an accident or illness involving my child while attending camp, I understand Camp Discovery will make every attempt to notify myself and/or my emergency contact person. I give my consent to Camp Discovery to act on behalf of my child in the event of an emergency, and further, to be transported, assessed and treated in a hospital if necessary. I understand I must notify Camp Discovery of any changes in the medical or health condition of my child between the time of completion of this form and participation at camp. If you don't want your child to be transported to the hospital please advise us of what steps you'd like to be taken after we contact you and/or emergency contact

9. (Initial for verification) **AUTHORIZATION FOR PUBLICITY** I give my consent for my child to be photographed at camp for purposes of promotion and public relations.

REGISTRATION FORM

Child Name 1		Grade Entering in the Fall of 2017	
School		DOB	Age
<input type="checkbox"/> Before Care <input type="checkbox"/> After Care Additional \$25 weekly	<input type="checkbox"/> Before & After Care Additional \$40 weekly	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> FOOTBALL	<input type="checkbox"/> PERFORMING/FINE ARTS
“KOWABUNGA” BLAST-OFF VENTURES	MID WAY “EXPLOSIVE” EXPEDITIONS	“FANTASTIC” 4 FINAL VOYAGES	
<input type="checkbox"/> Week 1: June 12-16, 2017	<input type="checkbox"/> Week 5: July 10-14, 2017	<input type="checkbox"/> Week 9: August 7-11, 2017	
<input type="checkbox"/> Week 2: June 19-23, 2017	<input type="checkbox"/> Week 6: July 17-21, 2017	<input type="checkbox"/> Week 10: August 14-18, 2017	
<input type="checkbox"/> Week 3: June 26 -30, 2017	<input type="checkbox"/> Week 7: July 24-28, 2017	<input type="checkbox"/> Week 11: August 21-25, 2017	
<input type="checkbox"/> Week 4: July 3-7, 2017	<input type="checkbox"/> Week 8: July 31-August 4, 2017		
Child Name 2		Grade Entering in the Fall of 2017	
School		DOB	Age
<input type="checkbox"/> Before Care <input type="checkbox"/> After Care Additional \$25 weekly	<input type="checkbox"/> Before & After Care Additional \$40 weekly	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> FOOTBALL	<input type="checkbox"/> PERFORMING/FINE ARTS
“KOWABUNGA” BLAST-OFF VENTURES	MID WAY “EXPLOSIVE” EXPEDITIONS	“FANTASTIC” 4 FINAL VOYAGES	
<input type="checkbox"/> Week 1: June 12-16, 2017	<input type="checkbox"/> Week 5: July 10-14, 2017	<input type="checkbox"/> Week 9: August 7-11, 2017	
<input type="checkbox"/> Week 2: June 19-23, 2017	<input type="checkbox"/> Week 6: July 17-21, 2017	<input type="checkbox"/> Week 10: August 14-18, 2017	
<input type="checkbox"/> Week 3: June 26 -30, 2017	<input type="checkbox"/> Week 7: July 24-28, 2017	<input type="checkbox"/> Week 11: August 21-25, 2017	
<input type="checkbox"/> Week 4: July 3-7, 2017	<input type="checkbox"/> Week 8: July 31-August 4, 2017		
Child Name 3		Grade Entering in the Fall of 2017	
School		DOB	Age
<input type="checkbox"/> Before Care <input type="checkbox"/> After Care Additional \$25 weekly	<input type="checkbox"/> Before & After Care Additional \$40 weekly	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> FOOTBALL	<input type="checkbox"/> PERFORMING/FINE ARTS
“KOWABUNGA” BLAST-OFF VENTURES	MID WAY “EXPLOSIVE” EXPEDITIONS	“FANTASTIC” 4 FINAL VOYAGES	
<input type="checkbox"/> Week 1: June 12-16, 2017	<input type="checkbox"/> Week 5: July 10-14, 2017	<input type="checkbox"/> Week 9: August 7-11, 2017	
<input type="checkbox"/> Week 2: June 19-23, 2017	<input type="checkbox"/> Week 6: July 17-21, 2017	<input type="checkbox"/> Week 10: August 14-18, 2017	
<input type="checkbox"/> Week 3: June 26 -30, 2017	<input type="checkbox"/> Week 7: July 24-28, 2017	<input type="checkbox"/> Week 11: August 21-25, 2017	
<input type="checkbox"/> Week 4: July 3-7, 2017	<input type="checkbox"/> Week 8: July 31-August 4, 2017		

**ALL CAMPERS ARE REQUIRED TO BRING A BAG LUNCH EVERYDAY.
LUNCH IS NOT PROVIDED.**

Select the BIG FIELD trips that your camper will be attending

<input type="checkbox"/> Six Flags USA , MD FIELD TRIP DATE: June 29, 2017 PAYMENT DUE: June 19, 2017 PAYMENT AMOUNT: \$55.00 (LUNCH NOT INCLUDED)	<input type="checkbox"/> Chesapeake Beach Waterpark FIELD TRIP DATE: July 20, 2017 PAYMENT DUE: July 3, 2017 PAYMENT AMOUNT: \$35.00	<input type="checkbox"/> King's Dominion, VA FIELD TRIP DATE: August 10, 2017 PAYMENT DUE: July 24, 2017 PAYMENT AMOUNT: \$60.00 (LUNCH NOT INCLUDED)
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****If you purchase your ticket online and/or have a season pass, you still have to pay 50% of the big field trip rate. ****

****Camp Discovery will be closed to those campers NOT attending these trips. ****

Emergency / Medical Profile Form

Parent Information

Mother Full Name			
Father Full Name	Last	First	M.I.
	Last	First	M.I.
	Address		
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Home Phone	()	Alternate Phone	()
Mother Work Phone	()	Father Work Phone	()
Mother Email Address			
Father Email Address			

Emergency Contact (Other than Parent)

Full Name			
	Last	First	M.I.
Address			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Primary Phone	()	Alternate Phone	()
Relationship			

Medical Information (child's number must correspond to the name listed on the registration form)

BIRTHDAY (MM/DD)	Child 1	Child 2	Child 3
	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
Are there any health issues/concerns (i.e., seizures, asthma, allergies)?	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
	If yes, explain	If yes, explain	If yes, explain
If your child does not attend a school in Maryland The Md. Dept. of Health requires that students not already enrolled in Maryland public or private schools have their doctor complete a health inventory in order to attend camp. Please request this form from our office.			
Are the participant shot records current? Date of last tetanus or DPT shot	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
	Date	Date	Date
Is your child currently taking any medication?	Child 1 (First Name)	Child 2 (First Name)	Child 3 (First Name)
	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> yes
	If yes, explain	If yes, explain	If yes, explain

PAYMENT POLICY

I do understand that.....

1. (Initial for verification) **PAYMENT POLICY:** All tuition payments must be submitted on the **1st school day of the week**. If the tuition is not paid by the **3rd school day** the account will accrue a late fee of \$10.00 per day. This fee will also apply when partial payments are received (i.e. partial tuition payment, tuition less the late fee, etc.). Late fees will be rolled into your next tuition payment. **After one week** of non-payment services will be suspended. **After two weeks** of non-payment the student will be withdrawn from the program and will have to be re-registered before services are rendered. **Please read each example and initial EACH BULLET.**

- a. (Initial for verification) **MONDAY (day 1):** *You did not submit your payment on Monday*
- b. (Initial for verification) **TUESDAY (day 2):** *Grace period*
- c. (Initial for verification) **WEDNESDAY (day 3):** *By the close of business day (6:00 p.m.) your account will accrue a \$10 late fee. Last day to make a payment arrangement.*
- d. (Initial for verification) **THURSDAY (day 4):** *If payment is still not received by the close of business Thursday, all non-received payments will accrue an additional \$5 late fee.*
- e. (Initial for verification) **FRIDAY (day 5):** *By the close of business day Friday, all non-received payments will accrue a \$5 late fee. In addition, you will receive a letter concerning pending service suspensions.*
- f. (Initial for verification) *Payments not received by **MONDAY (day 6)**, will result in service suspension which will be in effect on the next camp day **TUESDAY**. All non-received payments will accrue an additional \$ 5 late fee.*
- g. (Initial for verification) **TUESDAY (day 7):** *My child will not be able to utilize Camp Discovery services until the payment is received in full.*

2. (Initial for verification) **PAYMENT POLICY:** As the Parent/Guardian and the person responsible for payment, I understand all fees must be paid in cashier check or money order. Absolutely NO cash or personal checks.

3. (Initial for verification) **DROP IN POLICY:** I understand that all drop-in payments must be paid prior to the service being rendered. I understand that my child may only drop-in for 2 days and 3 or more days in considered a week.

Camp Discovery Discipline Policy

1. 1 Verbal Warning
2. 10 minute time-out
3. 30 minute detention
 - a. The entire 30 minutes must be completed before leaving detention.
Ex: If the child leaves and only 15 minutes were completed, the remaining 15 will be resumed on the following school day.
 - b. A detention form must be filled out prior to the student going into detention.
4. Parent conference
 - a. A parent conference can only be issued by an instructor and/or coordinator. Under no circumstances are the volunteers allowed to assign parent conferences.

Suspension Terms

Automatic Suspension

1. Profanity
2. Fighting
3. Violation of Bus Rules
4. Vandalizing camp property
5. Insubordination on Field Trips
6. Instigating a fight (2nd Offense)
7. Continuous Insubordination (2nd Offense)
8. Hitting/ Harming a camper (2nd Offense)

Long-Term Suspension (2 or more days)

1. Hitting/harming a counselor
2. Stealing
3. Hitting/ Harming a camper (3rd Offense)

In-House Suspension

1. Instigating a fight (1st Offense)
2. Continuous Insubordination (1st Offense)
3. Hitting/ Harming a camper (1st Offense)

After multiple suspensions, a request for removal will be submitted.

Parent/ Guardian Name (Print)

Parent/Guardian Name (Signature)

PARTICIPATION, SWIMMING & WAIVER RELEASE FORM

CAMPER PARTICIPATION WAIVER

Being the person responsible for payment and the parent/guardian of:

who is enrolled with Camp Discovery, I have read and agree to all of the attached Enrollment Participation Policies. I further agree to release and indemnify Camp Discovery and the staff from any accidents or injuries which may arise from participation in any activities. I have read this waiver and I understand its content. I have voluntarily signed this waiver on behalf of my child.

SWIMMING PARTICIPATION WAIVER

I give my child(ren) permission to participate in swimming. My child (ren) names are listed next to the category to specify the type of swimmer they are:

TADPOLES-Can't Swim/Beginner Swimmer (can only swim in waist level feet)

FROGGERS-Intermediate Swimmer (can only swim in his/her height level)

FISHYS-Advanced Swimmer (can swim in all feet of water, jump off diving boards, etc.)

Parent/Guardian Signature: _____

Date: _____

TRADITIONAL & FOOTBALL CAMP PARENT/GUARDIANS ONLY

I certify that my daughter/son _____ is physically fit to participate in the Camp Discovery's Football Program. I understand that there is inherent risk of participation in this physical activity, and I further state that Camp Discovery and their staff will not be held liable for injuries as a result of participation in camp activities.

I also give permission for camp officials to administer first aid to my child, and to seek medical assistance in the event I cannot be contacted through reasonable efforts. I have read this waiver and I understand its content. I have voluntarily signed this waiver on behalf of my child.

Parent/Guardian Signature: _____

Date: _____

FIELD TRIP PERMISSION FORM

PROGRAM: Camp Discovery

ADDRESS: 5120 Whitfield Chapel Rd. / Lanham, MD 20706

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

I, _____, give permission for my child (ren) to attend all local and big field trips (Metropolitan Area: Washington, DC, Maryland, Virginia and Out of State) sponsored by Camp Discovery starting June 12- August 25, 2017. I understand that all children will be transported using the church transportation of Mt. Calvary Baptist Church of Lanham and/or chartered bus through reputable bus service. I further agree to release Mt. Calvary Baptist Church, Camp Discovery and the staff from any accidents or injuries which may arise from participation in these field trips.

(Parent/Guardian's Signature)

(Date)

TO BE COMPLETED FOR WALKER'S ONLY

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

I, _____, hereby give permission for my child (ren) to walk or utilize public transportation when (Please check one: Arriving, Departing, or Both) the premises of Mt. Calvary Baptist Church of Lanham ~ Camp Discovery.

Arriving (Standard Arrival Time: 9:00a.)

Specify other times: _____

Departing (Standard Release Time: 4:00p.)

Specify other times: _____

I understand that by authorizing my child to arrive and/or leave the premises I waive the adult signature needed for signing in and out of camp. I release liability from Mt. Calvary Baptist Church and/or Camp Discovery Staff from any hurt, harm or danger which may occur prior to my child arriving to the premises or after my child has left the premises.

(Parent/Guardian's Signature)

(Date)

DAILY PICK-UP AUTHORIZATION & RELEASE FORM

CHILD'S NAME: _____

CHILD'S NAME: _____

CHILD'S NAME: _____

I give the following individuals permission to pick up my child(ren) from camp:

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

NAME: _____
PHONE: _____
RELATIONSHIP: _____

PARENT SIGNATURE: _____

DATE: _____

T-Shirt Order Form



Child #1 Name _____

T-Shirt Size:

Child Sm. Child Med. Child Lg. Adult Sm. Adult Med.
 Adult Lg. XL XXL XXXL

Child #2 Name _____

T-Shirt Size

Child Sm. Child Med. Child Lg. Adult Sm. Adult Med.
 Adult Lg. XL XXL XXXL

Child #3 Name _____

T-Shirt Size

Child Sm. Child Med. Child Lg. Adult Sm. Adult Med.
 Adult Lg. XL XXL XXXL