



# 2018-19 AC REGISTRATION PACKAGE

Date: \_\_\_\_\_

## Camp Discovery 2018-2019 Aftercare Camp Selection Form

New Camper

Returning Camper

	Current Grade 2018-19	Birthday (MM/DD/YYYY)	Current Age
Camper 1 Name			
Camper 2 Name			
Camper 3 Name			
Camper 4 Name			

Please select all that applies:

PG COUNTY AC ONLY \$80.00

Select the CAMP the camper will attend:

	Traditional	Performing & Fine Arts	Football
Camper 1 Name			
Camper 2 Name			
Camper 3 Name			
Camper 4 Name			

**For Office Use Only**

Early Bird Registration (ends 7/13/18):   Standard Registration:

2018-2019 BAC ONLY

Weekly Tuition Amount: \_\_\_\_\_

(Initial for verification) As the Parent/Guardian of an enrolled participant, I am aware that the last day of school is scheduled for **June 14, 2019**. I am aware that Camp Discovery's BAC Program will close **June 7, 2019** the last day of school and the date will be given at a later time.

By signing this contract, I, \_\_\_\_\_, agree to abide by the writing stated on this document. I know and understand what my weekly tuition amount will be each week. I understand that Camp Discovery may terminate the form without giving any notice if the parent/guardian does not make the registration payment that is due today, which means there is no guarantee that your child (ren) have a guaranteed slot.

Parent/Guardian Signature \_\_\_\_\_ Contact Number: \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_

Please check all items that apply:

Registration Fee  Registration Form  Registration Packet  Logged In Database

Discounts Applied:

Blow Out Special  Refer A Friend  Pay Upfront  Multiple Children

Total Amount Given of Discounts: \_\_\_\_\_

**Notes/ Comments:** \_\_\_\_\_

**Parent Information-Returning Members fill in updated changes ONLY\***  
**(Returning: 2017-2018 AC Members & 2018 Summer)**

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

**Emergency Contact (In the event that the parent cannot be reached)**

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

**Medical Information (child's number must correspond to the name listed on the registration form)**  
**NEW & RETURNING CAMPERS PLEASE COMPLETE**

BIRTHDAY (MM/DD/YYYY)	Child 1	Child 2	Child 3
Are there any health issues/concerns (i.e., seizures, asthma, allergies)?	<b>Child 1 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<b>Child 2 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<b>Child 3 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain
If your child does not attend a school in Maryland <b>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.</b>			
Are the participant shot records current? Date of last tetanus or DPT shot	<b>Child 1 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes Date	<b>Child 2 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes Date	<b>Child 3 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes Date
Is your child currently taking any medication?	<b>Child 1 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<b>Child 2 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain	<b>Child 3 (First Name)</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, explain

## **ENROLLMENT & PARTICIPATION POLICY**

1.  (Initial for verification) **STUDY HALL** Study hall is a one hour a day (Mon-Thurs) homework assistance program. There is no one-on-one tutoring. There is **no** project (book reports, science projects, & etc) assistance. Any homework not completed during study hall **must** be completed at home.
2.  (Initial for verification) **LATE PICK-UP POLICY** The Late Pick-up Policy will apply if camper is picked up after 7pm. All late payments must be paid the next camp day at the time of drop-off.
  - a. Fees are as followed: 7:01-7:04 (No charge), 7:05 (\$5.00), 7:06-7:09 (\$5.00), 7:10 (\$10.00), 7:11-7:14 (\$10.00), 7:15 (\$15.00) and 7:16 -up (the amount above plus \$1.00 until pick up)
3.  (Initial for verification) **ATTENDANCE POLICY** If a student will not be using Camp Discovery transportation to and from school, a phone call and left message must be made before 12:00pm. \$5.00 fee will be applied to the next payment.
5.  (Initial for verification) **REFUND POLICY** Weekly tuition fees are not transferable nor do we pro-rate due to absences from the program or early withdrawals.
6.  (Initial for verification) **LOST 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.
7.  (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.
8.  (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.
9.  (Initial for verification) **DISCIPLINE POLICY** As the Parent/Guardian of an enrolled participant, I agree to the Discipline Policy and all of the consequences that follow.

- 10  (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**
- 11  (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.
- 12  (Initial for verification) **INCLEMENT WEATHER POLICY** Camp Discovery follows PG County School system during inclement weather. If PG County Schools are closed due to inclement weather Camp Discovery is closed. If PG County Schools opens has a two hour delay due to inclement weather Camp Discovery will open two hours late. \*\*If PG County Schools close two hours early Camp Discovery will close two hours early.  
\*\*Scheduled to change based on weather conditions.
- 13  (Initial for verification) **WITHDRAWAL PROCEDURES** If a student is absent for ten days without notification, the student will be withdrawn. Camp Discovery requests a two week notice in writing when withdrawing a child from the program. This allows us to fill his/her spot with someone on the waiting list.
- 14  (Initial for verification) **SICK/ HEALTH POLICY** If a student is absent from Camp Discovery due to any illnesses and/or skin break-out, for safety purposes, Camp Discovery must immediately be informed and a doctor's note must be signed and brought back **prior** to the student using Camp Discovery's services.
- 15  (Initial for verification) All accounts that have an open balance after the last day of school will automatically accrue a \$25.00 charge to the account.
- 16  (Initial for verification) As the Parent/Guardian of an enrolled participant, I am aware that the last day of school is scheduled for **June 14, 2019**. I am aware that Camp Discovery's BAC Program will close **June 7, 2019**

## PAYMENT POLICY

I do understand that.....

1.  (Initial for verification) **PAYMENT POLICY:** All tuition payments must be submitted on the **1<sup>st</sup> school day of the week**. If the tuition is not paid by the **3<sup>rd</sup> 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 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 7:00 p.m.) Your account will accrue a \$10 late fee.*
  - 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 another \$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 school day **TUESDAY**.*
  - 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) **KIDZ DAY OUT/DROP IN POLICY:** I understand that all KDO's MUST be paid by the due dates (i.e KDO sheet) in order to receive AC-KDO rate. The drop-in rate will be applied to all who sign up and pay after the deadline date.
4.  (Initial for verification) All accounts that have an open balance after the last day of school will automatically accrue a \$25.00 charge to the account.

## 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.

### **Suspension Terms**

*\*Suspensions are subject to change depending on the situation\**

#### Automatic Suspension

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

#### Long-Term Suspension (2 or more days)

1. Hitting/harming a counselor
2. Stealing
3. Hitting/ Harming a camper (3<sup>rd</sup> Offense)
4. Same incident AFTER a parent conference was held.

#### In-House Suspension

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

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

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Parent/ Guardian Name (Print)

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Parent/Guardian Name (Signature)

**2018-19 AFTER CARE PARTICIPATION & RELEASE FORM**

**STUDENT PARTICIPATION WAIVER**

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

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

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

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**2018-19 AFTER CARE FIELD TRIP PERMISSION FORM**

**PROGRAM: Camp Discovery**

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

**CHILD(REN) NAME(S):** \_\_\_\_\_

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 After Care 2018-2019. 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)

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**SPORT'S ACTIVITIES PARTICIPATION**

I certify that my daughter(s)/son(s) \_\_\_\_\_ is physically fit to participate in the Camp Discovery's Sport's Activities. 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's Signature)

\_\_\_\_\_  
(Date)

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**2018-19 AC 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 from camp:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

\_\_\_\_\_  
**(Parent/Guardian's Signature)**

\_\_\_\_\_  
**(Date)**

# **2018-19 AFTER CARE PROGRAM**

## **2017-2018 PICK UP PERMISSION SLIP FORM**

### **Mt. Calvary Baptist Church (Camp Discovery)**

5120 Whitfield Chapel Rd  
Lanham, MD 20706  
301.577.5131  
301.577.7907 (fax)

This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Classroom# \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **CAMP DISCOVERY COPY**

*If you have more than one child, each child will need 3 separate sheets of the next 3 sheets*

## **2018-19 AFTER CARE PROGRAM**

### **2017-2018 PICK UP PERMISSION SLIP FORM**

**Mt. Calvary Baptist Church  
(Camp Discovery)**

5120 Whitfield Chapel Rd  
Lanham, MD 20706  
301.577.5131  
301.577.7907 (fax)

This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Classroom# \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SCHOOL OFFICE COPY**

*If you have more than one child, each child will need 3 separate sheets of the next 3 sheets*

## **2018-19 AFTER CARE PROGRAM**

### **2017-2018 PICK UP PERMISSION SLIP FORM**

**Mt. Calvary Baptist Church  
(Camp Discovery)**  
5120 Whitfield Chapel Rd  
Lanham, MD 20706  
301.577.5131  
301.577.7907 (fax)

This form is granting Mt. Calvary Baptist Church (Camp Discovery After Care) to drop off and/or pick up from the designated school which is listed below.

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Classroom# \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TEACHER COPY**

*If you have more than one child, each child will need 3 separate sheets of the next 3 sheets*