



Dear Parent:

In an effort to better serve the needs of your camper and ensure that camp is a fun and enjoyable experience, please note the following:

- The application should be completed and returned with all supporting documentation before your child's first day of camp.
- Our program is licensed and bonded in the state of Maryland and the requested information and documents is required to comply with state regulations.

We ask that you take a moment to look over the information requested before filling out the enclosed application. As the application is very thorough, please know that every blank must be filled in, but if a question does not apply to your camper, please write N/A in the space. Any incomplete applications could be returned and delay the registration process.

We are looking forward to a great summer and hope to see you this camping season!

Please feel free to contact with any camp-related questions at (240 508-5561).

Sincerely,

Kimberlyn Waterman  
Personnel Director  
Alma Marshall  
Program Director  
Tkwater2@comcast.net

## 2015 A & K Family Learning Place Tuition and Deposit Information

The fee for each one-week camp period is \$100.00. There will be a weekly activity fee of \$20.00 for field trips and transportation cost. The \$90.00 registration fee is to reserve your camper's session and is due with the completed application. Camp fees are due in advance – no later than the Friday before your child's camp session begins. *Reservations for a session will not be held without deposit.*

*Please make checks payable to A & K Family Learning Place and write your camper's name in the memo line of the check.*

### Policy Regarding Third Party Funding for Summer Camp at A & K Learning Place

- If you are planning to pursue reimbursement from a third party agency, please sign and date below to indicate your understanding of our policy.

Some of our camp families may qualify for respite services and have been successful in getting full or partial reimbursement for camp costs *by a third party agency*. At A & K Family Learning Place, the family is responsible for ensuring that all required payments are received prior to their loved one's approved session. We will not reserve a camp session without receiving full payment at the time of service. Upon request, we will gladly provide the family with a receipt of service that they can submit to their agency for the camper/client to be reimbursed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Mail your application and deposit to:

A & K Learning Place  
Attn: Kimberlyn Waterman  
1706 Plane Tree Way  
Bowie, Md 20721

## **A & K Family Learning Place Documents Checklist**

(please return checklist along with application)

*Please include the following documents:*

- Completed Summer Camp Application (w/ \$90.00 Registration fee)
- Emergency Contact Form
- Current medical physical evaluation
- Copy of Immunization record
- Copy of medical insurance card
- Current photo (taken within the last year) / Alert form
- Completed A & K Consent Forms
  - Field Trips
  - Swimming
  - Consent for Medical Treatment
  - Photographic Authorization
- Dismissal Policy
- Third Party Payments Policy (if applicable)



## 2015 Summer Camp Application

*(Please Print or Type)*

Date of Application: \_\_\_\_\_

### **Camp Sessions**

The following are the dates for A & K Family Learning Place 6 one-week sessions. Please note that the \$100.00 camp tuition for the first week is due prior to the first date of your child's scheduled camp attendance.

Please be aware that if tuition is not received prior to the beginning date of your child's camp week, the camp reservation will be cancelled.

Please indicate your session choices:

\_\_\_\_\_ Week 1 June 22nd thru June 26th, 2015

\_\_\_\_\_ Week 2 June 29th thru July 3rd, 2015

\_\_\_\_\_ Week 3 July 6th thru July 10th, 2015

\_\_\_\_\_ Week 4 July 13<sup>rd</sup> thru Aug 17th, 2015

\_\_\_\_\_ Week 5 July 20th thru July 24th, 2015

\_\_\_\_\_ Week 6 July 27<sup>th</sup> thru July 31stth, 2015

Field Trips incur individual fees . Flyers will be issued with pertinent details .

As a courtesy and convenience to our working parents, we offer morning and afternoon shuttle service from two convenient locations within our service area. This service is included at no extra cost as part of our Camp Program. The Hub sites are located at the Capitol Blvd and Mitchellville Plaza.



## Camper Information

*If you have more than one child, a separate application must be completed for each child*

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary language(s): \_\_\_\_\_

Briefly describe any physical disabilities or limitations that the applicant may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (including city, state, and zip code): \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

## Emergency Contact Information (We will always contact parents/guardians first, so





please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)

Admission Applicant's Name: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Third Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

***The following information is required***

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent listed above) \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

1. Are there any health problems including physical, psychiatric or behavioral problems of which we need to be aware. \_\_\_\_\_ No

\_\_\_\_ Yes, Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that you child's camp experience is positive? \_\_\_\_\_ No

\_\_\_\_ Yes, Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION**

For campers who reside within the United States, a United States territory or the District of Columbia

For campers who reside outside the United States, a United States territory or the District of Columbia

1. State/territory in which child resides:

\_\_\_\_\_

1. Country in which child resides

\_\_\_\_\_

2. Is this child exempt from any Immunizations? \_\_\_\_\_ No

\_\_\_\_ yes List them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Attach Department form DHMH896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ***Who is authorized to pickup your child(ren) from camp?***

**Primary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

***Note: For your child's safety, he/she will not be released to anyone whose name is not in our files as an authorized pick up person. Attach extra sheet of paper with information for additional authorized pick up individuals if needed.***



Camper's Name: \_\_\_\_\_

Counselor Assigned: \_\_\_\_\_

Van Assignment: \_\_\_\_\_



Child is allergic to \_\_\_\_\_

Child is unable to do \_\_\_\_\_

Attach Photo of your child here....





## **Consent to Treat**

I hereby authorize physicians, nurses, hospitals, and their authorized personnel, whether employed, contracted, or paid on a fee basis by the A & K Family Learning Place., to perform treatments and procedures as deemed necessary; and, release all medical or hospital records to The A & K Family Learning Place. from existing hospital and medical records; and, release all medical and hospital records possessed by The A & K Family Learning Place., to other physicians, nurses, hospitals and their authorized personnel. All releases and authorizations are for performance of treatment, procedures and medications as deemed necessary for my applicant.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## **Photographic Authorization**

Camper's Name \_\_\_\_\_

A & K Family Learning Place maintains a photographic history including videos of on and off campus activities in which residents and campers participate. Some activities or events may be published in various types of appropriate and professional presentations. On occasions, photographs may be necessary for medical purposes. A & K's use of the photographic materials will not be used to exploit and is protective of the residents' and campers' rights and dignity.

I/We understand the above and agree with the use of photographs for the stated purposes.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



## Swimming Consent Form

I hereby request that my applicant, \_\_\_\_\_, be allowed to participate in swimming and other water activities offered to the campers of A & K Family Learning Place. I have been informed and understand that if my applicant has an active seizure disorder, he or she may not be permitted to swim. I understand that there are risks and dangers involved in engaging in swimming/water activities included but not limited to injury from others who are also engaging in the activity, injury from diving, falling, slipping, or jumping, and injury from inhaling/swallowing water which could result in infection, brain damage, or even death from drowning.

As consideration for being permitted by A & K to engage in swimming or water activities, I do hereby waive any claim and release A & K for any injury or death caused by or resulting from my camper's participation in these activities.

This contract shall be legally binding upon me, my heirs, my estate, assigns and my personal representatives. I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

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

\_\_\_\_\_  
Parent/ Guardian's Printed Name

\_\_\_\_\_  
Date

Does your camper know how to swim independently in shallow water (4ft or less)?  
yes no

Does your camper know how to swim independently in deeper water (4 ½ ft or more)?  
yes no

Does your camper need to wear a lifejacket in the pool?  
yes no

Does your camper need to wear ear plugs?  
yes no (if yes, earplugs need to be provided)

# A & K FAMILY LEARNING PLACE CONSENT FORM FOR SUMMER 2015 FIELD TRIPS



I, \_\_\_\_\_ hereby give permission for my  
*Name if parent or guardian*

\_\_\_\_\_ \*\* to participate in field trips that  
*Son/Daughter/Other Relationship*

have been planned by A & K Family Learning Place for the 2015 Summer Camping Program. These trips include, but are not limited to museums, bowling, skating, sporting events, movies, and cultural events. I consent to emergency treatment for my child, if necessary. A & K Family Learning Place assumes no liability for injuries or damages that result from my child's participation in field trips and related activities.

## Planned Excursions

South Bowie Library  
Watkins Park Nature Ctr  
Bowling  
Hiking  
Skating  
Swimming  
Baysox Park  
Offsite Parks, Playgrounds & Picnic Areas

### **Parent/Legal Guardian Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## ***Dismissal Policy***

In an effort to ensure your child has a safe, fun and enjoyable experience, please review the Dismissal Policy. Our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our first priority. By reviewing and signing the Dismissal Policy form, you acknowledge your understanding of this policy.

It is the A & K Family Learning Place policy to dismiss a camper in the following circumstances:

- Upon direct orders of a physician;
- When camp administration determines that the camper needs services and supervision beyond those provided by our camp and our staff.
- When the camper exhibits any of the following behaviors or conditions:

Aggressive or threatening behaviors  
Non-compliant behavior  
Throwing objects  
Biting, scratching, kicking, fighting  
Incontinence of bowel and bladder

Refusal of prescribed medications  
Inappropriate sexual behavior  
Aggressive or threatening behaviors  
Destruction of property  
Inability to complete self care tasks  
(bathing, toileting, feeding, etc.)

- Requested voluntary discharge by the camper, family or legal guardian

***Should a camper be dismissed, the total fees paid will not be refunded.***

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## ***Affirmation of Completeness and Accuracy of Application***

I/We, \_\_\_\_\_, hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. We give consent for our applicant \_\_\_\_\_ to attend the A & K Family Learning Place and to participate in all programs and activities of the A & K Family Learning Place Program. I have read and understand all policies of A & K Family Learning Place. I further understand that A & K Family Learning Place is not responsible for lost, misplaced, or damaged personal items.

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

A & K Family Learning Place  
2015 Summer Academic Camp Program