

THE SANCTUARY
9171 Central Avenue † Capitol Heights, MD 20743 † 301-333-9033
Anthony G. Maclin, Pastor

SPORTS/SUMMER CAMP 2018 REGISTRATION FORM (Part I)

Please complete a separate registration form for each child.
Health Department Regulations require that ALL information be completed.

Child's Name (last, first, middle initial):

Address (street address, city, state, zip code):

Child's Date of Birth (month/day/year):

Child's Age:

Child's T-shirt size:

Name of school where currently enrolled:

Grade entering in fall:

Mother's Name:

Home Phone:

Work Phone:

Father's Name:

Home Phone:

Work Phone:

Names of brothers/sisters enrolled in the camp:

Email Address:

List at least two people who may be called in case of an emergency if parents can't be reached:

Name:

Home Phone:

Work Phone:

Address:

Name:

Home Phone:

Work Phone:

Address:

Please circle weeks of camp attendance: Dates subject to change based on Prince George's County Public Schools calendar.

(Please note: weeks selected are FINAL and payment is expected for all weeks selected.)

(Sports Camp) 6/18 (Summer Camp) 6/25 7/2 7/9 7/16 7/23 7/30 8/6

Parental Permission to release camper into the care of others: For your child's safety, we monitor who picks up your child from camp. Please indicate the names of people, including parents, allowed to pick up your child. **ANYONE NOT LISTED WILL NOT BE ALLOWED TO TAKE YOUR CHILD.**

NAME

RELATIONSHIP

Signature of Parent/Legal Guardian: _____ Date: _____

* Please make all checks payable to The Sanctuary at Kingdom Square.

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SPORTS/SUMMER CAMP 2018 REGISTRATION FORM (Part II)

Please complete a separate registration form for each child.

1. A non-refundable registration fee of \$250.00 is required when registering. (\$150.00 for supplies/materials, Friday Lunches, snacks, trips, transportation & camp shirt, \$100.00 first week's tuition.)
2. Sports Camp ONLY fee \$150.00 (if child attends June 18-22, 2018 ONLY.)
3. The camp day is from 9:00 am to 5:00 pm. I understand that the Camp has no control over weather, traffic or personal emergency situations that may occur. Therefore, if my child is not picked up by 5:00pm, I am required to pay the full Before/After Care fee of \$35.00. If my child is already enrolled in the Before/After Care program and is not picked up by 6:00pm, I am required to pay the emergency after Care amount of \$3.00 per minute per child. This amount must be paid on that day and cannot be billed or paid at a later date. If this is not paid, I understand that my child will be suspended from the Before/After Care program.
4. There is a \$35.00 fee for all returned checks. After the first returned check, only money orders or cash will be accepted.
5. I understand that the camp does not accept personal checks for any payments for the last week of camp (August 6-10, 2018). Also, payments for the week that I have designated as my child's last week of camp must be in cash or money order. No personal checks will be accepted.
6. I have selected the following weeks for my child to attend camp (please circle all that apply):

(Sports Camp) 6/18 (Summer Camp) 6/25 7/2 7/9 7/16 7/23 7/30 8/6

I understand that all selected weeks are **FINAL** and that I am responsible for payment for those weeks. If I change (cancel) the weeks, I understand that I will **LOSE** my deposit made for the last week of camp. I also understand that I will be assessed an administrative fee of \$25.00 for changes (additions or reduction of weeks) made after a camp administrator has signed this contract.
7. There is no reduction in tuition for days my child does not attend camp for the weeks that I have designated. There is a \$10.00 discount for siblings. The first child is \$100.00 per week, each subsequent child is \$90.00.
8. If my child cannot attend a field trip, I am responsible for finding alternate care for that day and I understand that there is no reduction in my tuition for that day.
9. If my child is terminated by the Camp due to violation of any of the program's requirements stated in the handbook, there will be no refund given and I understand that I am responsible for paying for the weeks circled on this contract.

My signature acknowledges that I have received a copy of The Sanctuary Summer Camp Parent's Handbook and that I have read, understand and intend to adhere to all requirements on this registration form, guidelines and fees printed in the parent handbook.

Parent's Name (Please Print)

Child's Name

Parent's/Guardian's Signature

Date

Camp Administrator's Signature

Date

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SUMMER CAMP MEDICAL INFORMATION CARD

This form must be entirely filled out and returned for your child to be admitted to our camp.

Child's Name (*last, first, middle initial*):

Address (*street address, city, state, zip code*):

Child's Date of Birth (*month/day/year*):

Child's Age:

Name of school where currently enrolled:

Grade entering in fall:

Mother's Name:

Home Phone:

Work Phone:

Mother's Employer:

Days/Times of work:

Father's Name:

Home Phone:

Work Phone:

Father's Employer:

Days/Times of work:

List at least two people who may be called in case of an emergency if parents can't be reached:

Name:

Home Phone:

Work Phone:

Address:

Name:

Home Phone:

Work Phone:

Address:

This box is required to be filed out in its entirety. *If your child is not registered in a Maryland Institution, you are required to present the camp with his/her immunization report. Reports must be received before child's 1st day of camp.*****

Primary Medical Care Provider:

Child's Physician:

Phone No.:

Address:

Medical Conditions:

Allergies/Reactions:

Medications currently being taken:

Date of Last Tetanus Shot: (mm/dd/yyyy required)

Is your child missing any of his/her immunizations? If yes, which one(s) and why?

This information is confidential and is only used to help the camp address the needs of each camper.

1. Does your child have any type of disability? If yes, please explain.

2. Has your child been seen by a physician for any of the following:

	Behavior (such as ADD/ADHD)		Learning Difficulties
	Mental Health Issues		Adjustment (Social/Emotional)
	Other		

3. Does your child have any mental, emotional or physical handicaps which may affect his/her activities or progress in the Camp? If yes, please explain.

4. Does your child need adult assistance in caring for his/her bathroom needs?

	Always		Usually		Sometimes		Never
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EMERGENCY MEDICAL INSTRUCTIONS

INSTRUCTIONS TO PARENTS/GUARDIANS:

- Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- If necessary, have your child's practitioner review the information you provide below and sign and date where indicated.

1. Signs/symptoms to look for:

2. If signs/symptoms appear, do this:

3. To prevent incidents:

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

COMMENTS:

Note to Health Practitioner: If you have reviewed the above information, please complete the following:

Name of Practitioner:	Date:
Signature of Practitioner:	Phone Number:

In the case of an emergency requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes The Sanctuary Summer Camp Staff to have your child transported to that hospital.

Signature of Parent/Legal Guardian: _____ Date: _____

SUMMER CAMP MEDICAL INFORMATION CARD PART III

AUTHORIZATION FOR SELF-ADMINISTRATION/ SELF-CARRY (OPTIONAL)

This form is to be completed in conjunction with the Medical Information Card if your child is able and capable of administering their own medication with the supervision of a camp administrator.

Camper's name: _____ Date of Birth: _____

MEDICATION ADMINISTRATION AUTHORIZATION for Youth Camps in Maryland:

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

Prescriber's Signature (authorizing self-administration): _____ Date: _____

SELF-CARRY EMERGENCY MEDICATION (Check One)

☐ YES ☐ NO ☐ N/A - Not emergency medication

Parent/Guardian's Signature (authorizing self-administration): _____ Date: _____

SELF-CARRY EMERGENCY MEDICATION (Check One)

☐ YES ☐ NO ☐ N/A - Not emergency medication