

CAMP DISCOVERY

Where Kids Discover A New Adventure Everyday!



**2009
REGISTRATION
PACKAGE**

CAMP DESCRIPTIONS

Mt. Calvary Baptist Church “Camp Discovery” consists of specialty camp, sports camp and traditional camp. Each camp includes weekly activities such as: field trips, swimming, bowling, skating, chapel and indoor/outdoor games.

Traditional Camp (\$95.00)

- Arts & Crafts
- Camp Games
- Music
- Physical Education

Sports Camp (\$110.00)

- Have actual class time learning the fundamentals of different sports
- Developing better understanding of “Sportsmanship”
- Instruction and training time that will help develop athletic skills
- Field trips related to sports, for example: tracks, basketball courts, miniature golf courses, baseball field, etc.

Specialty Camp (\$105.00)

- A structured classroom setting which focus on academic subjects, such as:
 - Reading
 - Math
 - Creative Arts/Special Projects
 - Visual Learning and Creative Arts
 - Math/Reading Study Hall (Includes computer lab time)

OTHER INFORMATION

- The registration fee is non-refundable
- Early Registration: \$55.00 (April) / Standard Registration: \$75.00
- Before & After Care (\$35.00 Weekly/Per Child)
- Before or After Care (\$20.00 Weekly/Per Child)
- After 6:00pm – a late fee of \$10.00 for every 10-15 that the parent or guardian is late will be charged at the time of pick-up. Payment is required at the time of pick-up.
- Lunch (\$2.00 Daily/Per Child)
- Additional fee for field trips and BIG field trips

FIELD TRIP PAYMENT SCHEDULE

NEW POLICY: In addition to the tuition payment an additional \$50.00 fee (per child) is required for standard field trips. This fee will cover the cost associated to the field trips such as: swimming, skating, bowling, movies, zoo, etc. for the entire the summer. This fee must be paid in full prior to camp services being rendered.

| FIELD TRIP | PAYMENT DUE DATE | AMOUNT |
|--|------------------|---------|
| HERSHEY PARK (June 25, 2009) | JUNE 10, 2009 | \$35.00 |
| STANDARD FIELD TRIPS (Camp Duration) | JUNE 15, 2009 | \$50.00 |
| SIX FLAGS, NJ (July 23, 2009) | JULY 10, 2009 | \$35.00 |
| KINGS DOMINION (August 13, 2009) | JULY 31, 2009 | \$35.00 |

FOR YOUR INFORMATION

Mt. Calvary Baptist Church “Camp Discovery” consists of traditional camp, sports camp and specialty camp. Campers will explore new ways to have fun with indoor or outdoor activities and also have weekly opportunities for swimming, bowling, skating and exciting field trips!

ORIENTATION

JUNE 10, 2009 AT 7:30P.

Camp Dates: June 15 –August 21, 2009

Ages: 4 - 14

Hours of Operation: 7:00am-6:00pm

Standard Camp Hours: 9:00am-4:00pm

Before Care: 7:00am-9:00am

After Care: 4:00pm-6:00pm

All services are to be PREPAID and weekly payments must be money order or cashier check, ABSOLUTELY NO CASH OR PERSONAL CHECKS.

TUITION PAYMENT SCHEDULE

All payments are to be paid on Monday prior to services being rendered. For payments we accept cashier checks or money orders only. Absolutely NO CASH!

| |
|-----------------|
| June 15, 2009 |
| June 22, 2009 |
| June 29, 2009 |
| July 6, 2009 |
| July 13, 2009 |
| July 20, 2009 |
| July 27, 2009 |
| August 3, 2009 |
| August 10, 2009 |
| August 17, 2009 |

Registration Form

| | | | |
|--|------------|--|--|
| Child 1 Name | | Grade Entering in the Fall of 2009 | |
| School | DOB | Age | |
| <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <small>Additional \$20 weekly</small> | | <input type="checkbox"/> Before & After Care <small>Additional \$35 weekly</small> | |
| <input type="checkbox"/> Little Explorer (4-7) | | <input type="checkbox"/> Pro Pioneer (11-14) | |
| <input type="checkbox"/> Advanced Adventurer (8-10) | | | |
| "KOWABUNGA" BLAST-OFF VENTURES | | MID WAY "EXPLOSIVE" EXPEDITIONS | |
| <input type="checkbox"/> Week 1: June 15-19, 2009 | | <input type="checkbox"/> Week 4: July 6-10, 2009 | |
| <input type="checkbox"/> Week 2: June 22-26, 2009 | | <input type="checkbox"/> Week 5: July 13-17, 2009 | |
| <input type="checkbox"/> Week 3: June 29-July 3, 2009 | | <input type="checkbox"/> Week 6: July 20-24, 2009 | |
| <input type="checkbox"/> Big Field Trip 1: 6/25/09 (\$35.00) | | <input type="checkbox"/> Big Field Trip 2: 7/16/09 (\$35.00) | |
| <input type="checkbox"/> Traditional \$95 weekly <input type="checkbox"/> Specialty \$105 weekly <input type="checkbox"/> Sports (ages 7-13 only) \$110 weekly | | <input type="checkbox"/> Traditional \$95 weekly <input type="checkbox"/> Specialty \$105 weekly <input type="checkbox"/> Sports (ages 7-13 only) \$110 weekly | |
| Child 2 Name | | Grade Entering in the Fall of 2009 | |
| School | DOB | Age | |
| <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <small>Additional \$20 weekly</small> | | <input type="checkbox"/> Before & After Care <small>Additional \$35 weekly</small> | |
| <input type="checkbox"/> Little Explorer (4-7) | | <input type="checkbox"/> Pro Pioneer (11-14) | |
| <input type="checkbox"/> Advanced Adventurer (8-10) | | | |
| "KOWABUNGA" BLAST-OFF VENTURES | | MID WAY "EXPLOSIVE" EXPEDITIONS | |
| <input type="checkbox"/> Week 1: June 15-19, 2009 | | <input type="checkbox"/> Week 4: July 6-10, 2009 | |
| <input type="checkbox"/> Week 2: June 22-26, 2009 | | <input type="checkbox"/> Week 5: July 13-17, 2009 | |
| <input type="checkbox"/> Week 3: June 29-July 3, 2009 | | <input type="checkbox"/> Week 6: July 20-24, 2009 | |
| <input type="checkbox"/> Big Field Trip 1: 6/25/09 (\$35.00) | | <input type="checkbox"/> Big Field Trip 2: 7/16/09 (\$35.00) | |
| <input type="checkbox"/> Traditional \$95 weekly <input type="checkbox"/> Specialty \$105 weekly <input type="checkbox"/> Sports (ages 7-13 only) \$110 weekly | | <input type="checkbox"/> Traditional \$95 weekly <input type="checkbox"/> Specialty \$105 weekly <input type="checkbox"/> Sports (ages 7-13 only) \$110 weekly | |
| Child 3 Name | | Grade Entering in the Fall of 2009 | |
| School | DOB | Age | |
| <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <small>Additional \$20 weekly</small> | | <input type="checkbox"/> Before & After Care <small>Additional \$35 weekly</small> | |
| <input type="checkbox"/> Little Explorer (4-7) | | <input type="checkbox"/> Pro Pioneer (11-14) | |
| <input type="checkbox"/> Advanced Adventurer (8-10) | | | |
| "KOWABUNGA" BLAST-OFF VENTURES | | MID WAY "EXPLOSIVE" EXPEDITIONS | |
| <input type="checkbox"/> Week 1: June 15-19, 2009 | | <input type="checkbox"/> Week 4: July 6-10, 2009 | |
| <input type="checkbox"/> Week 2: June 22-26, 2009 | | <input type="checkbox"/> Week 5: July 13-17, 2009 | |
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ENROLLMENT & PARTICIPATION POLICY

1. (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 my child attending camp. All payments must be paid in cashier check or money order. Absolutely NO cash.
2. (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 845am* 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. 10 - 15 minutes late - \$10.00
 - b. 16 - 30 minutes late - \$20.00
 - c. Over 30 minutes late - \$30.00
3. (Initial for verification) **REFUND POLICY** Days missed from camp cannot be rescheduled or reimbursed.
4. (Initial for verification) **BEHAVIOR MANAGEMENT** Camp Discovery is dedicated to providing a fun and safe summer day camp experience for children. Appropriate behavior expectations are clearly outlined to staff, volunteers, campers and parents. I understand I will be notified of all inappropriate behavior by my child and may be requested to pick up my child immediately. I further understand my camp fees for days lost will not be reimbursed.
5. (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 while at camp including but not limited to eyeglasses, retainers, ear plugs, swimming goggles, etc.
6. (Initial for verification) **PARTICIPATION AGREEMENT** As the Parent/Guardian of an enrolled camper, 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.

Emergency / Medical Profile Form

| Parent Information | | | |
|----------------------|----------------|-------------------|------------------|
| Mother Full Name | | | |
| Father Full Name | Last | First | M.I. |
| Address | Last | First | M.I. |
| | 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 | | | |
|-------------------|----------------|--------|------------------|
| Full Name | | | |
| | Last | First | M.I. |
| Address | Street Address | | Apartment/Unit # |
| | City | State | ZIP Code |
| | Primary Phone | () | Alternate Phone |
| Relationship | | | |

| Medical Information <small>(child's number must correspond to the name listed on the registration form)</small> | | | |
|--|--|--|--|
| | 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 |

PARTICIPATION & RELEASE FORM

PLEASE FILL OUT A FORM FOR EACH OF YOUR CAMPERS

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 camp activities. 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: _____

SPORTS CAMP PARTICIPATION & WAIVER RELEASE

PLEASE FILL OUT A FORM FOR EACH OF YOUR CAMPERS

I certify that my daughter/son is physically fit to participate in the Camp Discovery's Sports Program. I understand that there is inherent risk of participation in this physical activity, and I further state that Camp Discovery and there 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: _____

SWIMMING PARTICIPATION & WAIVER RELEASE

PLEASE FILL OUT A FORM FOR EACH OF YOUR CAMPERS

I give my child _____ permission to participate in swimming.

Check one: Yes No

My child should be categorized as the following type of swimmer:

- 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.)

The undersigned agrees that while participating, the participant will abide by all of the policies and procedures of Camp Discovery regarding swimming pool activities provided the participant in order to maintain the utmost level of safety for the participant. I have and do hereby assume all of the risks of participation in swimming pool activities and will hold Camp Discovery , its employees and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in Camp Discovery swimming pool activities. I also understand that my participation in Camp Discovery swimming activities is entirely voluntary.

Parent/Guardian Signature: _____

Date: _____

FIELD TRIP PERMISSION FORM

PROGRAM: Camp Discovery

ADDRESS: 5120 Whitefield 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 15, 2009 through August 21, 2009. I understand that all children will be transported using the church transportation of Mt. Calvary Baptist Church of Lanham and/or chartered bus through replicable 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)

WALKER'S/PICK-UP AUTHORIZATION & RELEASE FORM

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, 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: _____

Both

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 from camp:

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