



Dear A&K Family Place Summer Camp Applicant:

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 at camp.

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 us with any camp-related questions at 240-508-5561 or 301-974-4305.

Sincerely,

Kimberlyn Waterman  
Camp Director  
tkwater2@comcast.net

**A& K Family Learning Place**  
**Tuition and Deposit Information**

Weekly Camp Options:

The fee for each one-week camp session is listed below:

- \$150 Weekly Camp Fee
- \$ 35 Weekly Enrichment Activity Fee
- \$ 40 Weekly Aftercare (optional)
- \$ 25 Weekly hub stop transportation provided (optional)
- \$ 50 Weekly door to door transportation provided (optional)

The \$50 registration is to reserve your camper's session and is due with the completed application. *Reservations for a session will not be held without the deposit.*

The following locations list are our transportation hub stops.

Van 1 Chick- Fil-A at Cap Blvd and Levi's in Lake Arbor Shopping Center

Van 2 South Bowie Library and McDonalds at Mitchellville Plaza

Van 3 Chick Fil A at Vista Gardens and Safeway at Fairwood Shopping Center.

All camp reservations must be prepaid. Paid tuition for any Week is due by the Friday proceeding that camp week.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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

(Please return checklist along with application)

*Please include the following documents:*

- Completed Summer Camp Application (w/ \$50 Registration fee)
- Youth Camper Health History Form
- Copy of Immunization record
- Copy of medical insurance card & completed treatment consent form
- Current photo (taken within the last year) & photographic consent form
  
- Completed A & K Consent Forms
  - Field Trips
  - Consent for Medical Treatment
  - Photographic Authorization
  
- Dismissal Policy
  
- Third Party Payments Policy (if applicable)



**2022 Summer Camp Application  
(Please Print or Type)**

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

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

Please indicate your session choices: **Sessions are Monday thru Friday.**

- Week 1      June 26 thru June 30, 2023      \_ Camp Fee due 6/25/2023
- Week 2      July 3rd, thru July 7th, 2023      \_ Camp Fee due 7/2/2023
- Week 3      July 10th thru July 14th, 2023      \_ Camp Fee due 7/9/2022
- Week 4      July 17th thru July 21<sup>st</sup>, 2023      \_ Camp Fee due 7/16/2022
- Week 5      July 24th thru July 28th, 2023      \_ Camp Fee due 7/23/2022
- Week 6      July 31st thru Aug 4th, 2023      \_ Camp Fee due 7/30/2022

If transportation is needed please check appropriate box

- Van 1 Chick- Fil-A at Cap Blvd and Levi's in Lake Arbor Shopping Center
- Van 2 South Bowie Library and McDonalds at Mitchellville Plaza
- Van 3 Chick Fil A at Vista Gardens and Safeway at Fairwood Shopping Center

**Applicant 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 \_\_\_\_\_

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 (include 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: \_\_\_\_\_

***Who is authorized to pick up 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.***

## ***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

### ***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.)



**YOUTH CAMP HEALTH HISTORY CAMPER**

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

Current residence: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION INFORMATION:  
Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

MDH-4768 (12/2017)

**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 OR  
 GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATIONS (See Notes On Other Side)**

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name  
Office Address/ Phone Number

1. \_\_\_\_\_  
 Signature Title Date  
 (Medical provider, local health department official, school official, or child care provider only)

2. \_\_\_\_\_  
 Signature Title Date

3. \_\_\_\_\_  
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a:  Permanent condition OR  Temporary condition until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

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

***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

## ***Parent Consent Form Field Trip***

I, \_\_\_\_\_ hereby give permission for  
(Name of parent or guardian)

\_\_\_\_\_ to participate in the field trips that have been planned by A&K Family Learning Place for the 2022 Summer Camp Program. I give the A&K staff permission to transport my child by the facility van or chartered transportation to the following field trips included but are not limited:

- Skate Zone
- Bowling
- Watkins Regional Park - "Tennis Court"
- College Park Aviation Museum
- Washington Commanders Facility Tour
- Chess and Numbers
- Apple Store (Field Trip)
- Kona Ice)

My signature below affirms my understanding that participation in field trips and related activities may present some risk of injury. Therefore, I consent to emergency treatment for my child, if necessary. I further understand that A & K Family Learning Place or their staff and volunteers assume no liability for injuries or damages sustained by my child as a result of participating in any field trips or related activities planned and implemented by the staff of A & K Family Learning Place.

Parent/Legal Guardian Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A separate consent form must be completed for each child being registered.

***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 2023 Summer Camp 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