

2021 CAMP ROCK REGISTRATION PACKET

1607 Cromwell Bridge Road Baltimore, MD 21234 www.camprockmd.com Office Number: 410-665-7461
Fax Number: 410-882-7163
E-mail: office@camprockmd.com

Please carefully read through and complete each page of this registration packet. All information collected is important to providing an enjoyable and communicable experience. Print clearly and sign where appropriate.

Ask About 2021 Registration Specials!

Please Note: Email is our primary form of daily communication. Please submit a valid email that is checked daily.

Camper's Full Name:	Employer:					
Camper's Nickname:	Work Pho	one:	Who?			
Mother/Guardian's Name: _	Mother/Guardian's Cell:					
-ather/Guardian's Name: _	Father/C	Guardian's Cell:				
Primary Parent/Guardian Re	gistering Camper:	Best E-m	ail Address:			
both parentsmom	_dadother:	Second	E-mail:			
Camper's Address:		Birthday/ Age in June 2020:				
City: State:	Zip:	Grade F	all 2020: Sch	ool:		
Please Circle T-Shirt Size: YXS	YS YM YL AS AM AL	Enrolled	Siblings/Friends:			
How did you hear about Ca	mp Rock? Please be speci	fic				
Pick Up Authorization List						
The following individuals hav	e my permission to pick up	my child from Cam	np Rock (must prese	ent photo identification]		
Name	Relationship	Best Phone	Vehicle: (C	Color, Make, Model)		
Emergency Contact List						
The following individuals hav	e my permission to be cor	ntacted in the event	of an emergency:			
Emergency Contact: _		Relationsh	ip to Camper:			
Cell Phone:	Work Phone	e: Home Phone:				
Emergency Contact: _		Relationsh	ip to Camper:			
	Work Phone					
	_					

CAMPER HEALTH HISTORY & LIABILITY FORM

CAMPER IMMUNIZATION INFORMATION

All campers must have current immunizations, see www.EDCP.org (Immunization)

All Campers most have content liminorizat		
Camper's Name:	Date of Birth:	
 Date of Camper's last Tetanus (or DTP) shot: 	month:	year
HEALTH & WELLNES	_	
Answering these questions will help our staff under		
Does the camper have any medical concerns, sp behavioral needs?	eciai neeas, emotionai, phy	sical, psychiatric or
□ NO		
☐ YES, Please Explain:		
Is the camper currently on medication? If yes, a A	Aedication Authorization For	m will need to be
completed.		
☐ YES, Current Medications:		
Does the camper have any allergies, or dietary re-		please complete Food
Allergy Checklist.	, , , , , , , , , , , , , , , , , , , ,	,
□ NO		
☐ YES, Allergies or Dietary Restrictions:		
Is Camp Rock and its' representatives authorized threatment for the camper if necessary?	to administer first aid and/or	approve medical
□ NO		
YES, Camper's Physician's Name:	Telephone:	
Is the camper covered by personal/family medical		
□ NO		
☐ YES, Insurance Provider:	Policy Number:	
Is your camper allowed to have sunscreen applied	d by our Camp Rock staff?	
■ NO, my camper is allergic to the following to		
☐ YES, all brands of sunscreen can be applied	d to my camper.	
By signing below, I affirm that I am the legal parent/guar Rock and its' representatives to administer First Aid and/understand that I am responsible for any medical or der acknowledge the risk of physical injury to my child or posuch as COVID-19, flu, or other common childhood ailmer Rock, or wherever they may take place, including off-sitany illness, bodily or personal injury sustained or associate Camp Rock on or off-site. Further, I agree to hold harmle related to or sustained during all activities at Camp Rock or its' partners. I understand that Camp Rock has a No-Rincluding dismissal for behavioral concerns, health concessely responsible for any and all legal fees and other fee against Camp Rock or its' representatives. Lastly, I under promotional endeavors including but not limited to mag presentations.	for take my child to a medical fatal costs not covered by my in assibility of my child acquiring a ents by participating in any and effect trips. I accept personal fact with any and all activities aress Camp Rock and its' represe k or during off site activities spokefund Policy. Refunds will not be cerns, or financial concerns. I unless arising from legal proceeding that my child's photogragazines, brochures, fliers, web p	facility for treatment. Insurance. In communicable illness, and all activities at Camp financial responsibility for the sponsored by entatives for illness, injury ensored by Camp Rock be issued for any reason and enstand that I am ags that I may pursue aph may be used for eublications, and media
Signature of Parent/Guardian:	Date: _	
Parent/Guardian Printed Name:		



2021 Camp Packages

Campers may purchase a Weekly Lunch Pass (Served on Monday, Wednesday, and Friday) or bring their own lunch. Campers who pack a lunch will <u>not</u> be able to heat their food.

- Extended Care & Additional Camp Package Features: Can be added to any package. Field Trips will be an additional cost per trip.
- Registration Reduction: Enroll in a minimum of six weeks or more to receive our lowest Full-Time rate! Part-Time sessions (2-5 Weeks) available for an additional rate! See below.



Three Components of a Fantastic Summer!

Sun

NEW: Weekly Horsemanship

(1 x Per Week)



Water



Non-Stop Fun



□ +\$30 per week

2020 Camper Packages "Daily Adventure"
Standard Camp Activities
Standard Camp Package

"Design My Day"
Specially Class Included
Deluxe Camp Package

"Extend My Day" Extended Care Included Premium Camp Package

Look!! Extended Day Value Package! That's a \$avings of Over \$50!!



□ +\$30 per week

 \Box +\$30 per week

Camp	Rock	Enrollment	t Selec	tions For:
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(Camper's Name)

Directions: Check the box for each week that your child will be attending Camp Rock. If Your Package includes **One Weekly Specialized Activity Class**, or you would like to add them **A-La-Carte select your Campers first choice class**. Specialized Activities are subject to minimum enrollment and availability. Specialty Classes will occur for 60-90 minutes throughout the course of the week.

2021 Camp Rock Mini-Sessions & Weekly Themes					Artworkz Imagination	Culinary Arts & Etiquette	Martial Arts	Gymnastics & Cheer Squad	Swim Lessons	Academic Support	Horsemanship (+\$30 PER WEEK)	
MINI SESSIONS	✓	WEEKLY THEMES & ENROLLMENT DATES	Select a Package Mix or Match	Extende Care	d		•				oring are	
Welcome to Camp		Week 1 Jun. 14-18 "Fun in the Sun"	Premium Deluxe Standard	□ BC □ AC	ere!			n/a	n/a	n/a	n/a	n/a
Mini-Session 1:		Week 2 Jun. 21-25 "Great Outdoors & More"	Premium Deluxe Standard	□ BC □ AC	ct Them He			n/a				
"CREATE"		Week 3 Jun. 28- Jul. 02 "Around the World"	Premium Deluxe Standard	□ BC □ AC	age? Sele				n/a			
Mini-Session 2: "EXPLORE" Trip: Ranch Fun Day		Week 4 Jul. 06-09 (closed 7/5) "Super Scientists"	Premium Deluxe Standard	□ BC	ers Way Pack			n/a				
(Week #5) Ages 6-12		Week 5 Jul. 12-16 "Animal Planet"	Premium Deluxe Standard	□ BC □ AC	our Campe				n/a			
Mini-Session 3: "DISCOVER"		Week 6 Jul. 19-23 "Calendar Cruising"	Premium Deluxe Standard	□ BC □ AC	asses for Y			n/a				
Trip: Community Helpers Tour (Week #7) Ages 6-12		Week 7 Jul. 26-30 "Heroes & Helpers"	☐ Premium ☐ Deluxe ☐ Standard	□ BC	Select Your Classes for Your Campers Way Package? Select Them Here!				n/a			
Mini-Session 4: "CELEBRATE" Trip: Go Kartz, Inc. &		Week 8 Aug. 2-6 "Got Talent?"	Premium Deluxe Standard	_				n/a				
Mini-Golf (Week #9) Ages 5-12		Week 9 Aug. 9-13 "Camp Competitions"	Premium Deluxe Standard	□ BC	Looking to Add on a Specialty Class or to				n/a			
Mini-Session 5: "COMPETE"		Week 10 Aug. 16-20 "Creation Nation"	Premium Deluxe Standard	□ BC □ AC	to Add on			n/a				٥
Trip: Plumpton Park Zoo & Calvert Park		Week 11 Aug. 23-27 "Artscape!!"	Premium Deluxe Standard	□ BC □ AC	Looking				n/a		n/a	

Total # Weeks Selected:

Total # of Field Trips Attending: _

^{*}Please Note That Field Trips and Horsemanship are for campers of specific ages. Field Trips and Horsemanship are separate fees and are not included with any camp package.



2021 Summer Camp Agreement

V	Camper's Full Name:			
•	School Close Date/Family Vacation & Activities: Camp Rock begins on responsible for knowing when their child's school system ends for the ye vacation and other activities when making enrollment selections. Campany reason. (Initial)	ar and	knowing dates of	<u>s for</u>
•	Handbook: Prior to the start of camp, each parent/guardian will receive the parent/guardian's responsibility to read the Camp Rock Handbook			
•	Registration: All applications are subject to approval. Submitting an app placement or availability in the camp.	lication	n does not guarantee	
•	Attendance & Lateness: All campers must arrive no later than 30 minuted drop-off time has ended. There is no proration of fees for excused or une camp season. Lateness Policy: There will be a flat rate of \$20 for camper 4:45 p.m. After this time, there is a \$1 per minute fee for families who are camp. Cash or credit payment is due upon picking up your child. New! Pass" for \$20 which gives them one lateness up to 30 minutes. If the card at the end of camp for a refund(Initial)	excused rs picke late to !! Parent	d absences during the ed up late between 4: pick up their child fro ts may purchase a "L	e :31- om .ate
•	Lunch: I understand that I am responsible for providing lunch for my chil weekly camper lunch pass. Hot lunch is only served on Monday, Wedne lunch bags/containers should be name labeled and packed with coolin manageable for your camper, and must be nut free. Camp Rock does relunch items(Initial)	esday, c ng aids,	and Friday. Camper's , as well as easily	•
•	Conduct: We expect all campers to adhere to the Camp Rock standard disregard of our standards of conduct may result in progressive discipling disensellment. Camp Rock does not offer refunds for any reason.			ing
•	Health: No child will be permitted to attend camp without fully complete Form. I have signed and agree to the medical and liability release state packet authorizing Camp Rock and its' representatives to administer First physician or hospital for emergency treatment in the event that it becomes	ement w st Aid a	within this registration and/or take my child t	o a
•	I understand that I <u>must pay in full by April 30, 2021</u> or <u>enroll in the Camp</u> for weekly or bi-weekly tuition debits from a checking or savings accousecure my child's placement in camp. I understand that there is a fee for through the Camp Rock Financing Program. I understand that I must selection attend camp at the time of registration. I understand that these selection Requests to add weeks will be based upon remaining space and must be advance in writing. I understand that I am responsible for all late fees are should they incur on my account. Each failed transaction will result in a	nt at the or finan- lect the ns may be subm nd NSF (e time of registration of the community	to) will s in
•	I understand that if I do not pay in full or enroll in CRFP by April 30, 2021, Rock will no longer be reserved.	my chil	ld's enrollment in Car	np
•	I understand that Camp Rock has a no-refund policy and that tuition or for days or weeks absent from camp. I understand that non-payment of and dismissal from the camp(Initial)			
Sigi	nature of Parent/Guardian:Do	ate:		-

Please Print Parent/Guardian's Name Here: _



2021 CAMPER FINANCIAL WORKSHEET & AGREEMENT

Package Selection (Please select your weekly package)

- Regular Camp Rock Hours 8:00 a.m. to 4:30 p.m. Extended Care services can be added to any package.
- Full time campers enroll for a minimum of six weeks and pay the lowest tuition rates. Part time (2-5 week) sessions are available. There is a minimum enrollment of two weeks. We do not offer one week of camp.
- All families are responsible for a (\$50 Returning Families/ \$75 New Families) registration fee.

□ Stand	lard "Co oers' Wo	e (check to select) Full Imp Daily Adventures" F Iy "Design My Day" Pac	Package \$225/\$2 kage \$240/\$265	250 wk.	Before Care C	vices (check to sele Dnly \$30/wk. (7:00-8 Nly \$50/wk. (4:30-6:	3:00 a.m.)
☐ Exten	ded Day	/ "Extend My Day" Pack	(age \$275/\$300 v	wk.			
		_	PER FINANC	_	_		
	* A sep	oarate Camper Fina	ncial Workshe	eet must be	completed t	for each sibling.	
	WEEKLY	TUITION PACKAGE RATE	:				7
		Tuition Package	- \$	X	Weeks	= \$	
		Lunch Pass	\$18		Weeks	= \$	
		Before Care	\$30		Weeks	= \$	
		After Care (2 Hr.)	\$50		Weeks	= \$	
			\$10		Weeks	= \$	
		Field Trips (\$25 each)	\$25		Weeks	= \$	
-		Horsemanship	\$30	X	Weeks I Services Total	= \$	4
_	Paymer	nt Type: CASH CHECK	Sibling Toto	g Discounts & F al Tuition & Rec	Referral Specia gistration Fees I	Due \$ II: (-) \$ Due: \$ I: (-) \$	-
				Total B	alance Remair	ning: \$	
CRFP will forfe card transact payment may	eit my chil rions or de y be requ	financially responsible for d's space in Camp Rock. eclined CRFP payments wi ired for consideration of c	l understand that (Il result in my child amper reinstatem	Camp Rock doe 's dismissal from ent as well as a	es not offer refun camp and a \$3 ny failed transac	nds for any reason. De 5 failed transaction for tion fees.	eclined credit
Parent's Signo	<mark>ature</mark> :		Date of F	<mark>Registration</mark> :			
PAYMENT: Fu	ıll paym	ent or CRFP (Camp Roc	k Financing Plan) enrollment d	ue before Apri	l 30, 2021.	
□ I would I	ike to re	quest a Camp Rock Find	ancing Plan App	lication (CRFP) for weekly or	bi-weekly paymer	nts.
• •		np in full on Credit Card (Please imm	• •	•	•		
Type of Card (P	lease che	ck): MASTER CARD	VISA	_ DISCOVER	AMERICAN	N EXPRESS	
Card #		Exp D	ate/	SEC #	Zip Code:		
Billing Name or	n Card:		Billing Address:				

Date: _____Payment Processed By: ____

Cardholder's Signature: ______ Date: ______

OFFICE USE ONLY: Registration Verified by:



Swimmer's Contact Information

Camper's Full Name: Camper's Nickname: _____M \square F \square

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

2021 CAMP POOL SAFETY & LIABILITY FORM

Baltimore, MD 21234 www.camprockmd.com

1607 Cromwell Bridge Road Office Number: 410-665-7461 Fax Number: 410-882-7163 E-mail: office@camprockmd.com

> Please Place Your **Child's Photo in This** Space

Please carefully read through and complete this form. Attach a wallet size photo of your child to this pool safety & liability form in the designated area. Our lifeguards will be provided with a copy of this form. The pool will be available for campers who are able to pass a swim test. Campers who are non-swimmers will not be permitted to use the pool. Campers unable to pass the swim test will have access to inflatable water activities outside of the pool area.

Camper's Home F	hone:					
Parent/Guardian	Work Phone:					
Mother/Guardian	's Cell:					
Father/Guardian's	s Cell:					
Who Should Be No	otified First in the I	Event of an Emer	gency?			
Years Camper Ha	s Been Swimming	1§				
	Camper Swim	ı Assessment Re	esults (Lifeguard	l will Complete)		
Date Assessed	Passed	Failed	Swim Instructor's Signature	Notes		
Rock and its' represent acknowledge the risk and water activities. I associated with any a Rock and its' represent sustained during all act Rock has a No-Refunction concerns. I understand proceedings that I more	atatives to adminition of illness, physical accept personal and all activities at attives including attivities at Camp at Policy. Refunds at that I am solely any pursue. I under uardian:	ister First Aid and all injury, drowning financial respont for sponsored by staff, swim instruction for the control of the con	/or take my child g, or even death sibility for any bo y Camp Rock. Fu ctors, and lifegue luring Camp Roc I for any reason, i any and all legal hild's photo may	d listed on this form. I authorize Camp I to a medical facility for treatment. I associated with swimming, swim lessons, dily or personal injury sustained or urther, I agree to hold harmless Camp ards for illness or injury related to or k field trips. I understand that Camp including dismissal for behavioral fees and other fees arising from legal be used for future camp promotions.		
r diein/Godididit s Fill	iieu nuille		7			



2021 CAMP POOL HEALTH & SAFETY RULES

Campers are expected to follow the Camp Rock Pool Health & Safety Rules at all times. All staff and campers must follow the Pool Health & Safety Rules or be excluded from the pool.

POOL HEALTH & SAFETY RULES

- All individuals using the pool must have a Pool Safety & Liability Form completed. This form will be kept in a notebook at the pool and maintained by the lifeguard. The form will include the swimmer's name, contact information, photograph, and swim test results.
- Campers may only swim when a lifeguard is present. Campers are never allowed in the pool area without being in the direct supervision of camp staff.
- All campers will be evaluated to assess their swimming ability. Swimmers must demonstrate that they are able
 to do the following:
 - o Maintain upright balance in the water;
 - o Swim the length of the pool and back without touching the bottom or side of the pool;
 - o Tread water for 1 minute without touching the side or bottom of the pool.
- Campers who have passed the swimming test will be given a wristband. This wristband is to be worn at all times to access the full pool. Campers may not enter the pool area without the successful completion of a swim test.
- Campers must follow the directions of the lifeguard(s) and staff at all times. Campers who do not follow the pool rules will be prohibited from swimming in the pool.
- A buddy system will be in place to quickly account for all campers. All campers will be partnered with a swimming buddy. Buddy checks will be conducted every 15 minutes.
- Running, diving, jumping, pushing, roughhousing, and spitting water are <u>PROHIBITED AT ALL TIMES!</u>
- Campers may not get in the pool or use the water equipment with rashes, warts, open wounds or sores. A first aid kit will be available at the lifeguard chair for injuries occurring in the pool area.
- Campers may not enter the pool with visible surface dirt, mud, or creams. Sunscreen should be applied and saturated into the skin before entering the pool. Campers may be asked to rinse before entering the pool.
- Campers may not use the bathroom in the pool. Please use the restroom facilities nearest the pool.

I have read and understand the pool health &				
ensure a safe pool environment. Parents may	sign for minors who are unable to sign.	Our Campers' Safety at All Times Is		
Signature of Participant/Swimmer:	Date:	Our Highest Concern!		
Signature of Parent/Guardian:	Date:			
Parent/Guardian Printed Name:				