



STAFFORD JUNCTION SUMMER CAMPS 2026

All Stafford Junction camps are free and include transportation and lunch.
Registrations are approved in the order that we receive them.

Please keep this page for your records!

STEAM Camp



Middle and high school students can enjoy a fun and educational STEAM camp experience, exploring Science, Technology, Engineering, Arts, and Math subjects. Only middle and high schoolers can register.

**Monday June 1 to Thursday June 4
12:00 pm to 3:00 pm**



SCSO Sports Camp



The Stafford County Sheriff's Office teams up with Stafford Junction for a fun-filled week of mentoring and sports, including baseball, football, and more! **Grades K - 8 can register.**

**Monday June 15 to Thursday June 18
(no camp Friday June 19)
9:00 AM to 12:00 PM**



Camp Junction

Groups will be split by grade level, and students will rotate through different stations, including math, reading, art, and outdoor education/activities.

Monday, June 29 through Thursday, July 30

**Kindergarten through 2nd Grade:
Mondays and Wednesdays 12:00 pm - 3:00 pm**

**3rd Grade through 5th Grade:
Tuesdays and Thursdays 12:00 pm - 3:00 pm**



Questions?

Call: 540-368-0081 Email: programs@staffordjunction.org

STAFFORD COUNTY SHERIFF'S OFFICE

SPORTS CAMP 2026

For Office Use Only:

Entered in database _____
Transportation/Parents Notified _____
Date Received _____

Please return to Stafford Junction by Thursday, April 23, 2026

791 Truslow Road, Fredericksburg, VA 22406

by email to programs@staffordjunction.org Questions? Call 540-368-0081

**Sports Camp is Monday, June 15 – Thursday, June 18 from 9 AM – 12:30 PM*

CAMP IS FOR GRADES K-8 ONLY (NO CAMP FRIDAY JUNE 19)

Name of Child #1 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #2 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #3 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #4 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #5 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #6 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Name of Child #7 (Print Clearly)

_____ Grade Completed as of May 2026 _____

Age: _____ Date of Birth: _____

Health Issues, Allergies, or Foods to avoid:

Neighborhood:

- Olde Forge Meadows Garrison Woods Foxwood Village
- Jefferson Place Village at England Run England Run North Apartments
- Neighborhood not listed above, Will Provide Own Transportation

Name of parents/guardians:

Complete Address:

Phone: _____

Email: _____

Emergency Contact Name **(must be different than parent/guardian):**

Relationship: _____ Phone: _____

Participant's T-shirt size (circle either child or adult size):

- | | | | | | |
|-------------|---------|--------|--------|---------|---------|
| Child Size: | X-Small | Small | Medium | Large | X-Large |
| Adult Size: | Small | Medium | Large | X-Large | 2X |

Stafford Sheriff's Office Sports Camp Waiver

RELEASE

I give permission for _____ (Name of Child) to participate in the Stafford County Sheriff's Office Sports Camp. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I am aware that with the participation in the SCSO Sports Camp comes certain risks including but not limited to the risk of personal injury, theft or damage of personal property. Activities in the SCSO Sports Camp include but are not limited to physical exertion and exposure to the outdoor elements (sun, wind, rain heat and cold.)

I also understand and accept that the activities of the SCSO Sports Camp will be held during the summer months and often outdoors where the weather will be hot and humid. I understand and agree that this creates additional physical stress and have considered that aspect of risk as well as the other associated with the activities in the SCSO Sports Camp. On behalf of my child I expressly agree and assume all of the risks associated with participation in the SCSO Sports Camp.

I, on behalf of myself, my executors, administrators and heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge Stafford County and all its officers, departments, agencies, and employees from any and all claims, damages, injuries, fines, penalties and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my child's participation in the SCSO Sports Camp Program. I have read and understand this agreement and by my signature agree to its terms. SCSO and the Camp Organizers agree to notify the Parent/Guardian/Emergency Contact Person whenever the child becomes ill or injured and the Parent/Guardian/Emergency Contact Person will arrange to have the child picked up as soon as possible. The Parent/Guardian authorizes the Camp Organizers to provide /obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Medical Authorization and Waiver of Liability Stafford Junction

I consent to my child's participation in the programs and activities offered by Stafford Junction. I acknowledge the risks associated with such activities, and I release Stafford Junction, its employees, agents, and volunteers, from liability for any injury, loss, or damage to persons or property that may occur. In an emergency where I cannot be reached immediately, I authorize Stafford Junction to obtain prompt medical care, including diagnostic tests, surgery, hospitalization, and/or medication administration for my child. I understand that this authorization applies exclusively to genuine emergencies where I cannot be reached, and that Stafford Junction will make every effort to reach me or the designated emergency contacts. I understand that I am responsible for any costs incurred for my child's medical treatment not covered or reimbursed by my health insurance provider.

Medical Insurance Company _____ Policy Number _____

Stafford Junction Photograph and Video Waiver

I acknowledge that Stafford Junction may use photographs or videos of participants taken during involvement in Stafford Junction activities. This includes internal and external use, including but not limited to Stafford Junction's website, Facebook, and publications. I consent to such uses and waive all rights to compensation. If I do not wish my child's image to be included, I am responsible for informing them to exclude themselves from photographs or videos taken during such activities.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____



For Office Use Only:
Entered in database _____
Transportation/Parents Notified _____
Date Received _____

Summer Junction Registration Form 2026

Please return the completed form by **Thursday May 7th** to Stafford Junction, 791 Truslow Road, Fredericksburg, VA 22406 or by email to programs@staffordjunction.org Questions? Call us 540-368-0081

Space is limited. Registrations will be taken on a first come, first served basis

All sections of the application must be filled out completely to be processed.

Summer Junction Camps, Dates, and Times (Please Check All Camps Your Child Will Attend and mark the Correct Session According to Grade Completed as of May 2026)

- STEAM** (Science, Technology, Engineering, Arts, and Math) Camp at Stafford Junction, **June 1 - June 4, 12 PM – 3 PM. 6th - 12th grade only.**
- Camp Junction** runs from **June 29 – July 30, 12 PM – 3 PM.**
 - K – 2nd grade (Monday, Wednesday)**
 - 3rd – 5th grade (Tuesday, Thursday)**

General Information of the Child (Please Print Clearly)

CHILD #1

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD 2#

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD #3

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD #4

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD #5

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD #6

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

CHILD #7

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2026 _____ School _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

Neighborhood:

- Olde Forge Meadows Garrison Woods Foxwood Village
- Jefferson Place Village at England Run England Run North Apartments
- Neighborhood not listed above, Will Provide Own Transportation

Address _____

City _____ State _____ Zip Code _____

Parents or Guardians:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact and Pick-Up Information (Please Print Clearly)

The name and phone numbers provided must be different from the parent or guardian.

First Name _____ Last Name _____

Relationship _____ Phone _____

First Name _____ Last Name _____

Relationship _____ Phone _____

Persons **authorized** to pick up your child

Persons **NOT** authorized to pick up your child

Additional Required Information (optional) – Stafford Junction only uses this information for funding purposes.

Parents Primary Language (English, Spanish, Farsi, etc.): _____

Hispanic, Latino, or Spanish Origin: Yes No

Race (you may choose more than one):

White Black/African American Native Indian/Alaska Native Native Hawaiian/Pacific Islander

Asian Other _____

How many females in household? _____ How many males in household? _____

How many people in each age range?

____ 0-5 ____ 6-11 ____ 12-18 ____ 19-35 ____ 36-64 ____ 65+

Insurance? (Can select more than one) Uninsured Private Insurance Medicaid Medicare

Are the Adults in the Household Employed? (How Many in Each Category)

____ Full Time ____ Part Time ____ Retired ____ Student ____ Unemployed

Estimated Household Income: Under 20,000 20,000 – 40,000 40,001-60,000

60,001-80,000 Over 80,000

Other Income (WIC, SNAP, SSI, SSD, etc.) _____

Does the enrolling child receive free or reduced lunch? FREE REDUCED

Emergency Medical Authorization and Waiver of Liability

I consent to my child's participation in the programs and activities offered by Stafford Junction. I acknowledge the risks associated with such activities, and I release Stafford Junction, its employees, agents, and volunteers, from liability for any injury, loss, or damage to persons or property that may occur. In an emergency where I cannot be reached immediately, I authorize Stafford Junction to obtain prompt medical care, including diagnostic tests, surgery, hospitalization, and/or medication administration for my child. I understand that this authorization applies exclusively to genuine emergencies where I cannot be reached, and that Stafford Junction will make every effort to reach me or the designated emergency contacts. I understand that I am responsible for any costs incurred for my child's medical treatment not covered or reimbursed by my health insurance provider.

Medical Insurance Company _____ Policy Number _____

Transportation

I consent to the following transportation situations, allowing my child to be transported as outlined:

STEAM Camp (Monday June 1 – Thursday June 4): transportation is provided by Stafford Junction van on a first come, first served basis limited to 13 participants to the neighborhoods listed on the first page.

Summer Junction (Monday June 29 – Thursday July 30): transportation is provided through SCPS school buses limited to the neighborhoods listed on the first page.

Specific pick-up and drop-off locations and times will be shared with those registered through email

Code of Conduct

Stafford Junction practices four core values: Caring, Honesty, Respect, and Responsibility. We are not a daycare service. The program is staffed by volunteers whose sole responsibility is to provide stimulating activities to youth and prevent summer learning loss. Students' misbehavior will not be tolerated.

The standard disciplinary process is as follows: (1) verbal warning, (2) a second verbal warning and parents contacted, (3) two-day suspension from the program and parents contacted, and (4) finally, dismissal from the program.

Exceptions: If a student commits a serious infraction, the Youth Programs Manager can immediately dismiss the child from the program.

Photograph and Video Waiver

I acknowledge that Stafford Junction may use photographs or videos of participants taken during involvement in Stafford Junction activities. This includes internal and external use, including but not limited to Stafford Junction's website, Facebook, and publications. I consent to such uses and waive all rights to compensation. If I do not wish my child's image to be included, I am responsible for informing them to exclude themselves from photographs or videos taken during such activities.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Child's T-shirt size (choose one circle child or adult size):

Child Size:	X-Small	Small	Medium	Large	X-Large
Adult Size:	Small	Medium	Large	X-Large	2X