



2020 CAMP ROCK REGISTRATION PACKET

1607 Cromwell Bridge Road
Baltimore, MD 21234
www.camprockmd.com

Office Number: 410-665-7461
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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 2020 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: _____

Camper's Nickname: _____ M ☐ F ☐

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Primary Parent/Guardian Registering Camper:

___ both parents ___ mom ___ dad ___ other: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

Please Circle T-Shirt Size: YXS YS YM YL AS AM AL

Camper's Home Phone: _____

Work Phone: _____ Who? _____

Mother/Guardian's Cell: _____

Father/Guardian's Cell: _____

Best E-mail Address: _____

Second E-mail: _____

Birthday ____/____/____ Age in June 2020: _____

Grade Fall 2020: _____ School: _____

Enrolled Siblings/Friends: _____

How did you hear about Camp Rock? Please be specific. _____

Pick Up Authorization List

The following individuals have my permission to pick up my child from Camp Rock (must present photo identification).

Name	Relationship	Best Phone	Vehicle: (Color, Make, Model)

Emergency Contact List

The following individuals have my permission to be contacted in the event of an emergency:

Emergency Contact: _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-mail: _____

Emergency Contact: _____ Relationship to Camper: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-mail: _____



CAMPER HEALTH HISTORY & LIABILITY FORM

CAMPER IMMUNIZATION INFORMATION

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

Camper's Name: _____ Date of Birth: _____

1. Date of Camper's last Tetanus (or DTP) shot: _____ month: _____ year
2. Is the camper currently enrolled in a Maryland school, public or private?
☐ YES, provide the name of the Maryland School: _____

HEALTH & WELLNESS QUESTIONNAIRE

Answering these questions will help our staff understand how to best meet your camper's needs.

Does the camper have any medical concerns, special needs, emotional, physical, psychiatric or behavioral needs?

☐ NO

☐ YES, Please Explain: _____

Is the camper currently on medication? *If yes, a Medication Authorization Form will need to be completed.*

☐ NO

☐ YES, Current Medications: _____

Does the camper have any allergies, or dietary restrictions of any kind? *If yes, please complete Food Allergy Checklist. Campers with severe food allergies are allowed to bring their own lunch/snacks.*

☐ NO

(Circle)

☐ YES, Allergies or Dietary Restrictions: _____

Is Camp Rock and its' representatives authorized to administer first aid and/or approve medical treatment for the camper if necessary?

☐ NO

☐ YES, Camper's Physician's Name: _____ Telephone: _____

Is the camper covered by personal/family medical insurance?

☐ NO

☐ YES, Insurance Provider: _____ Policy Number: _____

Is your camper allowed to have sunscreen applied by our Camp Rock staff?

☐ NO, my camper is allergic to the following brand of sunscreen: _____

☐ YES, all brands of sunscreen can be applied to my camper.

By signing below, I affirm that I am the legal parent/guardian of the child listed on this form. I authorize Camp Rock and its' representatives to administer First Aid and/or take my child to a medical facility for treatment. I understand that I am responsible for any medical or dental costs not covered by my insurance. I acknowledge the risk of physical injury to my child or possibility of my child acquiring a communicable illness, such as COVID-19, flu, or other common childhood ailments by participating in any and all activities at Camp Rock, or wherever they may take place, including off-site field trips. I accept personal financial responsibility for any illness, bodily or personal injury sustained or associated with any and all activities at/or sponsored by Camp Rock on or off-site. Further, I agree to hold harmless Camp Rock and its' representatives for illness, injury related to or sustained during all activities at Camp Rock or during off site activities sponsored by Camp Rock or its' partners. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns, health concerns, or financial concerns. I understand that I am solely responsible for any and all legal fees and other fees arising from legal proceedings that I may pursue against Camp Rock or its' representatives. Lastly, I understand that my child's photograph may be used for promotional endeavors including but not limited to magazines, brochures, fliers, web publications, and media presentations.

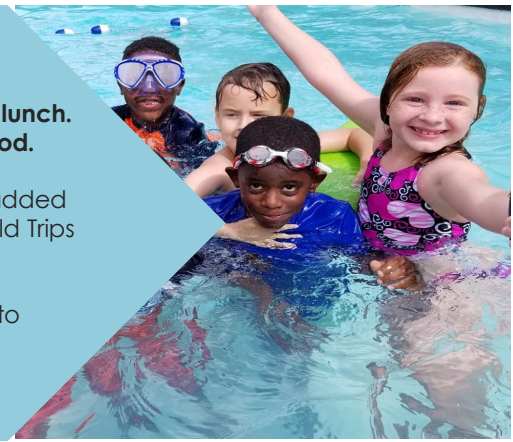
Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____



2020 Camp Packages

- Campers may purchase a Weekly Lunch Pass or bring their own lunch. Campers who pack a lunch will not have access 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. Field Trips are for campers ages 7-12. Space available on first-come basis.
- **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.



2020 Camper Packages

"Daily Adventure"

Standard Camp Activities
Standard Camp Package

"Design My Day"

Specialty Class Included
Deluxe Camp Package

"Extend My Day"

Extended Care Included
Premium Camp Package

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



✓ Weekly Tuition Rate -Package Includes		\$225 (\$250 Rate for 2-5 Weeks)	\$240 (\$265 Rate for 2-4 Weeks)	\$275 (\$300 Rate for 2-4 Weeks)
<input type="checkbox"/>	Daily Snack	✓	✓	✓
<input type="checkbox"/>	Theme-Based Activities	✓	✓	✓
<input type="checkbox"/>	Swimming & Water Activities	✓	✓	✓
<input type="checkbox"/>	Summer Bridge Academics	✓	✓	✓
<input type="checkbox"/>	Weekly Electives	✓	✓	✓
<input type="checkbox"/>	Camper "Snack Shack" Weekly Prize Pass	<input type="checkbox"/> +\$10	<input type="checkbox"/> +\$10	✓
<input type="checkbox"/>	Specialized Activities New: Extended Length or	<input type="checkbox"/> +\$30	✓	<input type="checkbox"/> +\$25 Reduced Rate for Package!
<input type="checkbox"/>	Extended Day Care (7-8 a.m.) (4-6 p.m.)	+\$30/WK Before Care +\$50/WK After Care	+\$30/WK Before Care +\$50/WK After Care	✓

A-La-Carte Package Additions (optional)

<input type="checkbox"/>	New: Weekly Lunch Pass	<input type="checkbox"/> +\$17 per week	<input type="checkbox"/> +\$17 per week	<input type="checkbox"/> +\$17 per week
<input type="checkbox"/>	New: Field Trips (Campers Ages 7-12)	<input type="checkbox"/> +\$20 per trip	<input type="checkbox"/> +\$20 per trip	<input type="checkbox"/> +\$20 per trip
<input type="checkbox"/>	New: Weekly Horsemanship (1 x Per Week)	<input type="checkbox"/> +\$30 per week	<input type="checkbox"/> +\$30 per week	<input type="checkbox"/> +\$30 per week
<input type="checkbox"/>	New: Individualized Weekly Tutoring Sessions	<input type="checkbox"/> +\$30 (1) ½ hr Tutoring Session per Week	<input type="checkbox"/> +\$50 (2) ½ hr. Tutoring Sessions per week	<input type="checkbox"/> +\$75 (3) ½ hr Tutoring Sessions per Week

WOW!!

Camp Rock Enrollment Selections For: _____

(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.

 2020 Camp Rock Mini-Sessions & Weekly Themes					Artworkz Imagination	Culinary Arts & Etiquette	Marital Arts	Gymnastics & Cheer Squad	Swim Lessons	Academic Support: 1/2hr	Horsemanship (\$30 PER WEEK)	
MINI SESSIONS	✓	WEEKLY THEMES & ENROLLMENT DATES	Select a Package Mix or Match!	Extended Care	Looking to Add on a Specialty Class or to Select Your Classes for Your Campers' Way Package? Select Them Here!	Specialty Classes, Swim Lessons & Tutoring are only available on weeks where a "box" is present						
Welcome to Camp	<input type="checkbox"/>	Week 1 Jun. 15-19 "Fun in the Sun"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		<input type="checkbox"/>	<input type="checkbox"/>	NO	NO	NO	NO	NO
Mini-Session 1: "CREATE"	<input type="checkbox"/>	Week 2 Jun. 22-26 "Create & Investigate"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Week 3 Jun. 29- Jul. 3 rd (Closed 7/3) "Artscape & Makerspace"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 2: "EXPLORE"	<input type="checkbox"/>	Week 4 Jul. 6- 10 "Great Outdoors & More"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Will Attend Trip	<input type="checkbox"/>	Week 5 Jul. 13- 17 "Animal Planet"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard		<input type="checkbox"/> BC <input type="checkbox"/> AC	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Mini-Session 3: "DISCOVER"	<input type="checkbox"/>	Week 6 Jul. 20-24 "Nation Vacation"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Will Attend Trip	<input type="checkbox"/>	Week 7 Jul. 27-31 "Mysteries Through History"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard		<input type="checkbox"/> BC <input type="checkbox"/> AC	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mini-Session 4: "CELEBRATE"	<input type="checkbox"/>	Week 8 Aug. 3-7 "Anchors Away"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Will Attend Trip	<input type="checkbox"/>	Week 9 Aug. 10-14 "Calendar Cruising"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard		<input type="checkbox"/> BC <input type="checkbox"/> AC	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mini-Session 5: "COMPETE"	<input type="checkbox"/>	Week 10 Aug. 17-21 "Camp Rock's Got Talent"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC		NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Will Attend Trip	<input type="checkbox"/>	Week 11 Aug. 24-28 "Camp Rock Olympics"	<input type="checkbox"/> Premium <input type="checkbox"/> Deluxe <input type="checkbox"/> Standard	<input type="checkbox"/> BC <input type="checkbox"/> AC	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>

Field Trips and Horsemanship are for Campers ages 7-12 years old. Field Trips and Horsemanship are separate fees and are not included with any camp package.



2020 Summer Camp Agreement

Camper's Full Name: _____

- **School Close Date:** Camp Rock begins on June 15, 2020. Parents are responsible for knowing when their child's school system ends for the year when making enrollment selections. Camp Rock does not offer refunds for any reason.
- **Handbook:** Prior to the start of camp, each parent/guardian will receive a Camp Rock Handbook. It is the parent/guardian's responsibility to read the Camp Rock Handbook and be familiar with the contents.
- **Registration:** All applications are subject to approval. Submitting an application does not guarantee placement or availability in the camp.
- **Attendance & Lateness:** There is no proration of fees for excused or unexcused absences during the camp season. **Lateness Policy:** There will be a flat rate of \$20 for campers picked up late between 4:31-4:45 p.m. After this time, there is a \$1 per minute fee for families who are late to pick up their child from camp. Cash or credit payment is due upon picking up your child. **New!!** Parents may purchase a "Late Pass" for \$20 which gives them one lateness up to 30 minutes. If the card is not used, it may be returned at the end of camp for a refund.
- **Conduct:** We expect all campers to adhere to the Camp Rock standards of conduct. Any ongoing disregard of our standards of conduct may result in progressive disciplinary action, up to and including disenrollment. Camp Rock does not offer refunds for any reason.
- **Health:** No child will be permitted to attend camp without fully completing a Camper Health History Form. I have signed and agree to the medical and liability release statement within this registration packet authorizing Camp Rock and its' representatives to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event that it becomes necessary.
- I understand that I must pay in full by April 30, 2020 or enroll in the Camp Rock Financing Program (CRFP) for weekly or bi-weekly tuition debits from a checking or savings account at the time of registration to secure my child's placement in camp. I understand that there is a fee for financing camp tuition through the Camp Rock Financing Program. I understand that I must select the weeks my child(ren) will attend camp at the time of registration. I understand that these selections may not be changed. Requests to add weeks will be based upon remaining space and must be submitted at least 2 weeks in advance in writing. I understand that I am responsible for all late fees and NSF (non-sufficient fund) fees should they incur on my account. Each failed transaction will result in a \$35 fee.
- I understand that if I do not pay in full or enroll in CRFP by April 30, 2020, my child's enrollment in Camp Rock will no longer be reserved.
- I understand that Camp Rock has a no-refund policy and that tuition or registration will not be pro-rated for days or weeks absent from camp. I understand that non-payment of tuition will result in late charges and dismissal from the camp.

Signature of Parent/Guardian: _____ Date: _____

Please Print Parent/Guardian's Name Here: _____



Camper's Name _____

2020 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.

Choose Your Package (check to select) Full Time Rate/Part Time

- ☐ Standard "Camp Daily Adventures" Package \$225/\$250 wk.
- ☐ Campers' Way "Design My Day" Package \$240/\$265 wk.
- ☐ Extended Day "Extend My Day" Package \$275/\$300 wk.

Extended Care Services (check to select)

- ☐ Before Care Only \$30/wk. (7:00-8:00 a.m.)
- ☐ After Care Only \$50/wk. (4:30-6:00 p.m.)

CAMPER FINANCIAL WORKSHEET

*** A separate Camper Financial Worksheet must be completed for each sibling.**

WEEKLY TUITION PACKAGE RATE:

<input type="checkbox"/> Tuition Package	\$ _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Lunch Pass	\$ 17 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Before Care	\$ 30 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> After Care (2 Hr.)	\$ 50 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Camper "Go Pass"	\$ 10 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Field Trip	\$ 20 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Horsemanship	\$ 30 _____	X _____ Weeks	= \$ _____
<input type="checkbox"/> Specialty Class/Tutoring	\$ 25/30 _____	X _____ Weeks	= \$ _____

Tuition & Additional Services Total: (+) \$ _____

Registration Fee (Circle: \$50 Returning Families/ \$75 New Families): (+) \$ 50 or 75

Subtotal of Tuition & Registration Fees Due \$ _____

Sibling Discounts & Referral Special: (-) \$ _____

Total Tuition & Registration Fees Due: \$ _____

Payment Type: CASH CHECK CREDIT **Date:** _____ **Payment Received: (-) \$ _____**

Total Balance Remaining: \$ _____

I understand that I am financially responsible for the services calculated above. I understand that failure to pay in full or enroll in CRFP will forfeit my child's space in Camp Rock. I understand that Camp Rock does not offer refunds for any reason. Declined credit card transactions or declined CRFP payments will result in my child's dismissal from camp and a \$35 failed transaction fee. Full payment may be required for consideration of camper reinstatement as well as any failed transaction fees.

Parent's Signature: _____ **Date of Registration:** _____

PAYMENT: Full payment or CRFP (Camp Rock Financing Plan) enrollment due before May 15, 2019.

- ☐ I would like to request a Camp Rock Financing Plan Application (CRFP) for weekly or bi-weekly payments.
- ☐ I will pay for camp in full on _____ (date) using the following acceptable form of payment below:
 - ☐ Debit or Credit Card (Please immediately process the card listed below). Amount: \$ _____

Type of Card (Please check): _____ MASTER CARD _____ VISA _____ DISCOVER _____ AMERICAN EXPRESS

Card # _____ - _____ - _____ Exp Date _____ / _____ SEC # _____ Zip Code: _____

Billing Name on Card: _____ Billing Address: _____

Cardholder's Signature: _____ **Print:** _____ **Date:** _____

OFFICE USE ONLY: Registration Verified by: _____ **Date:** _____ **Payment Processed By:** _____



2020 CAMP POOL SAFETY & LIABILITY FORM

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Office Number: 410-665-7461
Fax Number: 410-882-7163
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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.

Swimmer's Contact Information

Camper's Full Name: _____

Camper's Nickname: _____ M ☐ F ☐

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Camper's Home Phone: _____

Parent/Guardian Work Phone: _____

Mother/Guardian's Cell: _____

Father/Guardian's Cell: _____

Who Should Be Notified First in the Event of an Emergency?

Years Camper Has Been Swimming? _____

Please Place Your
Child's Photo in This
Space



Camper Swim Assessment Results (Lifeguard will Complete)

Date Assessed	Passed	Failed	Swim Instructor's Signature	Notes

By signing below, I affirm that I am the legal parent/guardian of the child listed on this form. I authorize Camp Rock and its' representatives to administer First Aid and/or take my child to a medical facility for treatment. I acknowledge the risk of physical injury, drowning, or even death associated with swimming, swim lessons, and water activities. I accept personal financial responsibility for any bodily or personal injury sustained or associated with any and all activities at/or sponsored by Camp Rock. Further, I agree to hold harmless Camp Rock and its' representatives including staff, swim instructors, and lifeguards for injury related to or sustained during all activities at Camp Rock or off site during Camp Rock field trips. I understand that Camp Rock has a No-Refund Policy. Refunds will not be issued for any reason, including dismissal for behavioral concerns. I understand that I am solely responsible for any and all legal fees and other fees arising from legal proceedings that I may pursue.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian's Printed Name: _____



2020 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:
 - Maintain upright balance in the water;
 - Swim the length of the pool and back without touching the bottom or side of the pool;
 - 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 PROHIBITED AT ALL TIMES!
- 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 & safety rules listed above. I agree to follow these rules at all times to ensure a safe pool environment. Parents may sign for minors who are unable to sign.

Signature of Participant/Swimmer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Printed Name: _____