

Breakfast
Lunch

SWEET
POTATO
KIDS

2023



8 Weeks of Camp

6/26- 6/30

7/3 - 7/7 WE ARE CLOSED ON JULY 4TH

7/10 - 7/14

7/17- 7/21

7/24- 7/28

7/31- 8/4

8/7 - 8/11

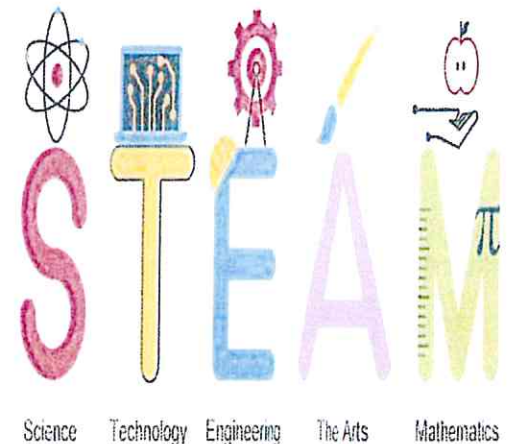
8/14- 8/18

Weekly Water Slide / Educational Enrichment

Art and Construction / Weekly Field Trips

Agricultural Education and Gardening

Science and Engineering / Literary Enrichment / Sports and Fitness



\$250- Activity Fee- Reserves your Space

\$230- Weekly / Sessions Available (@ least 2 to enroll)

Spaces are Limited- 443-405-3408



Child Care Application for Enrollment

Student information: D.O.B. _____ Sex _____ Date of Enrollment _____

Full name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week: M T W TH F

Allergies: _____

Family Information:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

WK# _____/Cell _____

WK# _____/Cell _____

Email: _____

Email: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone: _____ Hospital Preference: _____

Special Medical, Dietary, or Inclusion Adaptations Needed:

Contacts: Child will be released only to the custodial parents, legal guardian or the persons listed below for daily pickup. The following people will also be contacted (and are authorized to remove the child from the facility,) for emergency purposes.

Name: _____ Address: _____

Phone Number: _____ Relationship to Family _____

Name: _____ Address: _____

Phone Number: _____ Relationship to Family _____



WELCOME TO SWEET POTATO KIDS SUMMER CAMP "2023"

Please indicate the sessions your child will be in attendance, with a
"Yes," or "No," for that session. -Note 1 Session = 2 weeks

You must sign up for a minimum of 2 Sessions (4 weeks) to attend

THERE ARE 8 WEEKS OF CAMP

Directors Signature:	Child/ren's Names:	Session 1 6/26- 7/7	Session 2 7/10- 7/21	Session 3 7/24- 8/4	Session 4 8/7- 8/18	Parent's Signature:

Please put what grade your child is going to_____

\$250- Activity Fee is Required to Reserve your Space

Thank you for entrusting us with the care of your child/ren

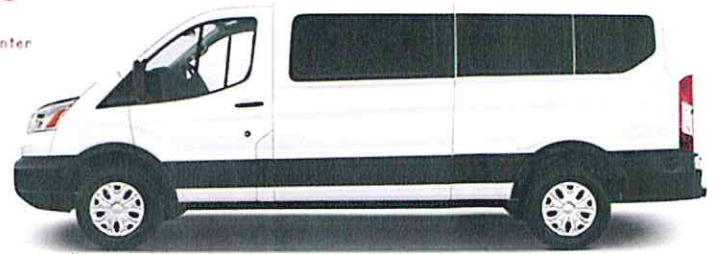
9631 Liberty Rd. Suites CDE

Randallstown Maryland 21133 443-405-3408



Summer Camp Supply List

*Water Bottle



FIELD TRIP PERMISSION SLIP "2023"

Sweet Potato Kid's Inc. has planned many field trips throughout each week of our Summer Program. AS a convenience, we would like to extend a permission slip that will suffice for all planned activities during the "2023," Summer Program. By signing this permission slip, you are granting permission for your child to attend all Scheduled field trips during the "2023," Summer Camp Program.

Tentative list / Subject to Change

Bowling, Movies, Jungle World, Players Fun Zone,

By signing this permission slip, I, as parent/legal guardian for the child named below, grant permission for my child to participate in the "2023," Sweet Potato Kid's Inc., Summer Camp field trips. In the event of a medical emergency involving my child during field trip activities, I hereby authorize Sweet Potato Kid's Inc. to administer any reasonable and necessary first aid and to seek emergency medical treatment, understanding that Sweet Potato Kid's Inc. will contact me or a designated emergency contact as soon as practicable. I understand that Sweet Potato Kid's Inc., will not be responsible for any cost, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform Sweet Potato Kid's Inc. of any special medical issues my child might have.

Child's Name: _____

Legal Guardian's printed name: _____ Number: _____

Emergency Contact name: _____ / Number: _____

Legal Guardian's signature: _____ Date: _____

IN HOUSE FIELD TRIP PERMISSION SLIP/ AND WALKING SLIP



My Child _____ has my _____

Child/ Children's Name

Parent/ Guardian Name- Printed

Permission to attend all the Field Trips that are in House, at

-**"Sweet Potato Kids,"** or in walking distance, at - **"Jungle World,"**
for the Summer of "2022." I also understand that on days that the
Weather Permits, I give my child permission to be transported (in the
15 seat passage vans provided by Sweet Potato Kids,) to **"Northwest
Regional Park,"** for fitness and play.

Parent's Signature _____ *Date:* _____

Please call with any questions... 443-405-3408



Field Trip Calendar for Summer Camp "2023"

Older Group = K-1st / 2nd and 3rd/ and 4th and Up

Younger Group = 2's and 3's/ Pre-K 3's/ Pre-K 4's and 5's

Week Of: 6/26-6/30	Week Of: 7/3- 7/7	Week Of: 7/10-7/14	Week Of: 7/17-7/21	Week Of: 7/24-7/28	Week Of: 7/31- 8/4	Week Of: 8/7-8/11	Week Of: 8/14-8/18
Older Group: MOVIES 6/30	Both Groups: JUNGLE WORLD 7/3	Both Groups: ABU the Flute maker 7/14	Older Groups: We rock the Spectrum. 7/18	Older Group: Video Game Truck 7/28	Older Group: Bowerlo	Older Group: Players Fun Zone 8/11	Older Group: Escape Artist Obstacle Course 8/18 Kona Ice 8/18
Younger: Farm House Inflatable Playground 6/30	Younger Jungle World 7/3	Younger ABU the flute Maker 7/14	Younger Jungle World 7/18	Younger Mickey Mouse Inflatable 7/28	Younger: Noah's Arc Workshop Build a Bear	Younger: Jungle World 8/10	Younger: Face Works 8/18 Kona Ice- 8/18

6/30- Movies- Older Children/ Inflatable Playground- Younger Children

7/3 Jungle World -both groups- 9am scheduled time (MUST WEAR SOCKS)

7/14 Abu the Flute maker (Both Groups/ Younger Groups get a Drum.)

7/18 We rock the Spectrum- Older Groups/ Younger- Jungle World

7/28 Video Game Truck- Older Group/ Mickey Mouse Inflatable- Younger

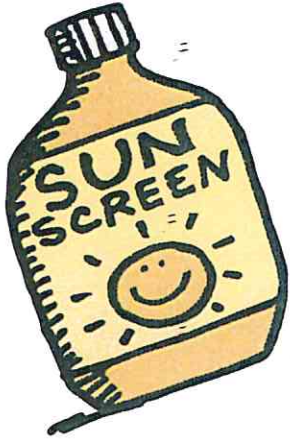
8/4 Bowling Older Group/ Noah's Arc build-a-bear workshop- Younger

8/10 Jungle World Younger Group

8/11 Players Fun Zone Older Group

8/18 Escape Artist Obstacle Course Older / Face Works and Balloon Art- Younger----- Kona Ice Truck- ALL GROUPS

Please be here no later than 8:45 on days we go to Jungle World and not later than 9am on other Trip Days.



Permission to Administer Topical Ointment/ Lotion/ Powder

Authorization must be provided for staff to apply over-the-counter topical ointments, insect repellents, lotions, creams, powders, and sunscreen.

Items must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of the reach of children when not in use.

Child's Name: _____

Name of
Ointment: _____ Amount: _____

From: _____ To: _____

Apply To:

- () All exposed Skin () Diaper Area
() Face Only () Other: (specify) _____

I give permission to my childcare provider - *Sweet Potato Kids*, to apply the medication/ Ointment, listed above, as instructed.

Parent/ Guardian Signature

Date

Please note: One form must be completed per Topical Request

Should you need any other information, please call the number below

Thank you for entrusting us with the care of your child/ren

443-405-3408

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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 _____