



Dear Parent/Guardian:

Thank you for choosing CCA Adventure Summer Camp to place your son or daughter. It is an honor and a privilege to be entrusted with your child's care.

Please find below, helpful hints for completing the application:

1. Complete all forms by typing information in form fields, or print, complete, and sign all forms. Once forms are completed and signed, T-shirt sizes are selected and extra T-Shirt totals are added ((1) T-Shirt is included), then add one-time **EARLY REGISTRATION FEE OF \$25, DUE BY MARCH 30<sup>TH</sup>**.
2. To secure specific weeks of camp, a non-refundable \$25 deposit per week will ensure your child's placement, and deposit will be applied towards tuition. **Deposits are due before May 18<sup>th</sup>. First session's tuition is due by June 1, 2019.** Delay in tuition payment may cause your child to lose his/her spot in camp. **Full tuition payment discounts are available.**

After form is completed, please make **cashier's check or money order** payable to "Clinton Christian Assembly" and mail to or schedule an appointment to deliver on site to:

Clinton Christian Assembly  
10506 Thrift Road  
Clinton, MD 20735

3. If you require Before and After Care, please don't forget to attach form so that we may hold a place for your child. Before and After Care payment is due with camp tuition.
4. Don't forget to attach completed medical form and medication authorization if medication needs to be administered, otherwise registration will not be accepted.

If you have any questions or would like to schedule an appointment to register, please do not hesitate to contact us at 301-868-3456 x7.

Serving the Lord with Gladness,

*Pastor Paul Nicholas*

*Sharon Johnson*

Pastor Paul Nicholas  
Clinton Christian Assembly

Sis. Sharon Johnson, Camp Director  
Clinton Christian Assembly



### FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Child's Hobbies: \_\_\_\_\_

Guardian/Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian/Father: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with:    \_\_\_ Both Parents            \_\_\_ Mother            \_\_\_ Father

                  \_\_\_ Other: \_\_\_\_\_



## TERMS OF AGREEMENT

I hereby enroll the following child/children in **CCA Adventure Summer Camp**.

Child's full name is: \_\_\_\_\_ Age: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_\_

I hereby agree to pay a non-refundable one-time **EARLY registration fee of \$25**. A multi-child discount per child may apply. I also agree to pay for each session (2 weeks) in the amount of \$290 for the above-named child in accordance with **CCA Adventure Summer Camp** tuition and fees for 2019. ***First session tuition is due no later than June 1st.*** (Do not mail cash). All payments must be made by money order or cashier's check payable to - "Clinton Christian Assembly" and mailed to:

Clinton Christian Assembly  
10506 Thrift Road  
Clinton, MD 20735

Camp Sessions: Please check the sessions your child will attend.

✓	Sessions	Dates*	Money Order	Certified Check #
	Session 1	Week 1: June 10-14 Week 2: June 17-June 21		
	Session 2	(No camp on July 4 <sup>th</sup> ) Week 3: June 24-June 28 Week 4: July 1-July 5		
	Session 3	Week 5: July 8-July 12 Week 6: July 15-July 19		
	Session 4	Week 7: July 22-July 26 Week 8: July 29- August 2		
	Session 5	Week 9: August 5-August 9 Week 10: August 12-August 16		

\*If there are any changes, please put in writing and let the Director know before the week of attendance.

**Policy:** All registration changes must be made before June 1st in order to hire adequate staff. A cancellation fee of \$100 per child per session will be charged for any changes made after this date.

1. It is understood that no credit will be granted for days absent.
2. A child may be dismissed during a camp day due to illness at the discretion of the Camp Director. The parent agrees to abide by the Director's decision.
3. ***A completed medical form must be submitted by June 1st***, before the camp begins on Monday, June 10, 2019.
4. Permission is given for my child/children to use all play equipment and participate in all the camp activities.
5. Late pick-up fee within first 15 minutes is \$15.00, thereafter is an additional \$1.00 per minute required when a child is picked up after camp has ended at 4:00 PM; or, if enrolled in aftercare, after the hour of 6:00PM.



- 6. I understand and agree that enrollment is for the entire period specified and that there will be no refunds, credit or remission of fees.
- 7. I hereby give my permission to **CCA Adventure Summer Camp** and any person acting on its behalf to secure and provide any medical attention that might be necessary and urgent during a time when I cannot be contacted by telephone. I further agree to accept responsibility for any medical expenses incurred on behalf of the above-named child under the conditions described above.
- 8. I give permission for my child/children to go on all field trips with the understanding that the camp will provide transportation for field trips.
- 9. I give permission for my child/children to be photographed/videotaped participating in camp activities for the sole purpose of camp publicity, advertisement and camp publications.
- 10. I understand that the camp is not responsible for any of my child's belongings that are lost, stolen or damaged.

**BEFORE AND AFTER CARE POLICY**

(additional fees)

AM Care Hours: 6:30AM - 8:00AM = \$25.00/wk.

PM Care Hours: 4:00PM - 6:00AM = \$25.00/wk.

AM & PM Care: = \$50/wk.

*Multi-child discount available.  
Fees include Breakfast and Snack.*

NOTE: Late pick-up fee within first 15 minutes is \$15.00 per family, thereafter is an additional \$1.00 per minute required when a child/children is picked up after 6:00PM. Late fee is due at time of pick-up.

**\*Before and After Care payments are due when Camp tuition is due.**

**I have carefully read the above conditions of this agreement, fully understood, and accepted them as stated.**

PRINT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



BEFORE AND AFTER CARE APPLICATION

(Circle) Before/After Care Needed For: \_\_\_Session I \_\_\_Session 2 \_\_\_Session 3 \_\_\_Session 4

Specify time(s) needed: Before Care \_\_\_\_\_ After Care: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ F \_\_\_

Child's Nickname: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Child's Hobbies: \_\_\_\_\_

Guardian/Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian/Father: \_\_\_\_\_ Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with: \_\_\_Both Parents \_\_\_Mother \_\_\_Father \_\_\_Other: \_\_\_\_\_

List at least two people who is authorized to pick-up your child from camp. Also list those who may be contacted to pick up your child in the event of an emergency (other than parents).

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_



### Field Trip Liability Release Authorization

I hereby give permission for my child \_\_\_\_\_ to participate in all program activities, including field trips in approved vehicles (church van and/or coach bus) and agree to release **CCA Adventure Summer Camp**, its officers, employees and agents from all liability arising from any harm or injury incurred by the participation of my child in the program stated above. I also authorize the staff of **CCA Adventure Summer Camp** to obtain medical/hospital treatment for the above-named child in the event of an emergency.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone: (            ) \_\_\_\_\_

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

Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Is camper a   \_\_\_Non-swimmer   \_\_\_Beginner swimmer   \_\_\_Intermediate swimmer

Camp T-Shirts: **CCA Adventure Summer Camp** will present each camper with a camp T-Shirt. Please indicate your child's T-Shirt size.

(NOTE: Your child is encouraged to wear their T-Shirt on all field trips. Extra shirts can be purchased for \$10.00 each (XXL is \$12.00)).

ADULT:            \_\_\_Small            \_\_\_Medium            \_\_\_Large            \_\_\_X-Large            \_\_\_XX-Large

CHILD:            \_\_\_Small            \_\_\_Medium            \_\_\_Large            \_\_\_X-Large



## CAMPER BEHAVIOR CONTRACT

Our goal at **CCA Adventure Summer Camp** is to promote a safe and loving environment that is conducive to learning. In keeping with our code of conduct, it is expected that each camper will:

1. Be respectful to fellow campers, staff, **Clinton Christian Assembly** (CCA) property and himself/herself.
2. Follow camp and classroom rules.
3. Be on time for all scheduled classes and activities.
4. Remain on **Clinton Christian Assembly's** property at all times with the exception of the camp's scheduled field trips.
5. Use caution and follow rules while participating in swimming and other activities.
6. Avoid any activity that could jeopardize your safety or the safety of others.

Any disciplinary activity will be documented with a DRA Report and will be reviewed by the Camp Director. If the camper violates the rules of the camp which results in the decision to send him/her home, the parents(s) must make arrangements to pick up the child within one hour of notification. Campers who are sent home for disciplinary reasons are not eligible for a refund.

Field trips are viewed as a reward for good behavior and not an automatic invitation. If your child's behavior does not warrant, he/she will not be able to attend that particular field trip. If your child does not attend a field trip, he/she is to stay at home.

**WE HAVE READ THE ABOVE AND AGREE TO THE TERMS.**

Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization & Emergency Contact List

Camper Name: \_\_\_\_\_

List at least four people who is authorized to pick-up your child from camp. Also list those who may be contacted to pick up your child in the event of an emergency (other than parents).

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_



**CAMPER HEALTH HISTORY**

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

The following information is required:

1st Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 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:**

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?  NO

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

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> <li>• Prescription medication must be in a container labeled by the pharmacist or prescriber.</li> <li>• Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.</li> <li>• An adult must bring the medication to the camp and give the medication to an adult staff member.</li> </ul>			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED <i>(NOT TO EXCEED 1 YEAR)</i>		FROM	TO
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
PRESCRIBER'S SIGNATURE <i>(Parent cannot sign here)</i> <i>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</i>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO [ ] Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO [ ] Not emergency medication	DATE	

List any drugs or medications to which your child has had a reaction:

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List allergies and other known health problems:

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My child **may/may not** (circle one) receive Tylenol or Advil for headache or onset of fever. A parent will be notified when medication is given. Children with a fever of 100 degrees or higher may not remain in camp.

Parent's/Guardian's Signature

Date

List below authorized people to pick up your child.

NAME

RELATIONSHIP

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