



A Ministry of [GRACE CHURCH](#) | Waldorf

2023

Summer Day Camp Application

Camp Dates:

June 5, 2023 to August 4, 2023

REGISTRATION CHECKLIST

Must be returned with Application

ALL STUDENTS: The following items are required for all new students to complete registration:

PK-6th Grade Day Camp

- Complete Application Form (Parent signatures required)
 - ~ Registration Checklist
 - ~ Application
 - ~ Emergency & Health Form
- Copy of Birth Certificate (non-GCA students only)
- Non Refundable \$25/week deposit due upon registration. Full payment due the Friday before start of camp week
- All forms must be filled out even if your child is already a student at GCA

All applicants are considered without regard to sex, race, nationality or ethnic origin.

NAME OF STUDENT: _____

FINANCE OFFICE USE ONLY

_____ Date Received

_____ Payment Received



GRACE CHRISTIAN ACADEMY of MARYLAND
SUMMER CAMP APPLICATION

Application: *One form per child.*

Student's Full Name _____

DOB _____

2022-2023 Grade _____ Current Age _____ GENDER: Male Female

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Neighborhood _____

Father's Name _____

Email Address _____

Father's Home # _____ Work # _____ Cell # _____

Address (if different from child) _____

Mother's Name _____

Email Address _____

Mother's Home # _____ Work # _____ Cell # _____

Address (if different from child) _____

City _____ State _____ Zip _____

Guardian Information:

Legal guardianship Name/custody of child (if different from parents):

(The school must have a copy of any and all court orders regarding custody and guardianship.)

Email Address _____

Home # _____ Work # _____ Cell # _____

Address (if different from child): _____

City _____ State _____ Zip _____



GRACE CHRISTIAN ACADEMY of MARYLAND
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Miscellaneous Fees:

Early Arrival - Arrival prior to 7:45 AM will result in a \$15.00 fee.

Late Pick Up - Late charges will accrue at the rate of \$10.00/15 minutes when a child is not picked up on time from camp (3:00 PM) or after care (6:00 PM). Late pick up fees are due in cash or check when you pick up your child.

Returned Check Fee - There will be a fee of \$35 for any check returned for insufficient funds.

Refunds - A request for a refund must be made in writing no less than 14 days from the start date of camp. There is a \$25 processing fee for any cancellations which will be deducted from the refund.

Refunds will not be issued for missing camp days due to illness or vacation.

Additional Fees - GCA Summer Camp will be going on field trips. There may be an additional cost each week depending on the trip(s).

Parent(s)/Guardian(s) Signature: _____

Date: _____

Camp Cost:

Camp Tuition (8:00 AM-3:00 PM) - \$180/week

Before Care (6:30 AM-8:00 AM) - \$50/week

After Care (3:00 PM-6:00 PM) - \$75/week

Registration requires a non-refundable \$25/week deposit. **If the \$25 deposit is not paid, your child's spot will not be held.**

Parent(s)/Guardian(s) Signature: _____

Date: _____

Photography/Videography Release:

GCA will often use photos and /or videos for promotion and advertising of our programs.

Names/Pictures may be published in newspaper print. If you believe you have a special exception, you may speak to the camp director or a GCA administrator.

I understand that my child's photo/ video may be used in GCA advertising/ GCA social media/ website.

Parent(s)/Guardian(s) Signature: _____

Date: _____



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~Continued~

Dress Code & Behavior Standards for ALL Summer Camps:

Day camp students are expected to abide by the behavioral standards of Grace Christian Academy. Dress is to be modest and appropriate. Grace Camp reserves the right to dismiss a child that is found uncooperative and consistently disruptive to the camp and its focus.

Parent(s)/Guardian(s) Signature: _____

Date: _____

Release:

It is understood that the school/camp does not have the funds to meet the bill resulting from necessary care for pupils in emergencies. It is important the parent be aware of his/her responsibility for any charges incurred. The school/camp does, however, maintain supplemental accident insurance coverage for students participating in school/camp activities, both on and off campus. Claims are to be made with the parents' insurance company first and then directly with the company that provides the supplemental insurance. Parents should contact the school/camp office for information on how to file a claim. I do hereby release & hold harmless any of the school/camp staff for any and all liability associated with the operations of the GCA summer camp programs and my child's participation therein. In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by camp staff and emergency medical personnel.

Parent(s)/Guardian(s) Signature: _____

Date: _____



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~Continued~

Please circle the camp weeks that you are registering for:

Week 1
June 5-9

Week 2
June 12-16

Week 3
June 20-23

Week 4
June 26-30

Week 5
July 3-7

Week 6
July 10-14

Week 7
July 17-21

Week 8
July 24-28

Week 9
Jul. 31-Aug.4

Please choose one from the following options:

_____ Before Care Only (6:30 AM-8:00 AM) \$50/week

_____ After Care Only (3:00 PM-6:00 PM) \$75/week

_____ Before and After Care \$125/week

_____ None

T-Shirt:

Campers will receive a free T-shirt. Additional shirts can be purchased for \$12.00.

Please circle shirt size:

Youth Size: YS YM YL YXL

Adult Size: S M LG XL

EMERGENCY & HEALTH INFORMATION – Summer Camp 2023

Child's Name: _____ DOB: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

AUTHORIZED PERSONS to assume responsibility for school dismissal and provision of care when parent or guardian cannot be reached. **PLEASE NOTE: STUDENT WILL ONLY BE RELEASED TO PERSONS AUTHORIZED BY PARENT OR GUARDIAN.**

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Family Physician or Pediatrician: _____ **Phone:** _____

Family Dentist _____ **Phone:** _____

Local Hospital Preference: _____

Insurance which applies to the child: _____ **Policy ID:** _____ **Group #:** _____

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: _____

Medications will only be administered during day camp by a certified medical technician when they are available. A camp **medication administration authorization form** must be filled out for each medication if medication is necessary for your child during camp.

For campers who reside within 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: _____

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

1. Country in which child resides: _____

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

Parent/Legal Guardian's Signature _____ Date _____