

# Camp Ahava 2017 Registration

Where Love and Growth Come Together

June 26<sup>th</sup> - August 18<sup>th</sup>

(Camp August 21 - August 25)

1401 Arcola Avenue, Silver Spring, MD 20902

Phone: 301-649-4425 Fax: 301-649-1274

website: [www.camp-ahava.com](http://www.camp-ahava.com)

Today's Date: \_\_\_\_\_

## Camper's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

School Attending: \_\_\_\_\_

Camper's T-Shirt Size:

Child: \_\_\_\_\_ 6-8 (small) \_\_\_\_\_ 10-12 (medium) \_\_\_\_\_ 14-16 (large)

Adult: \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ x-large

Camper's Shoe Size: \_\_\_\_\_

Camper's Special Interests, Needs or Requests: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Family's Information:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Legal Guardian's Information: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

Child Lives Primarily With: (circle) Mother Father Legal Guardian Both Parents

Send Camp Information to: (circle) Mother Father Legal Guardian Both Parents

Camper may be picked up by: (circle) Mother Father Legal Guardian Both Parents

## **Emergency Contact Information:**

### **Emergency Contact #1**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E mail: \_\_\_\_\_

### **Emergency Contact #2**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E mail: \_\_\_\_\_

### **Emergency Contact #3**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E mail: \_\_\_\_\_

## **Camp Tuition**

\$125.00 non-refundable registration fee per child is due with application  
Receive a \$25.00 discount off registration fee plus 15% off camp tuition for applications received by March 1<sup>st</sup>.  
We offer a 10% sibling discount.

**No Price  
Increase For  
10 Years!!**

9 weeks	\$2245.00
8 weeks	\$1950.00
7 weeks	\$1750.00
6 weeks	\$1525.00
5 weeks	\$1285.00
4 weeks	\$1045.00
3 weeks	\$800.00
2 weeks	\$550.00
1 week	\$295.00

**I would like to sign my child up for the following week(s) of camp:**

Camp Weeks	Name of Child	Age	Check for Early Care	Check for After Care
1. 6/26 - 6/30				
2. 7/3 - 7/7				
3. 7/10 - 7/14				
4. 7/17 - 7/21				
5. 7/24 - 7/28				
6. 7/31 - 8/4				
7. 8/7 - 8/11				
8. 8/14 - 8/18				
9. 8/21 - 8/25				

**EXTENDED DAY OPTIONS**

**Early Care:** 7:30 a.m.- 9:00 a.m.

\$60.00 per week

**After Care:** 3:30 p.m.- 6:00 p.m.

\$100.00 per week

**Entire Day Discount (Early and After Care):**

\$140.00 per week for both

**Payment Summary**

Item	Amount
Early Bird Registration discount	-
Camp Tuition	+
Early Care and/or After Care	+
Additional discount (sibling, etc.)	-
<b>TOTAL OWED:</b>	<b>=</b>

## Financial Information

- **I am enclosing:**  
**Credit Card** \_\_\_\_\_ **Check** \_\_\_\_\_ (payable to "Camp Ahava")
- All fees and tuition must be paid prior to your child's first day of camp unless prior arrangements are made with the camp office.
- Registration fee must be paid in full before the start of camp regardless of the number of weeks registered. Registration fee is non-refundable.
- There will be an extra fee for Six Flags & our Mystery Bus Ride.
- I am enclosing a tax-deductible donation of \$\_\_\_\_\_ to help a child attend Camp Ahava.

**We look forward to a fabulous summer with your child/children!**

### Credit Card Payment Form

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

ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_

Type of Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

I authorize Camp Ahava to charge my credit card the total owed for tuition. A 2% processing fee will be added.

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

Printed Name: \_\_\_\_\_

# Roller Skating Permission Slip

Dear Parent or Guardian,

Camp Ahava will be participating in an 8 week in-house roller skating program throughout the entire summer. The skates will be provided by Skatetime School Programs®. Campers will learn basic skating skills such as starting, stopping, forward skating, backward skating, cornering and a number of safety tips for being a smart skater. Skating provides a variety of benefits, which include balance, coordination, motor skills and a top rated cardio-respiratory workout!

I grant permission for my child to participate in the roller skating program at Camp Ahava this summer. I release Skatetime School Programs, Camp Ahava, its agents, employees, and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of this activity.

I further authorize Camp Ahava staff to take the proper steps to provide medical attention (first-aid) should my child be injured while participating in this activity and I hold Camp Ahava and Skatetime School Program harmless thereof. I acknowledge the risk and responsibilities involved.

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

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

My child's shoe size is: \_\_\_\_\_ please circle: (girl) (boy)



# CAMP AHAVA FIELD TRIP PERMISSION FORM

I give  
permission  
for my  
child:

My child's age:

to attend camp field trips and/or authorized by the Camp Director

In case of a medical emergency, I understand every effort will be made to contact parents, guardians, or my child's physician. A representative from the Camp may hospitalize and/or secure proper treatment for my child in case of a medical emergency, if in their best judgment further delay might interfere with the welfare of the child. I give permission to the physician/hospital selected by Camp Ahava to admit and secure proper medical treatment for my child. I give permission for information to be released by Camp Ahava from my child's medical file in order to facilitate proper medical care. I agree that Camp Ahava, its counselors, staff and any other person accompanying the group shall not be liable for any damage or injury(s) that my child may sustain.

Parent/Guardian's Signature:

Date:

Printed  
Name:

Home Phone  
Number:

Work Phone  
Number:

Cell Phone  
Number:

In case of an emergency if I cannot be reached, please contact:

Name:

Home  
phone:

Address:

Cell:

My child  
is  
allergic  
to:

Other  
medical  
issues:



# Camp Ahava Health History Form

Camper's name: \_\_\_\_\_ DOB: \_\_\_\_\_

The following information is required to be admitted to camp:

## CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: \_\_\_\_\_

2. Is the camper currently enrolled in a Maryland school, public or private?

YES, provide name of Maryland school: \_\_\_\_\_

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent or guardian indicating that they object to immunizations for religious reasons.

NO

List any medications and/or other health aid that is in present use by the camper:

List any medical conditions, emotional/psychological issues, chronic/recurring illnesses:

List any allergies: \_\_\_\_\_

### **CONTACT INFORMATION:**

Parent or Legal Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

HEALTH INFORMATION: Please provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, and/ or special needs that we need to be aware of to ensure that your child's camp experience is safe:

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

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

# Sunscreen Permission Form

## Camp Ahava

Dear Camp Ahava Parent and/or Legal Guardian,

Camp Ahava treats your child's health and safety with utmost importance. Therefore, we recommend the following:

1. Apply sunscreen to your child every day before camp, as we have many outdoor activities and swimming that require children to have sunscreen applied.
2. Because it is important to reapply sunscreen throughout the day (especially on swimming and trip days), we request that you keep one bottle of sunscreen to use (with your child's name on it) at camp.
3. Children should be able to apply the sunscreen on their own with little help from counselors.
4. Pursuant to State of Maryland regulations regarding sunscreen use at youth camps, please fill out the form below to indicate the type of sunscreen you are sending, and, if needed, to allow our counselors to assist your child apply sunscreen on areas of skin that are exposed to the sun.

Camper's Name	Sunscreen Brand	SPF	Expiration Date of Sunscreen	May Staff Assist Your Child in Sunscreen Application?

Parent/Legal Guardian's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

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

Please be advised that Camp Ahava is unable to use any other sunscreen than what you provide. Therefore, for your child's safety, **if your child does not have sunscreen at camp during critical times, he or she may not be able to participate in certain outdoor activities or go on certain trips.**



# CAMP AHAVA Publicity Permission Slip

During the summer, many photographs are taken by our staff. Photos are used in a variety of publications, including, but not limited to: emails, newsletters, marketing and our camp website.

I consent that Camp Ahava may use photographs of my child on its website and in future publicity materials.

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

Signature of Parent/Legal Guardian \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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## HELP A CHILD ATTEND CAMP!

There are families in our community who cannot afford to send their child/children to camp. Please consider donating two, four six or even a full summer session of camp to a family in need. All donations are greatly appreciated and will allow a child to have a summer of fun! (Donations are tax-deductible.)