

NEW RETURNING

Complete All Information

#Campers _____

Trinise Jones Summer Day Camp

529 Edmund Street
Aberdeen, MD 21001
(410) 272-3278ext#103

Office Use Only

Registration Fee PD: YES / NO

Amount Received: _____

Male _____

Female _____

Age _____

Age _____

Shirt Size _____

Shirt Size _____

Camper Application

Date: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Work Phone _____

Cell Phone: _____

E-Mail Address _____

Emergency Contact Name: _____ Phone: _____

Number where you can be contacted during day camp hours: (____) _____ - _____

Marital status: Married Single Divorced Separated Widowed

Employer Name: _____

Employer Address: _____

MUST COMPLETE INFORMATION

Household Income Range: 10K – 15K 15K – 20K 20K – 30K
 30K – 40K 40K – 50K 50K+

(This information is for statistical purposes and is required for grants obtained to support the summer day camp and make it as affordable as possible to all participants.)

Ethnicity of Household: Please list all ethnicities within your household.

_____ Black/African American _____ Caucasian _____ Asian _____ American Indian/Alaskan Native

_____ Hispanic _____ Asian & White _____ American Indian/Alaskan Native & White

_____ Black/African American & Caucasian _____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaskan Native & Black/African American _____ Other Multi-racial

Have you volunteered to work for any Inner County Outreach or Aberdeen Bible Church programs?

Yes No which ones? _____
When? _____
How long? _____

Are there any services that you are in need of currently that we offer to aid families in need (besides the summer day camp)?

Mentoring Single Mothers Parenting classes Tutoring
 Bible study Counseling – family, personal, drug & alcohol GED assistance

For Official Use Only: Applying for Camper Scholarship Yes _____ No _____

Date Rev'd _____ Initials _____

Registration Fee _____ no. of campers @ \$30= _____ Total How Fee Paid _____ Cash _____ Check or Money Order

POC _____ ICO Staff _____ Scholarship _____

Total Camp Fee Due: _____ Date Paid: _____, Date Paid: _____, Date Paid: _____, Date Paid: _____, Date Paid: _____

Comments: Payment Arrangements: pymt #1 _____, pymt #2 _____, pymt #3 _____, pymt#4, _____, pymt#5, _____, pymt#6

Camper #1

Full Name _____

DOB: _____ **Age:** _____ **Relationship:** _____ **Gender:** Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June this year: _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

- Mentoring Single Mothers
- After school tutorial
- Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Camper #2

Full Name: _____

DOB: _____ **Age:** _____ **Relationship:** _____ **Gender:** Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June this year: _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

- Mentoring Single Mothers
- After school tutorial
- Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Camper #3

Name: _____

DOB: _____ Age: _____ Relationship: _____ Gender: Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June of this year: _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

Mentoring Single Mothers

After school tutorial

Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Camper #4

Full Name: _____

DOB: _____ Age: _____ Relationship: _____ Gender: Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June of this year _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

Mentoring Single Mothers

After school tutorial

Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Camper #5

Full Name _____

DOB: _____ Age: _____ Relationship: _____ Gender: Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June this year: _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

- Mentoring Single Mothers
 After school tutorial
 Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Camper #6

Full Name: _____

DOB: _____ Age: _____ Relationship: _____ Gender: Male Female

Address (if different from above) _____

Home Phone (if different from above): (____) _____ - _____

School Name: _____

Grade Completed as of June this year: _____

Does your child receive any special education services? Yes No In what areas? _____

Are there any particular areas your child needs direction or training in?

Has this child participated in any of the following Inner County Outreach or Aberdeen Bible Church programs (check all that apply):

- Mentoring Single Mothers
 After school tutorial
 Youth Group Bible study

When did they start? _____ How long did they participate? _____

T-Shirt Size (circle one) ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L

Parental Consent Agreement

By registering my child, I agree to adhere to the following statements:

1. Campers must be between the ages of 4 and 15 years of age to attend camp.
2. The camper and parents/guardians agree to abide by the rules and regulations set by the director for the health, safety, and welfare of the campers.
3. I consent to emergency medical care for my child (ren).
4. I consent to have my child (ren) transported to and from day camp on a daily basis and on field trips.
5. I give permission for my child to participate in special programs and activities including field trips and other camp related activities.
6. I give permission for my child to be videotaped, photographed, and interviewed in camp activities for brochures and other marketing material.
7. In case of an emergency, the following person(s) may be contacted and are authorized to pick my child(ren) up from camp:

Name _____ Telephone _____
Relationship _____

Name _____ Telephone _____
Relationship _____

Parent or Guardian Signature

Date

CAMPER HEALTH HISTORY

Each Camper Must Complete a Form

Child's Name _____

The following information is required for camper to be admitted to day camp:

CAMPERS IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see 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 (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 is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
 - NO

NEED DATE

CONTACT INFORMATION:

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions. Psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian's Signature: _____ **Date:** _____

**HOW CAN WE BETTER ASSIST YOU WITH YOUR CHILDS EDUCATION DURING THERE
SUMMER SESSION AT THE TRINISE JONES SUMMER DAY CAMP**

What academic school work does your child need help in?

Does your child have an IEP and if so please attach a copy so we can better assist them?

Please list any other concerns or areas of improvement.

Can we get a copy of your child's report card for the school year that just ended?
