

Grade Completed in
May 2023_____

Rock Creek Christian Academy

SUMMER ENRICHMENT CAMP REGISTRATION

(Please type or print in ink)

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Camper's Last Name: _____

First Name: _____ Middle Name: _____ Goes By: _____

Male/Female: _____ Race: _____ Age: _____ Birthdate: ____/____/____

Street Address: _____ Home Phone (____) ____ - ____

City: _____ State: _____ Zip Code: _____

Name and Age of Other Children in Day Camp: _____

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PARENT #1 Lives with camper: Yes ☐ No ☐ Cell Ph#: _____ Email: _____

Last Name: _____ First Name _____ Mr./Mrs./Miss/Dr./Rev.

Rel.to Camper: _____ Occupation/Employer: _____ Wk Ph: _____

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PARENT #2 Lives with camper: Yes ☐ No ☐ Cell Ph#: _____ Email: _____

Last Name: _____ First Name _____ Mr./Mrs./Miss/Dr./Rev.

Rel.to Camper: _____ Occupation/Employer: _____ Wk Ph: _____

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OTHER CONTACTS (Emergency)

Contact #1: _____ Rel. To Camper: _____ Ph #(day) _____

Contact #2: _____ Rel. To Camper: _____ Ph #(day) _____

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MEDICAL INFORMATION REQUIRED BY HEALTH DEPARTMENT - (MUST COMPLETE ALL)

Campers Physician: _____ Ph # _____

Known Health Problems: _____

Immunization records are on file at: School _____ City _____, MD

Is the camper exempt from any immunization for medical or religious reasons? _____

Does the camper have any allergies or health problems, including any physical, psychiatric, or behavioral problem?

If yes, explain: _____

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PLEASE CHECK DATES CAMPER WILL ATTEND: Registration Fee \$ _____

____ Week 1 (June 5 - 9)

____ Week 2 (June 12 - 16)

____ Week 3 (June 19 - 23)

____ Week 4 (June 26 - 30)

____ Week 5 (July 5 - 7) (Prorated)

____ Week 6 (July 10 - 14)

____ Week 7 (July 17 - 21)

____ Week 8 (July 24 - 28)

Before care/Aftercare (*Please Check Off*):

☐ **Morning 6:30am - 8:00am/\$80 week**

☐ **Afternoon: 4:00pm - 6:00pm/\$80 week**

☐ **No Before care/Aftercare**