

Grade Completed in
2024: _____

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 17 – 21: **Prorated**)

____ Week 2 (June 24 - 28)

____ Week 3 (July 1 – 3: **Prorated**)

____ Week 4 (July 8 – 12)

____ Week 5 (July 15 - 19)

____ Week 6 (July 22 – 26)

____ Week 7 (July 29 – August 2)

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

Morning 7:00am – 8:00am/\$50 week

Afternoon: 4:00pm – 6:00pm/\$100 week

No Before care/Aftercare