

Grade Completed in
2026 _____

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: _____

Sex: _____ 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)

Camper's 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 1 - 5)
- ____ Week 2 (June 8 - 12)
- ____ Week 3 (June 15 – June 18) **Prorated \$220.00**
- ____ Week 4 (June 22 – June 26)
- ____ Week 5 (June 29 – July 2) **Prorated \$220.00**
- ____ Week 6 (July 6 – July 10)
- ____ Week 7 (July 13 – July 17)
- ____ Week 8 (July 20 – July 24)
- ____ Week 9 (July 27 – July 31)
- ____ Week 10 (August 3 – August 7)

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

- Morning: 7:00am to 8:00am - \$80.00 week**
- Afternoon: 4:00pm to 6:00pm - \$100.00 week**
- (No Extended Time)**