



**2019 Summer Camp Application  
(Please Print or Type)**

**Date of Application:** \_\_\_\_\_

The following are the dates for A & K Family Learning Place 6 one-week sessions. Please note that the camp tuition for the first week is due prior to the first date of your child's scheduled camp attendance. Camp is inclusive.

Please indicate your session choices:

- Week 1      June 24th thru June 28th, 2019
- Week 2      July 1st, thru July 5th, 2019
- Week 3      July 8th thru July 12th, 2019
- Week 4      July 15th thru July 19th, 2019
- Week 5      July 22nd thru July 26h, 2019
- Week 6      July 29th thru Aug 2nd, 2019

Weekly Pre-Registration every Saturday in June until opening  
located at Cresthill Church, 6510 Laurel-Bowie Road, Bowie, MD 20715  
10 am until 12 noon (June 8th 9:00 am 12 Noon)  
All camp reservations must be prepaid. Paid tuition for Session is due by June 22, 2019.

As a courtesy and convenience to our working parents, we offer morning and afternoon shuttle service from 4 convenient locations within our camp service area. This service is included at no extra cost as part of our Before and After Care Program. ***The Hub sites are located Chic Fila,@Capital Blvd, Fairwood Shopping Center, South Bowie Library and McDonald's Mitchellville Plaza.***

**Applicant Information**

*If you have more than one child, a separate application must be completed for each child.*

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

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary Language \_\_\_\_\_

Briefly describe any physical disabilities or limitations that the applicant may have:

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

**Parent/Guardian Contact Information**

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

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (include city, state and zip code) \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Emergency Contact Information** *(We will always contact parents/guardians first, so please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)*

Admission Applicant's Name \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Third Contact:** \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_