April 23, 2026

Dear A&K Family Learning Place Summer Camp Applicant:

In an effort to better serve the needs of your camper and ensure that camp is a fun and enjoyable experience, please note the following:

> The application should be completed and returned with all supporting documentation before your child's first day at camp.

We ask that you take a moment to look over the information requested before filling out the enclosed application. As the application is very thorough, please know that every blank must be filled in, but if a question does not apply to your camper, please write N/A in the space. Any incomplete applications could be returned and delay the registration process.

We are looking forward to a great summer and hope to see you this camping season!

Please feel free to contact us with any camp-related questions at 240-508-5561 or (301) 262-8622.

Sincerely,

Kimberlyn Waterman
Camp Director
tkwater2@comcast.net

A& K Family Learning Place
Summer Camp Tuition and Deposit Information

Weekly Camp Options:

$150 Camp Registration Fee (One time summer)
$185 Weekly Camp Tuition

The $250 registration is to reserve your camper's session and is due with the completed application. *Reservations for a session will not be held without the deposit*.

All camp reservations must be prepaid. Paid tuition for any Week is due by the Friday proceeding that camp week.

Payments accepted include Zelle 240-508-5561 or we can invoice parent for a credit card payment.

_____
Name (Printed)

_____
Signature

_____
Date

A & K Family Learning Place Documents Checklist

(Please return checklist along with application)

Please include the following documents:

- ❑ Completed Summer Camp Application (w/ $150 Registration fee)
- ❑ Youth Camper Health History Form
- ❑ Copy of Immunization record
- ❑ Copy of medical insurance card & completed treatment consent form
- ❑ Current photo (taken within the last year) & photographic consent form

- ❑ Completed A & K Consent Forms
  - Field Trips
  - Consent for Medical Treatment
  - Photographic Authorization

- ❑ Dismissal Policy

- ❑ Third Party Payments Policy (<u>if applicable</u>)

2026 Summer Camp Application
(Please Print or Type)

Date of Application: _____

The following are the dates for A & K Family Learning Place 7 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.

Please indicate your session choices: **Sessions are Monday thru Friday.**

- ☐ Week 1 June 22nd thru June 26th, 2026 _ Camp Fee due 6/19/2026
- ☐ Week 2 June 29th, thru July 3, 2026 _ Camp Fee due 6/26/2026
- ☐ Week 3 July 6th thru July 10th, 2026 _ Camp Fee due 7/3/2026
- ☐ Week 4 July 13th thru July 17th, 2026 _ Camp Fee due 7/10/2026
- ☐ Week 5 July 20th thru July 24th, 2026 _ Camp Fee due 7/17/2026
- ☐ Week 6 July 27th thru July 31st, 2026 _ Camp Fee due 7/24/2026
- ☐ Week 7 Aug 3rd thru Aug 7th, 2026 _Camp Fee due 7/31/2026

Transportation hub stops will be announced at a later date

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: _____

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: _____

Who is authorized to pick up your child(ren) from camp?

Primary Contact: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Relationship to Applicant: _____

Email Address: _____

Secondary Contact: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Relationship to Applicant: _____

Email Address: _____

Other Contact: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Relationship to Applicant: _____

Email Address: _____

Mailing Address: _____

Note: For your child's safety, he/she will not be released to anyone whose name is not in our files as an authorized pick up person. Attach extra sheet of paper with information for additional authorized pick up individuals if needed.

Photographic Authorization

Camper's Name _____

A & K Family Learning Place maintains a photographic history including videos of on and off campus activities in which residents and campers participate. Some activities or events may be published in various types of appropriate and professional presentations. On occasions, photographs may be necessary for medical purposes. A & K's use of the photographic materials will not be used to exploit and is protective of the campers' rights and dignity.

1/We understand the above and agree with the use of photographs for the stated purposes.

_____ _____

Parent/Guardian Signature Date

Dismissal Policy

In an effort to ensure your child has a safe, fun and enjoyable experience, please review the Dismissal Policy. Our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our first priority. By reviewing and signing the Dismissal Policy form, you acknowledge your understanding of this policy.

It is the A & K Family Learning Place policy to dismiss a camper in the following circumstances:

- Upon direct orders of a physician
- When camp administration determines that the camper needs services and supervision beyond those provided by our camp and our staff.
- When the camper exhibits any of the following behaviors or conditions:

Aggressive or threatening behaviors
Non-compliant behavior
Throwing objects
Biting, scratching, kicking, fighting
Incontinence of bowel and bladder

Refusal of prescribed medications
Inappropriate sexual behavior, Aggressive or threatening behaviors, Destruction of property
Inability to complete self care tasks
(bathing, toileting, feeding, etc.)

YOUTH CAMP HEALTH HISTORY CAMPER

Child's Name: _____

Current residence: _____

_____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian):_____ Phone:_____

2nd Emergency Contact
(Other than Parent Above):_____ Phone:_____

Primary Care Physician or
other provider of medical care:_____ Phone:_____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain:_____

_____

_____

_____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain:_____

_____

_____

_____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List:_____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on

Department form MDH-896.

_____

Parent or Legal Guardian's Signature Date

MDH-4768 (12/2017)

CHILD'S NAME_____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE_____/_____/_____

COUNTY _____ SCHOOL_____ GRADE_____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ ZIP_____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease
1									1				Mo/Yr
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
_____ Signature Title
Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
_____ Signature Title
Date

3. _____
_____ Signature Title
Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Consent to Treat

I hereby authorize physicians, nurses, hospitals, and their authorized personnel, whether employed, contracted, or paid on a fee basis by the A & K Family Learning Place., to perform treatments and procedures as deemed necessary; and, release all medical or hospital records to The A & K Family Learning Place. from existing hospital and medical records; and, release all medical and hospital records possessed by The A & K Family Learning Place., to other physicians, nurses, hospitals and their authorized personnel. All releases and authorizations are for performance of treatment, procedures and medications as deemed necessary for my applicant.

Parent / Guardian Printed Name	Applicant Printed Name
Parent / Guardian Signature	Date

Parent Consent Form Field Trip

I, _____hereby give permission for
(Name of parent or guardian)

_____to participate in the field trips that have been planned by A&K Family Learning Place for the 2026 Summer Camp Program. I give the A&K staff permission to transport my child by the facility van or chartered transportation to the following field trips included but are not limited:

- ***Sky Zone***
- ***Chesapeake Museum***
- ***Enfield Chase Park***
- ***Watkins Park Tennis Bubble & Playground Nature Center***
- ***US Capitol***
- ***Spy Museum***
- ***Skate Zone***
- ***Crofton Bowling***
- ***Astro Jumps***
- ***Fun Box (Bowie Town Center)***
- ***Prince George's Community College Swimming***
- ***College Park Aviation Museum***
- ***Bowie Baysock***
- ***Baltimore Aquarium***
- ***Annapolis Mall (Apple Store***

My signature below affirms my understanding that participation in field trips and related activities may present some risk of injury. Therefore, I consent to emergency treatment for my child, if necessary. I further understand that A & K Family Learning Place or their staff and volunteers assume no liability for injuries or damage sustained by my child as a result of participating in any field trips or related activities planned and implemented by the staff of A & K Family Learning Place.

Parent/Legal Guardian Signature:

_____ _____

Signature Date

A separate consent form must be completed for each child being registered.

Affirmation of Completeness and Accuracy of Application

I/We, _____, hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. We give consent for our applicant _____ _____to attend the A & K Family Learning Place 2026 Summer Camp and to participate in all programs and activities of the A & K Family Learning Place Program. I have read and understand all policies of A & K Family Learning Place. I further understand that A & K Family Learning Place is not responsible for lost, misplaced, or damaged personal items.

_____ _____

Parent/ Guardian Printed Name Applicant Printed Name

_____ _____

Parent/Guardian Signature Date