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**Summer Enrichment Program**

Parents/Guardian(s),

It’s time for summer camp! Joe’s Den has the summer camp for your child –***Camp Oje’.*** We have been operating for more than 17 years; dedicated employees, junior counselors and volunteers who are excited about working with you and your child. Employees are trained and certified in first aid and CPR. The program starts Monday, June 17, 2019 thru Friday, August 2, 2019. Hours of operations are 7:30 am until 5:15 pm Monday thru Friday. We are closed on Thursday, July 4th. There is a minimum of two (2) weeks required at time of registration.

Camp Oje’ offers a variety of activities: dance, golf, tennis, chess, sign language, academics (reading and math), arts and craft, sewing, and much more. Field trips: splash pool, Smithsonian Museums, movies, and more. There is a onetime non-refundable activities fee of $165.00 per child (T-shirt included).

Payments can be made weekly or bi-weekly, four (4) weeks payment in advance will be given a 15% discount. Payments are to be made by personal check, credit card and money orders only. **NO CASH!**

**Child $265 per week 2 Children $475 per week 3 Children $585 per week**

Advance Payments: 1st and 2nd week No later than June 13, 2019

**Registration application fee ($15) Due by June 8, 2019**

Ms. Washington

Director

**MC900240775[1]240-401-4057MC900216946[1]**

**425 C Street NE**

**Washington, DC 20002**

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**Summer Enrichment Program**

Application Due **June 8, 2019**

Registration Fee: $15.00 (non-refundable)

Provide updated health records

PLEASE PRINT!!

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

Last First

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

Last First

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

Last First

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Home Work Cell

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_

**CAMPER(S) AUTHORIZED TO BE PICK UP BY:**

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

Name Relationship

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

Name Relationship

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

Name Relationship

**1 Child $265 per week 2 Children $475 per week 3 Children $585 per week**

***Place a check beside the week(s) your child will attend camp***

***Two weeks minimum required***

**1st wk**: \_\_ June 17-21 **2nd wk**: \_\_June 24-28 **3rd wk**: \_\_ July 1-5 **4th wk**: \_\_ July 8-12

**5th wk**: \_\_ July 15-19 **6th wk**: \_\_ July 22-26 **7th wk**:\_\_\_ July 29-August 2nd

**Camp Oje’ Summer Enrichment Program**

**Emergency Contact Information: Please list two people who can be contacted:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address City, State, Zip Code

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Work Home

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person authorized to make medical decisions for your child: \_\_\_\_ yes \_\_\_\_ no

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address City, State, Zip Code

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Work Home

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person authorized to make medical decisions for your child: \_\_\_\_ yes \_\_\_\_ no

**Release Information** I agree to the terms written in the following statements:

|  |  |
| --- | --- |
| Initials | Statements |
|  | I hereby give permission for my child to participate in field trips, to include walking, charter bus and public transportation with Joe/s Den/Camp Oje’. |
|  |  |
|  | I allow Joe’s Den/Camp Oje’ to use photos and video of my child and copies of my child’s work for program advertisement, using only my child’s first name. |
|  |  |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Cell Home Work