

KidsCo Camps Application & Registration

Registration cut-off is 4:30pm the Wednesday prior to each session's start date



Child's Name (Print): _____

Boy or Girl

Birth Date: _____/_____/_____

Grade Entering In Fall 2010: _____

- Day Camp / Kids On-The-Run Water Shirt Size (Please circle one): **Child Med(8)** **Child LG 10)** **Adult SM** **Adult Med** **Adult LG** **Adult XL**
- Teens On-The-Run T-Shirt Size (Please circle one): **Child LG** **Adult SM** **Adult Med** **Adult LG** **Adult XL**

Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Home Phone #: _____ Home Phone #: _____

Work Phone #: _____ Work Phone #: _____

Cell #: _____ Cell #: _____

Email Address: _____ Email Address: _____

Signature: _____ **Date:** _____

Mark the dates below that you want your child to attend:

Week #	Dates	Day Camp (Entering K-9th)	Kids On-The-Run (Entering 3rd-6th)	Teens On-The-Run (Entering 7th & above)	9th Week (Entering 1st & above)
		\$203 per week	\$305 per week	\$345 per week	\$325 per week
1	6/21 - 6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	6/28 - 7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	7/6 - 7/9 *	<input type="checkbox"/>	<input type="checkbox"/> * \$285	<input type="checkbox"/> * \$315	
4	7/12 - 7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	7/19 - 7/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	7/26 - 7/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	8/2 - 8/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	8/9 - 8/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	8/16 - 8/20	* KidsCo will be closed July 5th			

Extended Care	<input type="checkbox"/> \$55 per week	<input type="checkbox"/> Yes, I will need extended care at no extra charge.	<input type="checkbox"/> Yes, I will need extended care at no extra charge.
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Location	Day Camp	Kids On-The-Run	Teens On-The-Run	9th Week
Strawberry Knoll ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake Seneca ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequoyah ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greenwood ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Little Bennett ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cloverly ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lakelands Park MS Open 8am-4pm / pick up & drop off only		<input type="checkbox"/>	<input type="checkbox"/>	

Supervision options for Teens On-The-Run only	
Option 1: Camper groups accompanied by counselor	<input type="checkbox"/>
Option 2: Camper groups may walk without a counselor, but have mandatory check-in times throughout the day	<input type="checkbox"/>



Camper Health History



Child's Name: _____

Camper Immunization Information:

The following information is required for a camper to be admitted to camp.
All information must be complete. If not, the application will not be accepted.

All campers must be current on all immunizations.

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school, public or private?

Yes, provide name of Maryland school: _____

No, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org for more information.

3. Is the camper exempt from any immunization on medical or religious grounds?

Yes, provide a signed copy of Maryland Department of Health & Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

No

Camper Health Information:

Camper's Physician: _____ Phone: _____

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian: _____ Date: _____



Camper Emergency Information Form

Child's Name: _____

When a parent cannot be reached, please list alternate emergency contacts (2 emergency contacts required):

1. Name (last) _____ (first) _____

Telephone (day time) _____

Cell _____

2. Name (last) _____ (first) _____

Telephone (day time) _____

Cell _____

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes our staff at the camp facility to have your child transported to the hospital.

Parent or Legal Guardian: _____ Date: _____



KIDSCO. INC.
"It's Their Business"

All pages must be submitted at time of application



KidsCo Camps Application Policies & Agreement

Child's Name: _____

How To Apply: To reserve your child's spot, a deposit of \$203 plus \$20 for a camp travel shirt (\$223 total) is needed for each camper, along with a completed and signed application, Camper Medical Record Form, Camper Emergency Information Form and Policies/Agreement Form. If you need additional applications and forms, please go to our website at www.KidsCoOnline.com or call our main office at 301-740-9600.

Where To Apply: We are now offering convenient online registration! To register, go to www.KidsCoOnline.com to register online with credit card payments, mail paper applications and deposits to: KidsCo Inc. 7620-J Rickenbacker Dr. Gaithersburg, MD 20879 or fax applications with credit card payments to 301-740-9611.

Tuition Policies: Your camp payments may be made by cash, check, EFT, click-to-pay, money order, VISA, or MasterCard. The deposit of \$223 is applied to your child's first camp session. Siblings receive a 10% discount off the lesser camp tuition on all weeks that they are in attendance together. Discount does not apply to extended care. **Camp payments are due by the listed tuition dates found on the General Information page.**

Refund Policies: We are very flexible and allow registration changes. However, after May 31st there will be a \$25 charge for each change made. Cancellations within 2 weeks or less of your child's camp start date will result in forfeiture of your deposit. Cancellations made after your child's scheduled camp week begins will result in payment of that weeks' full tuition.

T-Shirt Policy: **All children are required to wear the 2010 KidsCo camp trip shirt on all Wednesday trip days.** On-The-Run camps may have additional days on which the 2010 camp trip shirt is required to be worn. If a camper arrives at camp without the 2010 camp trip shirt on a required day, another will be issued at a charge of \$20.

Contractual Agreement

I understand the tuition obligation and wish to enroll my child/children for the summer of 2010 at KidsCo Summer Camp. I understand that any enrollment changes after May 31st will be subject to a \$25 change fee. I also understand that no enrollment changes will be accepted 2 weeks prior to the start of the camp week. Furthermore, withdrawal of my child 2 weeks prior the start of the camp week will result in a forfeiture of my deposit. I also understand that cancellations made after my child's scheduled camp week begins will result in payment of that weeks' full tuition. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding camp charges that may include t-shirt, change, or cancellation fee. By signing this agreement, I also give permission for my child/children to be transported to away activities by bus or KidsCo vehicle. I understand that photographs may be taken for promotional usage. Weeks and dates are subject to change depending on the Montgomery County school calendar. KidsCo Day Camp locations are all subject to change due to Montgomery County school rental contracts.

Parent/ Guardian signature _____

Please Print Name _____

Date _____

- I authorize KidsCo, Inc. to charge **ONLY** the deposit of \$223 per child to my credit card.
- I authorize KidsCo, Inc. to automatically charge the deposit of \$223 per child, each week's tuition as it becomes due, and any outstanding camp charges to my credit card
- I have enclosed the deposit of \$223. I wish to receive/pay future camp invoices by email.
Email address: _____
- I authorize KidsCo, Inc. to automatically charge the deposit of \$223 per child, each week's tuition as it becomes due, and any outstanding camp charges to my bank account by EFT (copy of voided check must be attached).

Card Type: VISA MasterCard

Name On Card (Print) _____

Address _____ Zip _____

Card # _____ Exp. Date _____

Cardholder's Signature _____