

CABIN JOHN/BROOKMONT CHILDRENS' PROGRAM, INC.

2019 SUMMER CAMP

4000 Virginia Place • Bethesda, MD 20816 • (301) 320-6780

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

**PARENT INFORMATION**

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
BUS.PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**2019 SUMMER CAMP REGISTRATION**  
for children ages 2 to 5 yrs

**Dates:**

**Week 1: June 10-14    Week 2: June 17-21    Week 3: June 24-28    Week 4: Jul 8-12**  
**Week 5: July 15-19    Week 6: July 22-26    Week 7: Aug 5-9    Week 8: Aug 12-16**

**Hours:**

**9:00AM to 12:30PM, Monday through Friday**

**Tuition:**

**\$225/week per camper for single weeks**

**Multi week discount:**

**\$200/week for 3+ weeks, \$180/week for 6+ weeks**

Enrollment is limited to 12 campers, filled on a first come basis. A deposit of \$200/camper is due at sign up, and is refundable only if your child's space is filled from our wait list of campers. Full tuition is due by June 1<sup>st</sup>.

**REGISTRATION:**

**Camper's Name:** \_\_\_\_\_ **Bday:** \_\_\_\_\_

**Specify Camp Week(s):** \_\_\_\_\_

**Deposit Amount (payable to CJBCP, Inc.):** \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP DAILY:** \_\_\_\_\_

**GENERAL RELEASE OF LIABILITY AND PARTICIPATION AGREEMENT**

I hereby release CJBCP, Inc., its directors, and employees from any claims for unintended or unavoidable injuries, damages, or losses that may arise from my child's participation in program activities. I give permission for my child to participate in the programs above, including walks and activities within the community.

PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Please complete emergency information on reverse side. Thank you.)*

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SUMMER CAMP**

**CAMP AND EMERGENCY INFORMATION**

**Camp List for the summer adventures:**

- Sunblock should be applied at home prior to arrival at camp
- Appropriate dress for being outdoors and getting dirty
- Shoes that can get wet (or an extra pair of shoes)
- An extra set of clothing
- A hat is recommended
- A filled water bottle labeled with your child's name (we can refill during the day)
- Lunch (refrigeration and microwave is available, unless special notice is given)
- A swimsuit and towel will be requested for days with water activities

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**EMERGENCY AND HEALTH INFORMATION**

**EMERGENCY CONTACTS (if parents cannot be reached)**

CONTACT PERSON(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

TELEPHONE: HOME \_\_\_\_\_ WORK: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

TELEPHONE: HOME \_\_\_\_\_ WORK: \_\_\_\_\_

**PERTINENT MEDICAL INFORMATION**

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

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

Current Medications: \_\_\_\_\_

Please list any medical conditions that may limit participation in activities:

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

ALLERGIES:

FOOD: \_\_\_\_\_

INSECT: \_\_\_\_\_

OTHER: \_\_\_\_\_

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