

# KidsCo, Inc.

P.O. Box 3216, Gaithersburg, MD 20885  
Office 301/762-7122 ~ Fax 301/762-7755

## DAY & TEEN CAMP APPLICATION

Name of 1st Camper \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade Entering in Fall 2004 \_\_\_\_\_

Boy or  Girl

Name of 2nd Camper \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade Entering in Fall 2004 \_\_\_\_\_

Boy or  Girl

### Home Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Mother's Name \_\_\_\_\_

Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY INFORMATION (OTHER THAN PARENT)

Contact #1 \_\_\_\_\_

Home # \_\_\_\_\_

Day # \_\_\_\_\_

Contact #2 \_\_\_\_\_

Home # \_\_\_\_\_

Day # \_\_\_\_\_

How did you hear about us?  Internet  Friend  Ad  
 Other \_\_\_\_\_

All pages must be submitted at time of application.

# APPLICATION POLICY

To reserve your child's spot a deposit of \$145.00 plus \$10 for a camp shirt (\$155.00 total) is needed for each camper, along with a signed application and required health and emergency forms.

## Registration

Please mail application along with \$155.00 per child to:  
KidsCo., Inc., PO Box 3216, Gaithersburg, MD 20885-3216  
Please make checks payable to KidsCo., Inc.  
Visa and MasterCard also accepted.

I authorize KidsCo., Inc. to charge the deposit of \$155.00 per child to my credit card.

CardType:     VISA     MasterCard

Name on Card (Print) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

## Contractual Agreement

I understand the tuition obligation and wish to enroll my child/children for the summer of 2004 at KidsCo Summer Camp. I acknowledge that any enrollment changes 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 session. Furthermore, withdrawal of my child 2 weeks prior to the start of the camp session will result in a forfeiture of my deposit. By signing this agreement, I am also giving permission for my child/children to be transported to away activities by school buses or KidsCo vehicles. I understand that photographs may be taken for promotional usage.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Please Print Name

Date: \_\_\_\_\_

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# DAY CAMP



## Locations

My child/children will attend the following camp location:

- Sequoyah Elementary School
- Waters Landing Elementary School
- Flower Hill Elementary School
- Strawberry Knoll Elementary School

1st child name \_\_\_\_\_

2nd child name \_\_\_\_\_

## Day Camp Sessions

1st child	2nd child	Ext. Care	Sessions	Dates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session I	Jun. 21 <sup>st</sup> - Jul. 2 <sup>nd</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session II	Jul. 6 <sup>th</sup> - Jul. 16 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session III	Jul. 19 <sup>th</sup> - July 30 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session IV	Aug. 2 <sup>nd</sup> - August 13 <sup>th</sup>

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# Teens On-The-Run Day Trip Camp

## Locations

My child/children will be picked up and dropped off at the following camp location:

- Flower Hill Elementary (Extended Care Available)
- Sequoyah Elementary (Extended Care Available)
- Waters Landing Elementary (Extended Care Available)
- Stone Mill Elementary (No Extended Care)
- Ritchie Elementary (No Extended Care)
- Walter Johnson High School (No Extended Care)

1st child name \_\_\_\_\_

2nd child name \_\_\_\_\_

## Teens On-The-Run Day Trip Camp Sessions

1st child	2nd child	Ext. Care	Weeks	Dates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 1	June 25 <sup>th</sup> - June 28 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 2	June 28 <sup>th</sup> - July 2 <sup>nd</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 3	July 6 <sup>th</sup> - July 9 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 4	July 12 <sup>th</sup> - July 16 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 5	July 19 <sup>th</sup> - July 23 <sup>rd</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 6	July 26 <sup>th</sup> - July 30 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 7	August 2 <sup>nd</sup> - August 6 <sup>th</sup>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week 8	August 9 <sup>th</sup> - August 13 <sup>th</sup>

### Option 1

Group of campers accompanied by counselor at all times.

### Option 2

Group of 4-5 campers may walk around as a group without a counselor, but will have MANDATORY check in times throughout the day. A designated CHECK IN BASE will be set up and staffed at all times.

## Teen Vacation Camp

(drop off and pick up at Sequoyah Elementary School only)

1st child	2nd child	Trip To:	Dates:
<input type="checkbox"/>	<input type="checkbox"/>	Los Angeles, California	July 31 <sup>st</sup> - August 4 <sup>th</sup>

**Option 1:** Group of campers accompanied by counselor at all times.

**Option 2:** Group of 4-5 campers may walk around as a group without a counselor, but will have MANDATORY check in times throughout the day. A designated CHECK IN BASE will be set up and staffed at all times.

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# Camper Medical Record Form

For additional copies go online @  
[www.KidsCoOnLine.com](http://www.KidsCoOnLine.com)

This form must be completed and returned to us with application.

Campers Name \_\_\_\_\_

Camp Attending \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

1. Does your child attend a school in the State of Maryland?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If **No**, please contact the main office for additional health forms that are required by the state.

2. Name of Primary Physician or Provider \_\_\_\_\_

Phone Number \_\_\_\_\_

3. The date of your child's last Tetanus Immunization

Month \_\_\_\_\_ Year \_\_\_\_\_

(This date must be provided before you return this form.)

4. Please identify any chronic or long term medical problems (such as asthma).

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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# Camper Emergency Information Form

For additional copies go online @ [www.KidsCoOnLine.com](http://www.KidsCoOnLine.com)

This form must be completed and returned to us with application.

Child's Name \_\_\_\_\_

Camp Attending \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

When parent cannot be reached, please list alternate emergency contacts:

1. Name \_\_\_\_\_  
Last First

Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street / Apt

\_\_\_\_\_

City

State

Zip

2. Name \_\_\_\_\_  
Last First

Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street / Apt

\_\_\_\_\_

City

State

Zip

3. Name \_\_\_\_\_  
Last First

Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street / Apt

\_\_\_\_\_

City

State

Zip

In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the person at the childcare facility to have your child transported to the hospital.

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

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