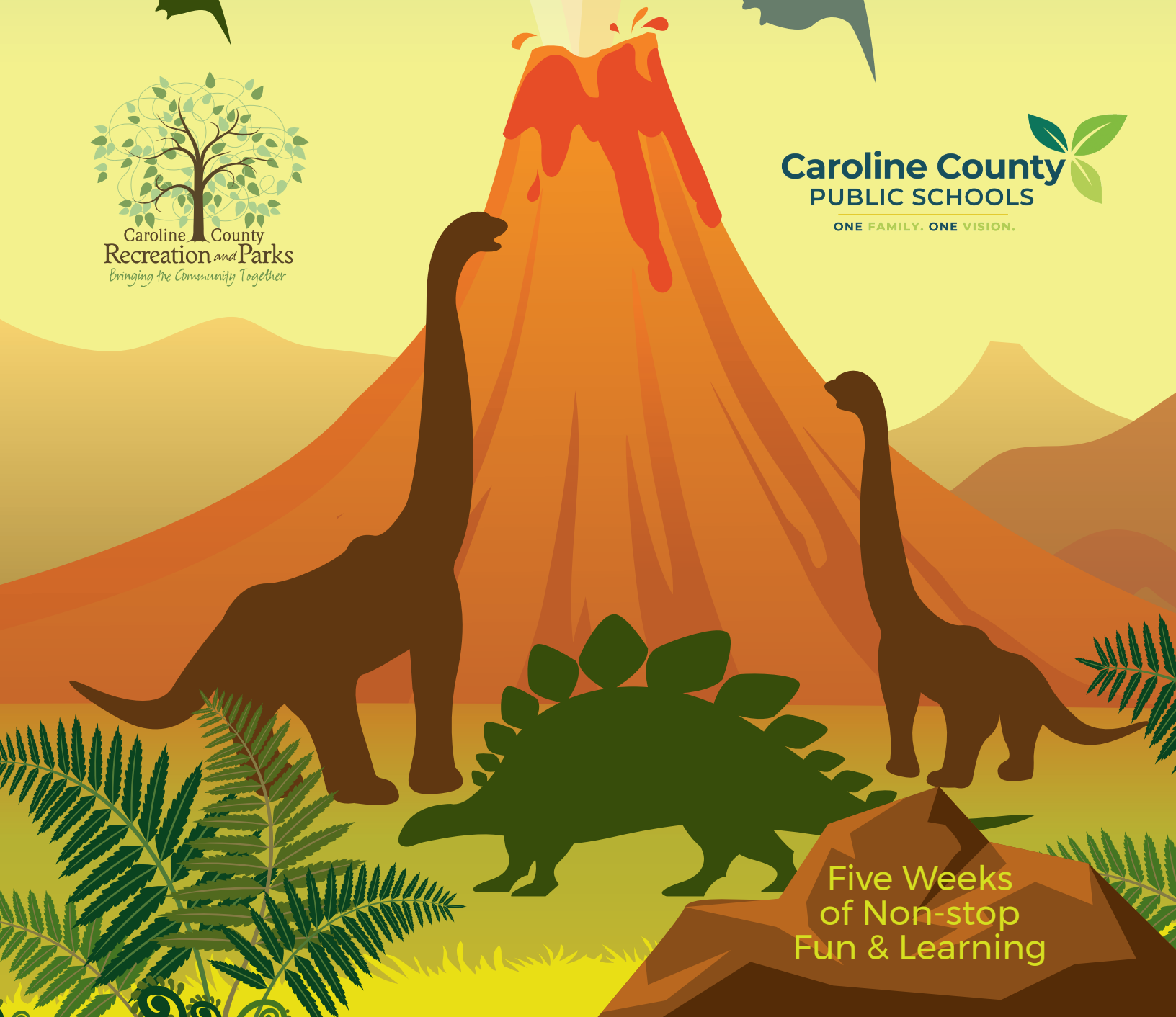


JURASSIC JAMBOREE

Summer Camp 2023 AD



Five Weeks
of Non-stop
Fun & Learning



Gear up for a Dino-mite summer!

A thrilling expedition awaits your child as they **DIG INTO** new adventures, **UNEARTH** hidden talents, and **DISCOVER** what really makes them ROAR!



Your child is eligible for early access registration!

Confirm their spot in camp before it opens to everyone.

Mandatory Parent Orientations will be held during the week of March 27. You must attend one of these meetings to finalize your child's registration. Meetings should last about 30 minutes.

LOCATIONS AND TIMES:

DES: March 27 from 6–7 pm

PES: March 28 from 6–7 pm

GES: March 29 from 6–7 pm

RES: March 30 from 6–7 pm

FES: March 30 from 6–7 pm

CCRP office: March 28 from 7–9 am
or April 1 from 10 am–noon

Ages: Current Pre-K (4 yr) through 5th grade students

When: Monday–Thursday, June 26–July 27

No camp Tuesday, July 4

Breakfast begins at 8:45 a.m.

Activities run from 9 a.m.–3 p.m.

Breakfast and lunch are provided by the USDA Summer Food Service Program.

Where: Denton, Ridgely, Federalsburg, Greensboro and Preston Elementary Schools

Federalsburg camp will be located at Preston Elementary due to construction at FES.

Bus Transportation is provided to all campers who wish to use it. The bus stop must be located within Caroline County. Drop off and pickup must be the same location. *Busing changes cannot be guaranteed after May 19.*



QUESTIONS?

Call 410-479-8120 (English)

Para Español, 410-463-4928 (solo 4:30–7 pm, lunes–jueves)



Save time and register online!

SUMMER DAY CAMP REGISTRATION

SCAN WITH YOUR PHONE to fill out this exact form online.



My child attends school at:

- ☐ Denton ☐ Greensboro
☐ Federalsburg ☐ Preston
☐ Ridgely ☐ Non-CCPS School

My child will attend camp at:

- ☐ Denton ☐ Greensboro
☐ Preston ☐ Ridgely
☐ Federalsburg (at Preston)

Save the time and hassle of printing, emailing, or papers getting lost in transit.

- **Email:** ccrpsummercamp@carolinemd.org
- **Mail:** CCRP, 107 S. 4th St., Denton, MD 21629
- **Drop Off:** at your school

CAMPER INFORMATION — Please print clearly if filling out by hand.

First Name			Last Name		
Mailing Address					
City		State	Zip	Phone	
Date of Birth	Age	Gender	Student ID/Lunch # (6 digits)		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Two or more races			Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian		
			Current Grade		
Siblings attending camp (please submit separate applications)					

PARENT/GUARDIAN INFORMATION

Adult Parent/Legal Guardian	
Primary Phone <input type="checkbox"/> call <input type="checkbox"/> text	Alternate Phone
Email	Work/Daytime Phone (if different)

MEDICAL INFORMATION—MUST BE COMPLETED

Primary Care Physician or other provider of medical care:	Phone
Is your child enrolled in the school-based Wellness Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes, list:	
Are there any medications or environmental/medication allergies that we need to be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
Are there any food allergies or dietary restrictions that we need to be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
Are there any health problems including physical, psychiatric, or behavioral problems that we need to be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
Does your child currently have an IEP/504 plan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list current accommodations/support your child currently receives and will need for participation in the summer program. Participants who require adult support to address their personal care needs (such as eating or toileting) must have those accommodations disclosed. Best efforts will be made to meet any reasonable, documented accommodations, however they may be limited by funding and/or staffing constraints and cannot be guaranteed.	



These camps are funded in part through a variety of local, state and federal grant resources. Thanks to our taxpayers, County Commissioners, Governor Larry Hogan and the State Legislature, and to Congress, this camp is provided at little to no cost to the campers' families.

QUESTIONS? Call 410-479-8120 (English) or 410-463-4928 (para espanol: solo 4:30-7 pm, lunes-jueves)

Camper's Name _____

PICK UP/DISMISSAL INFORMATION

☐ My child's bus stop will be (write complete address and/or intersection):

Only one stop will be considered (no splits). Address must be in Caroline County. Busing changes cannot be guaranteed after May 19. Due to the rural community of Caroline County, bus rides may last up to one hour. Children under 8 yrs old must have a reliable person at least 13 yrs old at the bus stop for pickup. It's the law.

☐ I will drop off and pick my child up at the end of the program. ☐ My child has my permission to walk home.

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD/EMERGENCY CONTACTS

Please provide names and the relationship to your child for any individual you authorize to pick up your child in the event you are not available by phone. Recreation & Parks staff will request photo identification before releasing your child to any individual. The name on the identification must match the name below. **WILL REQUEST PHOTO ID.**

Please provide at least 2 non-parent/guardian contacts.

Name	Relationship	Primary Phone	Alternate Phone

Non Discrimination Statement

In accordance with the Maryland State Department of Education's policy, this program does not discriminate on the basis of age, ancestry, color, creed, gender identity and expression, genetic information, marital status, disability, national origin, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs.

Waiver and Release Please check the appropriate boxes:

I do ☐ release my child's grade, attendance, behavior report information to Caroline Recreation & Parks and its partnering organizations for program evaluation. I understand this information will be strictly confidential.

☐ I agree to abide by all rules and policies and uphold the principles of participation, sportsmanship and fair play.

☐ I further agree that the medical information given above is correct and understand that I am solely and entirely responsible for all medical expenses incurred as a result of injuries my child received while participating in the activity/program and that I have no claim against the program, or the leader of the Department of Recreation & Parks for damages or loss resulting from such injuries.

PHOTOGRAPHIC RELEASE: I do ☐ do not ☐ hereby give my consent to Caroline County Recreation & Parks to photograph my child and use such pictures and/or stories in connection with the work of Caroline County Recreation & Parks in both print and social media.

☐ I acknowledge that the concussion awareness information has been made available to me through the CDC website cdc.gov/concussion and I have reviewed it.

☐ I am aware that while participating in a recreation activity or program arranged by Caroline County Recreation and Parks, certain risks and dangers may be present; including but not limited to, those generally associated with certain activities; the hazards of traveling the public highways, accidents, illnesses, and the forces of nature. In consideration of the right to participate in the Recreation and Parks program and in further consideration of the arrangements made for my child by the Caroline County Commissioners through its Department of Recreation and Parks for food, travel, and recreation, I do hereby, on behalf of myself, my heirs, executors, administrators, and assigns assume the above-mentioned risks, and do further release, hold harmless, and indemnify the Commissioners of Caroline County and all its agents, officers, and employees from any and all claims for injuries or loss due to any person or property which may arise out of or result from my child's participation in the above referenced program activity. I also hereby release Caroline County and its employees from any liability should my child sustain an injury while on the bus. I further grant permission for a doctor to administer emergency treatment to my child in the event I cannot be reached.

I have read and understand the Program Rules and the Waiver and Release.

Parent or Legal Guardian Signature

Date