



Summer Camp Registration Form

Keep a copy of this completed form for your information. Please print and complete all pages and return with a non-refundable registration fee of \$135 to: **Merrifield Child Development Academy, 8122 Ransell Rd., Falls Church, VA 22042 or Fax to (703) 206-9052**

OFFICE USE ONLY	
Registration Amount:	\$135
Date Recorded:	
Discounts:	- \$
Check #:	
Payment:	- \$
Balance Due:	\$

Camper Name: _____ Nickname: _____
 Gender: _____ Birthday: _____ Age: _____ Grade: _____ School: _____

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 Gender: _____ Birthday: _____ Age: _____ Grade: _____ School: _____

ADULT RESPONSIBLE FOR PAYMENT

First Name: _____ Last Name: _____
 Email: _____
 Day Phone: _____ Evening Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Please check the corresponding box(es) of the desired week(s) to attend summer camp:

Week	Dates	Theme
<input type="checkbox"/>	1 June 17 – June 21	The Midwest: America's Heartland
<input type="checkbox"/>	2 June 24 – June 28	New England: A Shared Heritage
<input type="checkbox"/>	3 July 1 – July 5	The Northwest: Beautiful Coastlines & National Parks
<input type="checkbox"/>	4 July 8 – July 12	Alaska: The Last Frontier
<input type="checkbox"/>	5 July 15 – July 19	The South: Under the Mason-Dixon Line
<input type="checkbox"/>	6 July 22 – July 26	The Mid-Atlantic: America's Breadbasket
<input type="checkbox"/>	7 July 19 – August 2	The Southwest: Red Rock Landscapes
<input type="checkbox"/>	8 August 5 – August 9	Florida: The Sunshine State
<input type="checkbox"/>	9 August 12 – August 16	Hawaii: The Aloha State
<input type="checkbox"/>	10 August 19 – August 23	California: The Golden State

SUMMER CAMP FEES

Type of Camper	Fee
Senior Campers (age 6 – 10 years)	\$400/week
Junior Campers (age 16 months – 5 years)	Currently enrolled, an additional \$20/week
Toddler I \$330/week	Preschool I \$295
Toddler II \$315/week	Preschool II \$295

To Pay by Check or Money Order: Make check or money order payable to: Merrifield Child Development Academy (Checks will be processed upon receipt and added as a credit on your account until your registration is processed.)

Mail Early to Ensure your Camper's Spot to: Merrifield Child Development Academy, 8122 Ransell Road, Falls Church, VA 22042

The deadline to make any changes to your registration is 5:00 pm the Monday prior to the start of camp and are subject to a \$20 fee per camper. No refunds will be made after this deadline.

PARTICIPANT INFORMATION & EMERGENCY RECORD

Please note, registration is not complete unless this form is submitted to the Director by the deadline.

Language(s) spoken at home: _____

Child's Physician: _____ Physician's Phone Number: _____

Previous School/Day Care: _____

Current School/Day Care: _____

Mother/Guardian 1 Name: _____ Place Employed: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian 2 Name: _____ Place Employed: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian with legal custody of child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Home Address (if different from child): _____

Provide names and addresses of **TWO** emergency contacts in the event parent/guardian cannot be reached:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons authorized to pick up camper: _____

Persons **NOT** authorized to pick up camper: _____

(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.)

NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

CAMPER INFORMATION AND CHARACTERISTICS

INFORMATION & CHARACTERISTICS	YES	NO	EXPLANATION & COMMENT
Allergies	<input type="radio"/>	<input type="radio"/>	
Medications	<input type="radio"/>	<input type="radio"/>	
Seizures	<input type="radio"/>	<input type="radio"/>	
Dietary restriction	<input type="radio"/>	<input type="radio"/>	
Physical limitation/restriction	<input type="radio"/>	<input type="radio"/>	
Chronic condition/illness	<input type="radio"/>	<input type="radio"/>	
Any unusual fears	<input type="radio"/>	<input type="radio"/>	
Easily upset	<input type="radio"/>	<input type="radio"/>	
Physically aggressive (includes difficulty controlling temper)	<input type="radio"/>	<input type="radio"/>	
Withdrawn, shy	<input type="radio"/>	<input type="radio"/>	
Hyperactive	<input type="radio"/>	<input type="radio"/>	

Describe any special needs or issues including physical, emotional, health, or behavioral that the Director and staff should know in advance:

Will you be providing any over-the-counter medications or prescription medications for your camper? ___ Yes ___ No
If yes, please complete the appropriate medical forms with all medication/prescription information.

CAMPER'S SWIMMING LEVEL

Please place an X in the circle that indicates your child's swimming level:
 Non-swimmer (must stay in water that is not over shoulders)
 Intermediate (allowed to swim in entire pool except diving area)
 Advanced (allowed to swim in entire pool including diving area)

Please note that all campers desiring to swim outside the non-swimmer designated area will be given a swim test upon entering the water.

T-SHIRT SIZE (Please check one): ___ Youth Small ___ Youth Medium ___ Youth Large

PARENT/GUARDIAN AUTHORIZATIONS

Please initial in all spaces where applicable

I hereby request that my child be accepted to Merrifield Child Development Academy's Summer Camp, hereby referred to as MCDA. I have read and understand the information in the summer camp brochure, including parents and camper information, the camp rules and behavior policies, registration procedures, cancellation policies, the program descriptions and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities (including, but not limited to those listed in the program descriptions) and the potential for accidents exists. I understand that the camp has established guidelines to minimize risks to provide a safe environment and that MCDA's Summer Camp is permitted by Fairfax County to operate in this capacity. In consideration of acceptance to MCDA's Summer Camp (please initial in the spaces provided below):

_____ I hereby give permission to the camp employees, volunteers, or designees to provide routine first aid, administer prescribed medications and over-the-counter medications list on the Health Form (you will receive a Health Form with your confirmation packet after registering), and seek medical treatment. I agree to the release of any records necessary for emergency purposes.;

_____ I have been informed about available discounts. Families currently enrolled benefit from a discounted registration fee of \$65.00. A sibling discount is offered for families enrolling multiple children. The discount is applied to the lowest tuition rate. A service professional discount is offered to families where either one or both parents/guardians are employed in the following service industries as educators, firefighters, police professionals, and/or nurses. A military discount is offered to families where one or both of the parents/guardians currently serve or served in a military branch. Only one discount applies to each family. Discounts cannot be combined with any other discount or promotion.

_____ I give permission to the camp to arrange necessary emergency medical transportation for my child. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child, including ordering x-rays, administering tests, and admittance to a hospital, etc. and;

_____ I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities for which they are registered.;

_____ I understand that these activities are at-will and that my child will not be forced to participate, and;

_____ By registering my child into a program which includes transportation off-site (adventures, trips, etc.), if applicable, I permit my child to leave MCDA's grounds accompanied by authorized camp personnel for approved off-site activities at camp-approved locations;

_____ I understand that transportation will be provided using camp-approved vehicles driven by camp-approved drivers;

_____ While off-site, I give permission for camp personnel authorized by the Director in consultation with staff holding a current Medical Administration Training (MAT) Certification to administer prescribed medications and over-the-counter medications to my child as listed above, and;

_____ Should it become necessary for my child to return home because of illness, homesickness or other reason, I will accept the Director's decision and arrange for transportation, and;

_____ I agree to inform MCDA within 24 hours or the next business day after my child or any member of my immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately, and;

_____ I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration, and;

_____ I have read all information included in this Enrollment Packet and agree to share this information with my camper,

_____ I understand this Enrollment Packet is not complete until all applicable forms, including the Health Form and any waivers, are received.;

_____ I verify that the information on this registration form is correct and complete as far as I know.

_____ I understand this form may be copied for camp records, and;

_____ I verify the Physical Assessment of this camper as described below:

Physical Assessment of Camper by parent, legal guardian or medical personnel: We encourage parents/guardians to consult your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in on the first day of camp.

_____ This child is physically able to participate in all camp activities listed in the camp brochure (unless otherwise noted next to restrictions in this registration form), and I will provide an update to this child's health states and Health Form, if any, at check-in on the first day of camp.

ACKNOWLEDGEMENT

My signature below certifies my knowledge, acceptance, and adherence to the MCDA's policies, rules and regulations.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Administrator of Center Signature: _____ Date: _____

Date Child Entered Care: _____ Date Left Care: _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.