

5 WEEKS OF

★ WILD WEST FUN & LEARNING ★



Caroline County
**RECREATION
and PARKS**
Bringing the Community Together

Caroline County
PUBLIC SCHOOLS
ONE FAMILY. ONE VISION.

YEEHAW!

Saddle up for a rip-roarin' five-week ride into the untamed frontier. Each week, campers will step into exciting roles as cowhands, trailblazers, inventors, and pioneers through games, stories, and hands-on fun. Young'uns brave enough to heed the call will ride off into the sunset with hard-earned wisdom and memories worth more than a chest of gold.

Updated Registration Process

You must attend a registration meeting to finalize your child's registration. Submitting your registration online does not guarantee a spot. We will review your registration for any missing or unclear information, as well as hold a parent orientation. **Failure to attend and confirm your registration in person will result in your child being removed from consideration.** You may attend any registration night, not just the one at your school.

Regular Registration Nights

DES: March 23 from 6:15 – 7:00 pm
RES: March 24 from 6:15 – 7:00 pm
FES: March 26 from 6:15 – 7:00 pm
CCRP Office: March 28 from 9 – 11 am
PES: March 30 from 6:15 – 7:00 pm
GES: March 31 from 6:15 – 7:00 pm

GES: April 16 from 6:15 - 7:00 pm
DES: April 23 from 6:15 - 7:00 pm
PES: April 28 from 6:15 - 7:00 pm
RES: April 28 from 6:15 - 7:00 pm
FES: April 30 from 6:15 - 7:00 pm

QUESTIONS?

Call 410-479-8120 (English)
Para Espanol, solo 4:30-7 pm,
lunes-jueves 443-219-7499



Fastest Registration!



CAMP SCHEDULE

**Current Kindergarten through
5th grade students**

- **Mon thru Thurs, June 29–July 30**
(No camp Thursday, July 2)
- 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.*

**Ridgely, Federalsburg, Preston, and
Greensboro Elementary. Denton Camp**

will be held at Lockerman Middle School
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 made after May 15.***



SUMMER DAY CAMP REGISTRATION

SCAN WITH
YOUR PHONE
for fast & hassle-
free registration.



MY CHILD ATTENDS SCHOOL AT:

- Denton Preston
 Greensboro Ridgely
 Federalsburg Non-CCPS School

MY CHILD WILL ATTEND CAMP AT:

- Denton (at LMS) Greensboro
 Federalsburg Ridgely
 Preston

EMAIL: ccrpsummercamp@carolinemd.org
 MAIL: CCRP 107 S 4th St-Denton, MD 21629

*If filling out by hand, BRING COMPLETED FORM to scheduled registration night. **DO NOT TURN INTO SCHOOL.***

Camper Information

First Name:		Last Name:	
Mailing Address:			
City:	State:	Zip:	Phone: <input type="checkbox"/> Text Preferred
DOB:	Age:	Gender:	Student ID/Lunch# (6 digits):
Current Grade:			
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> American Indian/Native Alaskan
			<input type="checkbox"/> Two or more races

List siblings attending camp: *please submit separate applications*

Does your child currently have an IEP/504 plan? No 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.

Parent/Guardian Information

Adult Parent/Legal Guardian:	
Primary Phone:	Alternate Phone: <input type="checkbox"/> Text Preferred
Email:	Work/Day Phone (if different):

Medical Information—Must Be Completed

Primary Care Physician/medical care provider:	Phone:
Is your child enrolled in the school-based Wellness Center? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Campers residing within the United States, a United States Territory, or the District of Columbia: Does the camper have any immunization exemptions (by parental/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 (physical, psychiatric, or behavioral) that we need to be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	



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

QUESTIONS?

Call 410-479-8120 (English)
 Para Espanol: solo 4:30-7 pm,
 lunes-jueves, 443-219-7499

CAMPER'S NAME: _____

Pick Up/Dismissal Information

MY CHILD'S BUS STOP IS: Write complete address and/or intersection

*Only one stop will be considered (no splits). Address must be in Caroline County. Busing changes cannot be made after May 16 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 from camp.

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 unable to be contacted. 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 REQUIRE 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 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/heads-up, 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.

By registering for this program, I authorize Caroline County Public Schools to release my child's grades, test scores, attendance, behavior, and any additional information deemed necessary for grant reporting or program evaluation to Caroline County Recreation and Parks and its partnering organizations that provide program evaluation. I understand this information will be kept strictly confidential.

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

Parent or Legal Guardian Signature

Date

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