

Scamper Camp 2012 Registration Packet

Camp Dates: June 19 to July 26
6 sessions

*Ocean City Resident and Property Owner
registration begins February 1st*

*Non-Resident registration begins
March 1st*

Discover an ocean of Fun!

Ocean City Recreation & Parks

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Dear Parents,

Welcome to the Scamper Camp Registration Packet. This packet is the only way to register Scamper Camp. Please take the time to accurately answer each question and fill in each blank, as this information is critical for Scamper Camp to effectively care for your child this summer.

Scamper Camp is offered in one-week segments at Ocean City Elementary School on Center Drive in West Ocean City. These sessions start each day at 9:00 a.m. and end at 1:00 p.m. each **Tuesday, Wednesday, and Thursday**. There will be no before or after care available. These camp sessions offer bus service on a limited basis from the Town of Ocean City limits to camp for \$20 per camper per week. All campers must be picked up at the end of the day in Scamper Camp. For those choosing to ride the bus you must choose from the set list of bus stops. The bus will only use these stops for this summer. An additional \$5 non-refundable deposit (part of the \$20 per week fee) must be paid at the time of registration for bus service. Bus service is limited and is offered on a first come, first served basis.

Scamper Camp registration for all sessions starts on February 1st at 8:30 a.m. for Ocean City Residents, Property Owners, and Town Employees. These individuals must provide documentation confirming their status in the form of a Town of Ocean City property tax or water bill, a Town of Ocean City Employee Identification Card, or a residential lease agreement for a Town of Ocean City property. A copy of this document must be left with your registration packet. Non-Resident registration begins on March 1st at 8:30 a.m. For all Scamper Camp participants a copy of the camper's birth certificate must also be included with the registration materials. All participants must include a **\$20 non-refundable deposit** for each session.

Parent Packets confirming your registration in camp, your bus stop, and other important camp information will be mailed June 1st. On behalf of the staff of Scamper Camp I want to welcome you to another great year. It is going to be a great summer.

Sincerely,

Chris Clarke
Recreation Supervisor

Scamper Camp
Session Information

Camp Sessions at Ocean City Elementary School

Who: Children, Ages 3 ½ – 5

Dates: Session A: June 19 – 21
Session B: June 26 – 28
Session C: July 3 – 5
Session D: July 10 – 12
Session E: July 17 – 19
Session F: July 24 – 26

Days: Tuesday, Wednesday, and Thursday

Times: 9:00 a.m. – 1:00 p.m.

Location: Ocean City Elementary School
12828 Center Drive, West Ocean City

Cost: Ocean City Residents: \$60.00
Non-Residents: \$80.00

A **\$20 *non-refundable* deposit** is required for each session at the time of registration.

Scamper Camp Registration Form

First Name: _____ Last Name: _____
 Gender: _____ Date of Birth: _____ Age as of June 19, 2012: _____
 (Copy of Birth Certificate Required)

Parent's Name(s): _____
 E-mail Address: _____

Permanent Address: _____
 Summer Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone Numbers: Mrs.: _____ Mr.: _____

T-shirt Size: _____ Ocean City Resident/Property Owner: _____
 Proof of OC residency attached: Yes or No

Please enroll my child in:

Session	√	Dates	Location	Deposit	Bus √	Bus Service	Total Pd
A		June 19 – 21	OCES	\$20		\$ 5 Deposit	
B		June 26 – 28	OCES	\$20		\$ 5 Deposit	
C		July 3 – 5	OCES	\$20		\$ 5 Deposit	
D		July 10 – 12	OCES	\$20		\$ 5 Deposit	
E		July 17 – 19	OCES	\$20		\$ 5 Deposit	
F		July 24 – 26	OCES	\$20		\$ 5 Deposit	

I do for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City, Ocean City Recreation and Parks, and its agents or authorized representative(s) conducting Scamper Camp as a result of any and all injuries incurred by my child from, or while participating in Scamper Camp. I also understand that participants in Scamper Camp may be photographed for publicity purposes.

Signed: _____ Date: _____

Parent's Printed Name: _____

Office Use Only

Total number of sessions: _____ Deposit Collected: _____
 Total Bus for all sessions: _____ Bus Deposit Collected: _____
 Total cost for all sessions: _____ Total Due: _____

Scamper Camp Swimming Information

Child's Name: _____ Age as of June 19: _____

Each week Scamper Camp spends one day (weather permitting) on a field trip. Some of these field trips involve water parks, pools, the beach, and waterslides. For the safety of your child we ask that you set your child's swimming limit for camp. Keep in mind that most of our swimming time is in the **ocean!** Town of Ocean City staff reserves the right to limit your child's swimming permissions above your request should conditions warrant a change. We will not allow your child to swim above your approved level without your permission that must be made in writing by use of another copy of this form.

Please choose one option from each question below:

1. In a pool or at a waterpark my child may swim in water that is:

___ Up to his/her knees

___ Up to his/her waist

___ Up to his/her chest

___ Over his/her head (swimmer)

2. At the beach my child may swim in water that is:

___ Up to his/her knees

___ Up to his/her waist

___ Up to his/her chest

___ Over his/her head (swimmer)

Signed: _____ Date: _____

Parent's Printed Name: _____

Scamper Camp Health History and Emergency Information Form

Child's Name: _____ Age as of June 19: _____

Physician's Name: _____ Phone: _____

** Date of your child's most recent DTP (tetanus) shot _____ **
(Required information for all campers) Month Year

My child attends school in the state of Maryland: YES or NO

If yes, name of School _____, County _____

If no, please attach a copy of your child's immunization records.

Is your child exempt from any immunization due to medical or religious reasons? YES or NO

If yes, please attach a signed copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunizations for religious reasons.

Please provide information that will assist camp staff regarding your child's medications, allergies, medical, behavioral, or psychological conditions, special diets, activity restrictions, or special needs.

Emergency Contact Information

Parent (Mrs.): _____ Cell #: _____
Work #: _____ Home #: _____

Parent (Mr.): _____ Cell #: _____
Work #: _____ Home #: _____

Emergency Contact: _____ Phone: _____
Relationship: _____

Signed: _____ Date: _____

Scamper Camp Transportation Information

Child's Name: _____ Age as of June 19: _____

Children must be signed out at the end of each day. On the way to camp each morning the bus will make all pick-ups on the bayside. For Scamper Camp there is only morning bus service available.

At the end of each camp day my child:

_____ Will be picked up by car by a parent/guardian or one of these listed individuals (identification will be checked)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

To arrive at camp each day:

_____ Will utilize the provided bus transportation to Ocean City.

Please choose your desired stop(s) below:

√	Morning (Coastal Hwy. Bayside)
	143 rd St. (Movie Theater)
	136 th St. (Old Pro Golf)
	130 th St. (Fire Station #4)
	125 th St. (Grotto's Pizza)
	114 th St. (Gold Coast Mall)
	Coldwell Banker (near Old Landing Rd)
	94 th Street (Ocean Plaza Mall)
	Bering Road
	65 th St. (Public Safety)
	41 st St. (Convention Center)
	21 st St. (Phillips)
	11 th St. (Atlantic Immediacare)
	3 rd St. (Ball Field)

Signed: _____ Date: _____

Parent's Printed Name: _____

Scamper Camp Medical Treatment Authorization

Child's Name: _____ Age as of June 19: _____

Insurance Company: _____

Identification/Policy Number: _____ Group: _____

I, _____, give permission to the staff of the Ocean City
(parent's printed name)
Recreation and Parks Department and Scamper Camp to act on my behalf in
caring for my child, _____, should an emergency arise. In
(child's printed name)
addition, I give permission in the case of injury for my child to be transported
to the nearest hospital for treatment to include evaluation of injuries, x-rays,
and any other needed care. I understand that the staff of Ocean City
Recreation and Parks and Scamper Camp will make every effort to contact
me
prior to authorizing transportation and/or medical treatment on my behalf.
In addition I release the Town of Ocean City and its agents, employees, and
authorized representatives from any liability in connection with the granted
authorization.

Signed: _____ Date: _____

Parent's Printed Name: _____

It is important to note that the hospital may elect not to treat your child unless you, as the parent or guardian, are present. The Ocean City Recreation and Parks Department recommends that each parent contact the appropriate hospital and/or physician to arrange for treatment authorization in emergency situations.

Scamper Camp Field Trip Permission Slip

Child's Name: _____ Age as of June 19: _____

Each week Scamper Camp and the Ocean City Recreation Parks Department will take a special field trip to an offsite location. In order to ensure the safety and well being of all campers, we require that this permission slip be completed for all trips that your child may attend during his/her stay at camp. Children without this permission slip on file will not be able to attend our exciting and rewarding field trips which may include, but are not limited to, beach days, water parks, the zoo, and Planet Maze.

I, _____, give the Ocean City Recreation and Parks
(Parent's Name)
Department permission to transport _____ to and from
(Child's Name)
any and all field trips organized by the department and the Scamper Camp Staff. In addition, I give permission for my child to be transported to the Ocean City Public Safety Building (6501 Coastal Highway) in the event my child is not picked up from camp by the times stated in the Parent Handbook.

Signed: _____ Date: _____

Scamper Camp Payment Procedure

Payments for Scamper Camp are due by 5:00 p.m. the Friday prior to each session. Payments may be made in person at Northside Park (200 125th Street) by cash, credit card, or check. Payments may also be made by credit card via the rec.ococean.com website. Campers **may not** bring payments to camp with them. Payments may be made by parents at the Scamper Camp office at Ocean City Elementary School by check by the start of each camp session. ***Cash and credit cards are not accepted at the Scamper Camp office at OCES.*** In addition, payments may be made with a credit card by phone by calling the Ocean City Recreation and Parks office at 410-250-0125 or by mail to OCRP, 200 125th Street, Ocean City, MD 21842.

Signed: _____ Date: _____

Parent's Printed Name: _____