



Where learning doesn't stop for summer!

Bel Air

Camper's Full Name: _____

DOB: _____ Place of Birth: _____

Citizen of U.S.: Y / N Height approx: _____ Weight approx: _____

School: _____ Current Grade: _____ Shirt Size: _____

Household Information:

(Please write email carefully it is needed for Brightwheel registration and parents cannot share the same email)

Parent 1 Name: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Employer: _____ Email: _____

Parent 2 Name: _____

Cell Phone: _____ Home Phone: _____

Address: _____

Employer: _____ Email: _____

Weekly Registration

Place a check in the box of the week(s) you are registering, and if you need AM/PM care.

Week	Date	Trips and Activities	Activity Fee	Place an X	AM Care	PM Care
1	6/14 - 6/18	Shark Week: National Aquarium, Skyzone, Swimming, Transportation, Chick-Fil-A lunch	\$87.00			
2	6/21 - 6/25	Animals Week: National Zoo, The Reptile Man, Swimming, Transportation, Pizza Lunch,	\$75.00			
3	6/28 - 7/2	Chesapeake Bay Week: Chesapeake Bay Environmental Science workshop, Mad Scientists Experience, Swimming, Transportation, Pizza lunch	\$89.25			
4	7/5 - 7/9	Americana Week: Washington, D.C Monuments Experience, Horizon Cinemas, Swimming, Transportation, Chick-Fil-A lunch	\$86.75			
5	7/12 - 7/16	<p style="text-align: center;">Adventure Week I:</p> <p>Group A: River Tubing, Gunpowder Hike, Water Slide, Transportation, Pizza Lunch</p> <p>Group B: White Water Rafting, Billy Goat Hike, Water Slide,, Transportation, Pizza Lunch</p>	<p style="text-align: center;">Circle One</p> <p>Group A \$79.75</p> <p>Group B \$92.50</p>			
6	7/19 - 7/23	Adventure Week II: Tree Trekkers, Turkey Hill Overlook Hike, Swimming, Water Slide, Transportation, Pizza Lunch	\$87.75			
7	7/26 - 7/30	Pirates Week: USS Constellation (Powder Monkey Experience), Horizon Cinema, Swimming, Transportation, Chick-Fil-A Lunch	\$76.00			
8	8/2 - 8/6	USPS Week: Smithsonian's National Postal Museum, Laser Dome, Swimming, Transportation, Pizza Lunch	\$75.00			
9	8/9 -8/13	Coding and Robotics Week: Code Ninja Workshop, Hershey Park, Water Slide, Transportation, Pizza Lunch	\$92.00			
10	8/16 - 8/20	Trains Week: B & O Museum STEM Workshop / Tour, Skateland Roller Skating, Swimming, Transportation, Chick-Fil-A Lunch	\$84.25			
11	8/23 - 8/27	Culinary Arts Week: Young Chefs Academy Workshop, Hybridoma Organic Fruit Farm, Swimming, Waterslide, Transportation, Pizza Lunch.	\$77.75			
12	6/21 - 6/25	Presidential Week: George Washington's Mt. Vernon, iFLY, Swimming, Transportation, Pizza Lunch	\$93.25			
Add each activity fee for each week registering						
Total						

Deposit

Due at Registration		Due Prior to June 1st	
50% of Activity Fee		50% of Activity Fee	\$
Registration Fee	+ \$60.00		
Total Amount Due at Registration	\$		

Tuition Cost

How many weeks registering? _____ Number of kids being registered? _____

Has anyone referred you to this program (Choose only one): _____

Your weekly tuition rate currently is: _____

This is the non-adjusted rate before any referral bonus, you will receive your final adjusted tuition after June 1st.

Tuition

Amount of weeks Registered	Tuition Per Week
1-3 Weeks	\$250
4-7 Weeks	\$235
8-10 Weeks	\$225

Summer 2021 Specials

Save 20% and 10% Aftercare Special

For new families who register for both Active Minds Learning Camp and 2021-22 before/aftercare/hybrid families save 20% on summer camp tuition and 10% on school year tuition.

10% Kindergarten Special

Campers entering or exiting kindergarten save 10% on tuition.

15% Sibling Discount

Families save when they register more than one camper

Active Minds Learning Camp Policies

Please read and initial each policy

Activity Fee Refund Policy

To register your child for a seat in our program a down payment is required for each week. This consists of the activity fee for your child to participate in the weekly field trips. Because of the ever changing situation with Covid-19 **all activity fees are fully refundable prior to June 12, 2021.** After this date activity fees will not be refundable.

⇒ _____: Initials of Parent/Guardian

Remaining Activity Fee Due Date

At registration, 50% of your activity fees are due as part of your deposit. The other half of the activity fee is due prior to June 1st. Any remaining activity fees paid after that date will have a \$50 late fee assessed.

⇒ _____: Initials of Parent/Guardian

Tuition

Tuition is due on the first day of each week you are registered. Any payment received after close of business Tuesday, is considered late. The late tuition fee is \$30 and will be assessed on that week's tuition cost.

⇒ _____: Initials of Parent/Guardian

Withdraw and Tuition Refund

All withdrawals must be in writing, via email, with 7 days notice. If a camper is withdrawn with less than 7 days' notice of the registered week, then you are responsible for that week's tuition. We do not refund weekly tuition.

⇒ _____: Initials of Parent/Guardian

Change in Schedule

All trips and themes are subject to possible change. Some field trips are not guaranteed and we must apply, while others could be subject to weather related issues. We make every effort to ensure that the trips and themes remain the same, but we do have backup themes and trips. If trips are changed, parents will be notified and an explanation for the change will be provided.

⇒ _____: Initials of Parent/Guardian

Late Pick Up

Late pick up is considered to be any time after 4:30pm, or 6:00pm if you are registered for extended PM Care. If you are late, a late fee of \$1.00 per minute will be accrued until pick up. The pick-up time is determined by the time you sign out of our Brightwheel system.

⇒ _____: Initials of Parent/Guardian

Food and Water

Campers bring their own lunches from home each day. Lunches are kept in their cubby. Please pack both a morning and afternoon snack labeled with the camper's name. Because our goal is to get kids out and experiencing summer, we ask that kids bring water with them to camp.

⇒ _____: Initials of Parent/Guardian

Booster

The State of Maryland's current law for booster seats is that a child who is younger than 8 years of age must be in a booster seat, unless they are 4'9" in height. If your camper needs a booster, one must be left with them at drop off on Monday and can be picked up on Friday. Please make sure that the booster is labeled on the underside with a sharpie.

⇒ _____: Initials of Parent/Guardian

Extra Clothes

An extra pair of clothes, swimsuit and towel for your camper's cubby is required each week.

⇒ _____: Initials of Parent/Guardian

Transportation Agreement

I authorize Active Minds Learning Camp, LLC to transport my child, to and from sites, in their weekly scheduled programs. I will be responsible for communicating with Active Minds Learning Camp, LLC before 7:45am if my child will not be attending camp for that day, so not to impede any scheduled trip times.

⇒ _____: Initials of Parent/Guardian

Sunscreen

Please apply sunscreen in the morning before your camper leaves home. You may also send a bottle of sunscreen, labeled with your camper's name, for storage in their cubby. It is important to note that staff members cannot apply sunscreen directly onto campers. Staff will remind campers to reapply sunscreen throughout the day by partnering with a friend.

⇒ _____: Initials of Parent/Guardian

Personal Flotation Device (PFD)

Because each camper's swim level can vary greatly, **we require that campers under 48" have a PFD swimming aid while in the pool**, unless they can pass the swim test. If you forget a PFD, a limited number of them are available for campers.

⇒ _____: Initials of Parent/Guardian

Personal Items

Please do not bring valuables to camp. This includes electronics, such as cell phones and tablets. Active Minds Learning Camp, LLC is not responsible for lost or stolen items. We have a set of tablets that are used in structured station time, and as incentives. We also cannot verify what games, or content, is on personal devices; so to ensure all children are not exposed to anything age inappropriate, we require campers to leave personal devices at home.

⇒ _____: Initials of Parent/Guardian

Signing In / Out

All campers must be signed in and out by a parents, guardian, or other adult listed on the authorized pick up form. Adults must show valid photo id at the time of signing out.

⇒ _____: Initials of Parent/Guardian

Early Arrival

Before care starts at 7:00am (7:30am in Bel Air), and the regular camp day begins at 8:30am. **You cannot drop campers off before their set time**, regardless of any staff members who may be in the building. If you need to drop off early for something please Brightwheel message ahead to make sure we have extra space.

⇒ _____: Initials of Parent/Guardian

Custodial Concerns

You must make Active Minds Learning Camp, LLC aware of any court orders related to any camper. Please provide a copy of the court order for our records. If someone is specifically not allowed to pick up a camper, please make the director aware of this and note it on your authorized pick up form.

⇒ _____ : Initials of Parent/Guardian

Hot & Inclement Weather

Our daily schedule can be modified due to unseasonably hot weather or rain. We will monitor weather daily and throughout the week to ensure that we can accomplish as much of our experiential program as possible. All decisions are made in the best interests of the campers safety.

⇒ _____ : Initials of Parent/Guardian

Injury

In the unfortunate event that your child is injured, we are trained to provide emergency care, while awaiting emergency help. It is imperative that you are reachable by phone because doctors and hospitals may not treat children with non-life threatening injuries without a parent's presence.

In case of emergency requiring immediate attention, Active Minds staff will

1. Administer first aid
2. Make the child comfortable
3. Call 911
4. Notify the parent
5. Notify Active Minds leadership
6. Accompany child to the hospital

In the case of injury not requiring emergency care, Active Minds staff members will

1. Administer appropriate first aid
2. Notify parent at pick-up time
3. Observe and monitor the child's activity.

⇒ _____ : Initials of Parent/Guardian

COVID - 19 and Health Policies

Health Screening

Campers must pass a health screening to enter camp. This includes a temperature check. Any camper with a temperature over 99.9 degrees, or who has “covid like” symptoms cannot enter camp and must have a doctor's note to re-enter camp.

⇒ _____: Initials of Parent/Guardian

Mask

Under CDC guidelines, campers over 5 years old must wear a mask while indoors or in vans. Masks are not to be worn outside when playing and breathing can be restricted. Campers with valid reasons can have this waived by a doctors' order. We also require parents to wear masks as well during drop off and pick up.

⇒ _____: Initials of Parent/Guardian

Restricted Building Access

To keep our buildings free from outside exposure, parents cannot enter any Active Minds Learning Camp building during drop off or pick up

⇒ _____: Initials of Parent/Guardian

General Illness Policy

Using CDC guidelines, we ask that you do not send your child to camp if they are feeling ill. If your camper suddenly feels sick at camp, we will make your child comfortable while we contact you. The camper will be isolated from other campers. Parents must be able to pick up immediately. Campers cannot return to camp without written clearance from a physician if they show any of these symptoms

- “COVID-19 like” symptoms
- Fever (defined as 100 degrees)
- Rash
- Diarrhea
- Vomiting

⇒ _____: Initials of Parent/Guardian

Medications

Active Minds cannot administer any medications. This includes both prescribed and over the counter medicine. If your child can self-administer, either their doctor prescribed medication or

over the counter medication, (such as Tylenol or allergy medicine) a doctor must fill out a self-administration form.

⇒ _____: Initials of Parent/Guardian

Nurse

Active Minds Learning Camp, LLC has a registered nurse (RN) on staff to provide medical guidance, support and recommendations. This is required by State of Maryland COMAR regulations. The nurse has access to camp health forms to better train and prepare our staff about medical conditions campers may have. The nurse is not physically present at camp during the summer, but available at all times and can be contacted for medical recommendations in regards to camper illnesses and injuries. Photographs, video and zoom are used to ensure that the nurse can make the best medical recommendations.

⇒ _____: Initials of Parent/Guardian

Behavior and Discipline Policy

At Active Minds we believe in making good decisions. We encourage, and support good decisions making skills through positive reinforcement. As educators, our staff has been trained extensively on positive reinforcement behavior modification. We support positive behavior by:

- Focusing on the positive
- Offering a wide selection of activities for children to participate in
- Developing rules with the kids, which gives ownership and makes clear expectations and consequences
- Believe in “cool out” time, to allow kids to calm down before engaging them

Behavior Expectations

All campers, and parents, are expected to exemplify Active Minds core values of respect and responsibility at all times while at camp. Appropriate and respectful language, mannerism, a dn behavior is expected at all times.

Immediate Suspension from camp will result if the campers:

- Endagners or physically threatens the camp, staff or other campers
- Destroys property intentionally.

⇒ _____: Initials of Parent/Guardian

I have read all policie, understand and agree to the policies and agree to the terms. om

Parent / Guardian Name

Parent / Guardian Signature

Date

Active Minds Learning Camp, LLC

Summer Camp - Release and Waiver of Liability and Indemnity Agreement

Please complete and sign this Summer Camp- Release and Waiver Liability and Indemnity Agreement. The waiver and releases in this form will govern your Child’s ability to attend

Summer Camp held at or sponsored by Active Minds Learning Camp, LLC, both now and in the future. **THIS FORM INCLUDES A RELEASE. PLEASE READ THE RELEASE CAREFULLY. BY SIGNING THIS FORM YOU AND YOUR CHILD ARE GIVING UP IMPORTANT LEGAL RIGHTS, INCLUDING YOU AND YOUR CHILD'S RIGHT TO SUE.**

Child's Last Name, First Name

Child's Date of Birth

Parent/Legal Guardian Last Name, First Name

Address

In consideration of my Child's attendance at Summer Camp, I hereby, on behalf of myself and my Child, acknowledge and agree with Active Minds Learning Camp, LLC as follows:

1. **Voluntary Participation and Permission.** I acknowledge that now and in the future, I am voluntarily choosing to have my child named above (my "**Child**") participate in the Summer Camp activities organized, sponsored or otherwise administered by Active Minds Learning Camp, LLC, or taking place at Active Minds Learning Camp, LLC, which may include activities such as the use of Active Minds Learning Camp, LLC facilities and equipment, playground equipment, inflatable water slide and field trips to use aquatic facilities, parks, high ropes courses, river tubing, white water rafting, trampoline parks museums, (collectively, and including transportation to and from such activities, the "**Activities**"). I have reviewed and agree to abide by Active Minds Learning Camp, LLC policies and procedures and any new policies and procedures that may be adopted in connection with the Activities. I give permission for my child to participate in the Activities.
2. **Assumption of Risk, Release and Waiver of Liability and Indemnity.** I am aware that many risks are inherent in the Activities, and that some of these risks cannot be eliminated, altered or controlled. I understand that these risks can cause injury, illness or death to my Child or damage to my Child's belongings. I knowingly and freely assume all risks and hazards in the Activities, both known and unknown, weather caused by the action, inaction or negligence of Active Minds Learning Camp, LLC, its owners, agents, directors, officers, partners, members, employees, representatives and affiliates (collectively, the "**Active Minds Learning Camp, LLC Parties**"), or by defects in equipment or instruction. I agree for myself and on behalf of my Child, dependents, heirs, representative, successors and assigns ("**User Parties**") that Active Minds Learning Camp, LLC Parties will not be liable for any damages or injuries that I or any of the User Parties may suffer as a result of participation in the Activities. I agree for myself and on behalf of User Parties, to the fullest extent permitted by law, that none of us will make any claim against, sue or attach the property of Active Minds Learning Camp, LLC, weather such claims arise from the negligence of the Active Minds Learning Camp, LLC or otherwise and that each of us will indemnify and hold harmless all such Active Minds

Learning Camp, LLC Parties from and against any such claims. I also agree that Active Minds Learning Camp, LLC will not be liable for any loss, theft or damage to my or my Child's personal property as a result of the Activities, including any personal property left at Active Minds Learning Camp, LLC. If any portion of this Release of Waiver of Liability and Indemnity Agreement is held invalid, the remainder shall continue in full legal force and effect. I acknowledge and agree to be solely responsible for my Child's safe and responsible entry upon and use of all Active Minds Learning Camp, LLC facilities and equipment, whether or not supervised by a Active Minds Learning Camp, LLC representative.

3. **Health Insurance/Physician Consultation.** I understand that it is my responsibility to carry accident or medical coverage for my Child in connection with the Summer Camp and Activities. I also acknowledge that prior to engaging in the Activities, I have been advised to consult with and receive the approval of a physician.

4. **Consent for Emergency Medical Treatment.** In the event of an emergency or non-emergency situation requiring medical or dental treatment, I hereby grant permission for any and all medical and dental care to be administered to my Child, until such time as I or the designated emergency contact can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and /or surgery under the recommendation of a qualified medical personnel. I authorize Active Minds Learning Camp, LLC to transport my Child in a personal vehicle in case of a medical emergency. I further authorize Active Minds Learning Camp, LLC to release my Child's personal information necessary for medical or insurance purposes. **I agree to release the Active Minds Learning Camp, LLC Parties from any and all liability for medical or dental aid rendered,** and I understand that I am responsible for all medical or dental expenses incurred for such aid.

I acknowledge that I have carefully read this Summer Camp - Release and Waiver of Liability and Indemnity Agreement, that I fully understand its contents, and that I am signing it voluntarily.

Parent / Legal Guardian Signature

Date

Page

**Active Minds Learning Camp, LLC
Photo Release**

Throughout the summer, there may be times when Active Minds Learning Camp, LLC, staff may take photographs or video of campers in a way that would individually identify a specific student. Those photographs and videotaped images may appear in Active Minds publications; on the Active Minds website or Facebook page. Many times these images are posted in real time on the Active Minds Facebook page as campers are on trips to that parents, and family members, can see their experiences as they happen.

I hereby grant unto my child's camp Active Minds Learning Camp, LLC, permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that Active Minds Learning Camp, LLC may use these photos and/or videotaped images in subsequent school years. I further grant unto Active Minds Learning Camp, LLC permission to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for stories or articles.

Camper Name

Parent / Guardian Name

Parent / Guardian Signature Date

Camper Health History Form

Camper Name: _____

1st Emergency Contact Phone

2nd Emergency Contact Phone

3rd Emergency Contact (non-parent/guardian) Phone

Child's Physician Phone

Health History

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? No Yes (Explain Below)

Are there any medications, dietary restrictions, allergies, or special news that we need to be aware of to ensure that your child's camp experience is positive? No Yes (Explain Below)

Immunization Information (choose one)

Section A

For campers who reside within the United States, a United States territory, or the District of Columbia:

State or Territory: _____

Is the child exempt from any immunization? No Yes (List Below)

Section B

For campers who reside outside of the United States

Country where the child resides: _____

Attach Department for DHMH-896 (record of vaccination or immunity)

Signature of Parent / Guardian

Date

Authorized Pick Up Form

Camper Name: _____

The following individuals are authorized to pick up my camper at my request, either by phone, email or verbally. This does not give these individuals the ability to pick up the above camper without parental notification.

Legal Name	Phone
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Legal Name	Phone
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Legal Name	Phone
------------	-------

Legal Name	Phone
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The following are individuals that are prohibited from pickup up the above camper by court order.

Legal Name	Phone
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Legal Name	Phone
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Parent / Guardian Signature	Da
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