



TEAM OF STARS SUMMER CAMP REGISTRATION

June 24 - July 26, 2019 Mondays through Thursdays (No Camp on Fridays)

Location: Gaithersburg Middle School, 2 Teachers Way Gaithersburg, MD 20877

Camper **MUST** Commit to the **FULL 5-Week Camp Program** – This is **NOT** a Drop-In Camp

Camper’s Last Name _____ Camper’s First Name _____

Street Address _____ City _____ State _____ Zip _____

Housing Opportunities Commission Property Name: _____

Voucher Holder: YES _____ NO _____

Child qualifies for FARMS: YES _____ NO _____

Camper’s Date of Birth _____

School Attending next Fall _____

Grade Entering next Fall _____

Ethnicity _____

Languages spoken _____ ESOL? _____

Parent/Guardian’s Name(s) _____

Phone # 1 _____ Email _____(Home)

Phone # 2 _____ Email _____(Cell)

PAYMENT

1. Families enrolled in affordable housing program through the Housing Opportunities Commission, and/ or receive FARMS - Camper Fee is \$60 (\$12 per week)
\$30 due with registration form
\$30 balance due by no later than June 24
2. Families NOT enrolled in the affordable housing program and do not receive FARMS - \$200 per camper (includes a nonrefundable \$25 fee)
\$100 due with registration form
\$100 balance due by no later than June 24

Pay online: www.projectchange-md.org. Click on the "Donate" button at the top right of the homepage.

Pay by mail: Enclose a check payable to “Project Change” and mail to: P.O. Box 934, Olney, MD 20830.

Mail or Scan or take a pic of the Registration Form and email to info@projectchange-md.org

Questions? Email info@projectchange-md.org; Call 301-257-4769

Emergency Contact _____
Phone # 1 _____
Phone # 2 _____
Email _____
Address _____
Address City State Zip Code

Relationship to camper _____ (father, mother, guardian, other relative, non-relative)

ALLERGIES and/or RESTRICTIONS (Please List)

PRESCRIPTION MEDICATION

I give permission to my child to carry the prescription medication listed below to camp. The medication and the dose described below must be taken in front of an adult staff member and recorded by the staff member

Medication: _____ Dose: _____
(Parent/guardian initials)

OVER THE COUNTER MEDICATION

- I give permission to give Acetaminophen to my camper if needed
_____ (Parent/guardian initials)
- I give permission to give Ibuprofen to my camper, if needed
_____(Parent/guardian initials)

PHOTOGRAPHY and VIDEO

I hereby consent to the use of my child’s likeness and/or voice by Project Change and its assigns for all purposes of education, instruction, or public information. I also understand that photographs or videotapes including the image of my child participating in Project Change activities may be used in order to document and promote Project Change programs and activities. These uses may include, but are not necessarily limited to print, television, and social media.
_____ (Parent/guardian initials)

Registration Fee Enclosed (50% of the total due) YES _____

PARENT/GUARDIAN Print Name _____ DATE: _____

PARENT/GUARDIAN Signature _____