

2024

GREENBELT MD

camp guide

**REGISTRATION BEGINS
THIS FEBRUARY**

Residents: Monday, February 12

Non-Residents: Tuesday, February 20

REGISTRATION BEGINS AT 10 AM

Registration packets accepted by email!



**CIRCUS CAMP IS BACK!
SEE PAGE 18 FOR DETAILS**

ARTS • DANCE • SPORTS • MUSIC • FUN

What's Happening This Summer

Fun.
Fitness.
Friendship.

(301) 397-2200

www.greenbeltmd.gov/recreation



3	Summer Fun in Greenbelt
4	Camp Mission & Inclusion Services We welcome you back to Summer Fun in Greenbelt with our friendly camp reminders of <i>Practicing the 3 R's, Inclusion, and Send a Kid to Camp Fund.</i>
8	Summer Outlook We offer you a quick 'by the numbers' reference page to give you a preview of the summer to come for you and your children. <i>With spring just around the corner, you'll want to make sure you check out Greenbelt's Spring Camp!</i>
10	Greenbelt Camps Overview Explore a quick overview of our incredible camp offerings this summer!
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13	Camp Pine Tree This quintessential Greenbelt camp is back this summer with jam-packed fun in sports, crafts, and more! Sign-up for one of two age appropriate camps.
14	Creative Kids Camp This camp combines a lively rotation of visual and performing arts classes, culminating in an original musical theater production and a reception. Families can customize their camper's day by ranking their preferences for an afternoon elective!
18	Circus Camp A Greenbelt favorite returns! Under the direction of beloved instructor Greg May, campers learn fun circus skills and present a delightful circus show.
19	Camp YOGO This camp is all about adventure for our oldest campers with two field trips per week alongside plenty of opportunities to explore, engage, & enjoy!
20	Camp Encore Teen actors embark on a hilarious exploration of the raucous roots of comedy. This three-week camp will use music, dance, slapstick comedy, and a mixture of scripted scenes & improvised scenarios to create a final performance of <i>Lotsa Lazzi</i> that will tickle the funny bone!
22	Before and After Care For those who need a little more time for fun in their day, look no further than Greenbelt's before and after care.
24	Registration Information Can't contain your excitement? Register for Greenbelt Camps today! Make sure you read these pages carefully as you fill out the forms. Complete all necessary forms and don't forget to provide proof of residency to receive the resident rate!
38	Registration Checklist Our Registration Checklist provides you with a convenient way to double check that you're ready to submit your forms. Here comes the summer fun! We can't wait to welcome you to our camps!

Here Comes the Fun

Summer Fun in Greenbelt

We are excited to share our plans for Summer Camps in Greenbelt with you! Full-day camp options are available for youth ages 3 ½ - 17 years. [Before Care and After Care](#) options are available as well. Our [Kinder Camp](#) offers a half-day option.

[Creative Kids Camp](#) has a fun format for full-day campers, offering an Afternoon Art Adventure of your choice. Class details begin on [page 16!](#)

Mask mandates have been lifted in Greenbelt, but we acknowledge and support the desire of any staff member or camper to continue to wear face coverings while participating in our programs. Greenbelt is a “mask friendly zone”.

Please look for our Camp Letter, sent to all camp families a few days before the start of each new session, for everything you need to know about our plans for summer fun in Greenbelt.

Spring Camp

Check out Greenbelt’s spring camp offerings this year, with camps starting Monday, March 25. This year we are proud to offer both a traditional Spring Camp or our Spring Circus Camp! Both Before Care & After Care available. Make sure you turn to [page 8](#) for more information.

We can’t wait to welcome you to our camps!

Call (301) 397-2200 or (301)-397-2208 for more information.



Camp Mission Statement

To provide the ideal atmosphere and a unique opportunity for campers to have fun and learn through a variety of enriching programs that will develop the social skills, fitness, independence, self-worth, and confidence of each camper, all while fostering lasting friendships.

Camp Vision Statement

To be a leader in the field of camp programming that consistently provides premier summer camp options to a diverse community, emphasizing that learning is synonymous with fun.

Respectful, Responsible, Ready

Greenbelt Recreation Camp Mission



Practicing the 3 Rs

Greenbelt Recreation is committed to ensuring a safe, nurturing, and fun environment for all its campers. Behavior policies are enforced in a fair and consistent manner. To this end, all campers are expected to:

- Take responsibility for their own behavior
- Be courteous
- Be respectful of others and their property
- Cooperate with others
- Speak appropriately
- Seek alternatives to verbal and physical conflicts
- Exhibit self-control

At Greenbelt camps we practice the **3 Rs: Respectful, Responsible and Ready**. Campers should be **respectful** of others and the equipment, **responsible** for their actions and their belongings, and **ready** to participate and listen to instructors. The 3 Rs is an easy way for campers to remember the Recreation Department's expectations. Individuals may lose the opportunity to participate in programs and services if these expectations are not met.

Send a Kid to Camp Fund

Contributions to the Send a Kid to Camp campaign directly benefit families that would not otherwise be able to afford to provide their children with the opportunity to attend camp. Our Kids to Camp program is an amazing opportunity for donors like you to have an impact on a child's life. Please consider contributing to the Kids to Camp fund and help a family with financial challenges send their child to camp this summer.

Financial Assistance Program

Financial assistance is available to qualified Greenbelt residents. An application and supporting documentation are required. Prior to registration, please call (301) 397-2200 or email csoter@greenbeltmd.gov for additional information.

Inclusion Support Services



Inclusion Services Available

What is Inclusion? Inclusion is extra support so that everyone participates in recreation together!

Greenbelt Recreation offers full and active participation for individuals with varying abilities. We provide individuals with reasonable accommodations that will enhance their recreation experience. We facilitate social, physical, educational, and cultural development for individuals of differing abilities, as needed.

We also share information on Therapeutic Recreation (TR) Camps offered through PG Parks. The TR Camps offer smaller staff to camper ratios and are sometimes the best fit for a camper in need of specialized support.

How do I know if my child would benefit from inclusion support?

If your child has a 504 or IEP through their schools, they may benefit from inclusion support. More information about your child's school support plan will help us provide the appropriate inclusion support plan at camp. Please consider sharing the 504/IEP information with us to prepare our camps to best serve your child.

Sometimes a child struggles due to a challenging life event or has sensory sensitivity. If we are made aware that a child is experiencing any of these challenges, we can work with our camp families on the best way to support the child during camp.

Inclusion support is not meant to give special or unusual attention to children, which tends to set individuals apart, but rather to create an atmosphere of friendship and acceptance. Our goal for a collaborative and effective inclusion program is to:

- Encourage independence through play
- Provide participants with a sense of enjoyment, satisfaction and fulfillment while participating in camp programs
- Support building confidence while participating with peers

All information shared with Greenbelt Recreation is confidential.

If your child would benefit from inclusion services, please contact Priya Gardner, pgardner@greenbeltmd.gov or (240) 542-2056. We request that you connect with us at least two weeks prior to the start of camp.



Spring Camps

Get Ready to Spring into Camp

Spring Camp

Ages 5-12

Warmer days are on their way, and Spring Break is right around the corner! We'll keep your kid's break action packed with a combination of events both at the Youth Center and off premises. All campers must be in kindergarten through sixth grade and are responsible for providing their own non-perishable lunch and drink.

236501-1: Monday, March 25 - Friday, March 29

TIME: 8:30 am - 3:30 pm

LOCATION: Greenbelt Youth Center, 99 Centerway

Fee: R: \$227, NR: \$262



Learn Circus Skills & Perform on Friday!

Spring Circus Camp

Spring Circus Camp

Ages 8-13

Join former Ringling Bros and Barnum & Bailey Circus performer Greg May for a fun-filled spring break and learn how to juggle, walk on stilts, balance on a rolling globe or rola-bola and more! Campers are safely taught at their individual skill level. They will demonstrate their new skills in performance on Friday afternoon at 2:30 pm. Campers must bring a non-perishable lunch each day.

236203-1: Monday, March 25 - Friday, March 29

TIME: 9 am - 3:30 pm

LOCATION: Greenbelt Community Center, 15 Crescent Road

Fee: R: \$227, NR: \$262



Summer Outlook

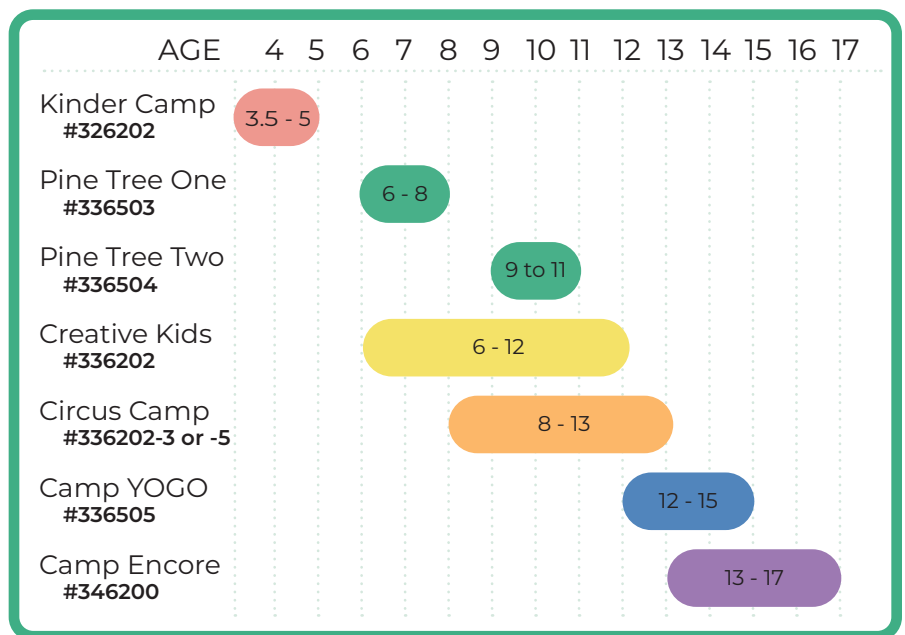
Greenbelt Welcomes You

We welcome each and every one of you to Greenbelt Recreation's Summer Camps. We can't wait to welcome new and returning faces this summer. If you need any assistance along the way, please reach to us or visit us on our website.

We look forward to bringing a smile to parents and children alike with all the fun activities we have planned. See you this summer!

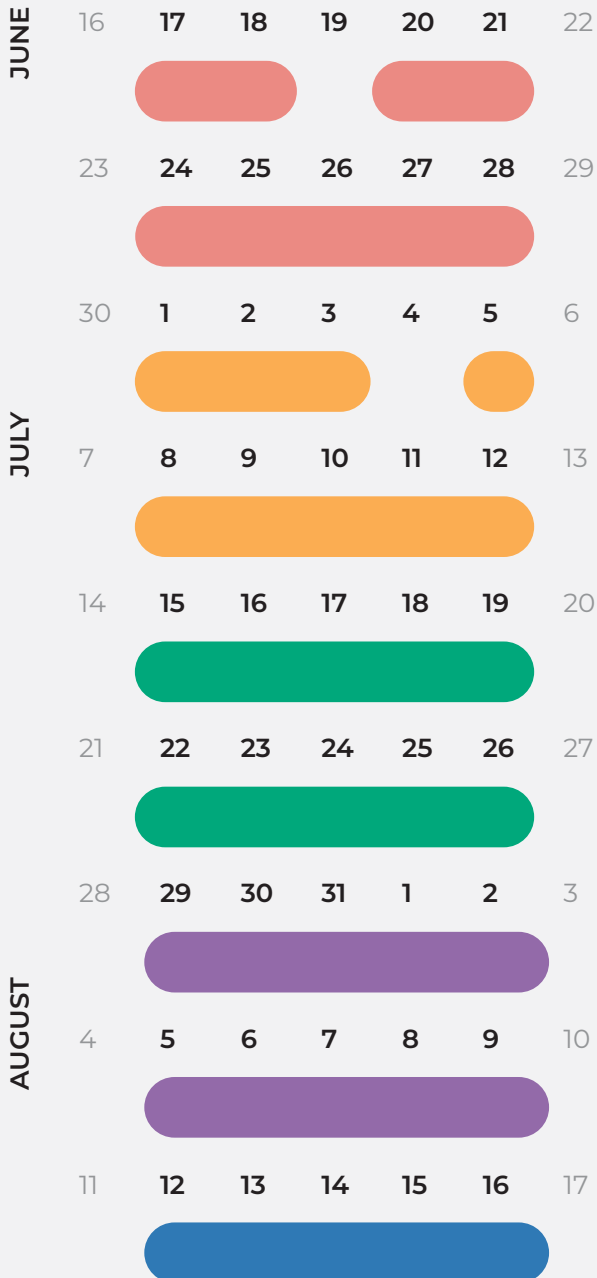
Fun for All Ages

No matter the ages, there's plenty of fun in Greenbelt's camps this summer. Make sure to find the camp(s) that is perfect for your family, then keep reading to hear all about what each camp has to offer. Most importantly, get excited for all the fun you and your children will have this summer!



Summer Schedule

My Camp Calendar



Camp Calendar

With a quick overview of each camp session offered by Greenbelt Recreation this summer, you'll have no problem planning your summer fun!

- SESSION 1
- SESSION 2
- SESSION 3
- SESSION 4
- SESSION 5

Holiday Closures

The City of Greenbelt will be closed on the following dates in recognition of the holiday:

June 19 - Juneteenth

July 4 - Independence Day



Greenbelt Summer Camps

All Greenbelt Summer Camps fall into one of these sections. Please read over these sections and decide which camp works best for you and your child(ren) for each camp sessions.

Have a great summer!



Kinder Camp

Ages: 3.5 - 5

Pre-kindergarten children will spend camp days participating in music, arts, crafts, games, physical activities, and opportunities for socialization and learning!. Each session has a special theme, and campers can look forward to engaging activities hosted by special guests. We are looking forward to another wonderful summer!



Camp Pine Tree

Ages 6 - 8 & 9 - 11

Explore opportunities in sports, crafts, field games, and a variety of unique, age-appropriate challenges and experiences. Campers receive instructional swim four times, free swim twice, and take part in special all-camp events including one field trip per session!



Creative Kids Camp

Ages 6 - 12

Campers explore the arts and develop their talents, while making new friends and having fun in a caring environment that affirms every child. This year's camp show is ***The Cookie Caper***. The play takes a group of campers on a scavenger hunt through the historic Greenbelt Community Center where they find a diary hidden by a girl in 1937, the day Eleanor Roosevelt came to visit the school.

Greenbelt Summer Camps Continued

Before and After Care is available and includes structured activities and play. Greenbelt Recreation supports proper nutrition for extended-day campers by offering breakfast and snacks at no extra charge. See [page 22](#) for details.



Circus Camp

Ages 8 - 13

Join renowned circus instructor Greg May as he teaches amazing circus skills, including juggling, stilt-walking, unicycling, balance boards, rolling globe, clown gags and more! On the last day of the camp session, campers demonstrate their dazzling new skills in a performance for family and friends.



Camp YOGO

Ages 12 - 15

Youth On the Go (YOGO) is designed for campers who have outgrown Camp Pine Tree and are seeking age-appropriate activities. Participants leave the camp site approximately 2 times per week on a variety of fun-filled trips including water parks, amusement parks, nature adventures, laser tag, and more.



Camp Encore

Ages 13 - 17

Campers embark on a hilarious exploration of the raucous roots of comedy. This three-week camp will use music, dance, slapstick comedy and a mixture of scripted scenes & improvised scenarios to create a final performance of **Lotsa Lazzi** that will tickle the funny bone!



KINDER CAMP

TIME:

Half Day: 8:45 am - 12 pm
Full Day: 8:45 am - 3:30 pm

SESSION:

326202-1
326202-1H
326202-2
326202-2H
326202-3
326202-3H
326202-4
326202-4H

DATES:

June 17 - June 28*
July 1 - July 12*
July 15 - July 26
July 29 - August 9

**Session prorated 10% to account for camp holiday closures. See page 4 for list of holidays.*

LOCATION:

Greenbelt Community Center, 15 Cresecent Road, Nursery School Rooms

FEES:

Half-Day: R: \$218 | NR: \$251
Full-Day: R: \$353 | NR: \$406

AGES: 3.5 to 5 years



All campers MUST be completely potty-trained by the start of camp session.

Our youngest campers are invited to join us at camp this summer! Your campers will enjoy days filled with fun unique themed activities that include: music, arts, crafts, games, physical activities, and additional opportunities for socialization and learning, and much more. Due to our licensing, the State of Maryland requires that we offer a rest time for full-day campers. During rest time, campers do not have to sleep, but they are required to rest quietly. Many camp activities will be outdoors, weather permitting. We can't wait for another great summer!

Half Day and Full Day options are available. Please indicate **Half (H)** or **Full (F)** on the registration form.



CAMP PINE TREE

PINE TREE ONE Ages 6-8

Session:

336503-1
336503-2
336503-3
336503-4
336503-5

Dates:

June 17 – June 28*
July 1 – July 12*
July 15 – July 26
July 29 - August 9
August 12 - August 16

LOCATION:

Greenbelt Youth Center, 99 Centerway

TIME: 8: 45 am - 3:30 pm

FEES: R: \$350 | NR: \$403

AGES: 6 to 8 years & 9 to 11 years

PINE TREE TWO Ages 9-11

Session:

336504-1
336504-2
336504-3
336504-4
336504-5

Dates:

June 17 - June 28*
July 1 – July 12*
July 15 – July 26
July 29 – August 9
August 12 - August 16

**Session prorated 10% to account for camp holiday closures. See page 4 for list of holidays.*

Friends. Fun. Sun!

Camp Pine Tree offers a traditional full day of jam-packed activities with some of our familiar and friendly camp staff! Each session is spent exploring opportunities in sports, crafts, field games, and a variety of unique, age-appropriate challenges and experiences. Campers will attend at least one field trip per session, receive instructional swim four times per session, free swim two times per session, and take part in special all-camp events.





CREATIVE KIDS CAMP

LOCATION:

Greenbelt Community Center
15 Crescent Road

TIME: 8:45 am - 3:30 pm

FEES: R: \$372 | NR: \$428

AGES: 6 to 12 years

SESSION:

336202-1
336202-2
336202-3
336202-4

DATES:

June 17 - June 28*
July 1 - July 12*
July 15 - July 26
July 29 - August 9

**Session prorated 10% to account for camp holiday closures. See page 4 for list of holidays.*

Let Your Heart Sing!

Campers explore visual and performing arts and rehearse for the camp musical, while making new friends and having fun in a caring environment that affirms every child.



Our camp musical this summer is ***The Cookie Caper***, a delicious musical mystery. The play takes a group of campers on a scavenger hunt through the historic Greenbelt Community Center, which was Greenbelt's original school building. During the campers' search, they find a diary hidden by a girl in 1937 on the day Eleanor Roosevelt came to visit the school. The diary teaches the campers about what life was like during Greenbelt's first year -- and about the progress the town has made since then.

Creative Kids Camp Program Elements

Before Care (optional):

A relaxed, friendly start to the day with supervised indoor play. Campers are also welcome to enjoy some quality time with a good book! Complimentary light breakfast is provided.

The Marvelous Mix:

A lively rotation of classes in music, dance, visual art, drama and circus, with a weekly visit to the Greenbelt Cinema's Media Lab.

Afternoon Art Adventures:

Each camper will participate in an Art Adventure throughout each two-week camp session, exploring an area of special interest. Afternoon Art Adventure classes include **dance, digital arts, visual arts, ceramics, and circus.**

These classes meet daily. Please rank **ALL** of the options available for your child's age when registering. Remember to check your emailed camp registration receipt to confirm the class in which your camper has been enrolled, based on availability.



Final Fridays:

On the last day of each session, campers will perform in the 2024 camp musical, ***The Cookie Caper***. Shows will take place at 10 am and 2:15 pm at the Greenbelt Community Center. Following the afternoon show, enjoy a display of campers' pottery, artwork and videos, and meet some of the CKC instructors.

After Care (optional):

A variety of lightly structured activities, perfect for the end of a busy camp day. On Mondays and Fridays: open art studio. Tuesdays and Thursdays: optional supervised free swim at the Greenbelt Aquatic and Fitness Center's outdoor pool. Wednesdays: campers attend a film at the Greenbelt Cinema, the city's historic cinema in nearby Roosevelt Center. A complimentary snack is provided daily.

Creative Kids Camp

Afternoon Art Adventures

When registering, rank ALL the options available for your camper's age. Each camper will be enrolled in ONE Art Adventure for each session, based on preferences and availability.

Individual class descriptions will be added prior to the start of registration; please check back for details!

SUMMER DANCE PARTY

Dance is a great option for those who love to MOVE! Campers will learn fun choreography inspired by both traditional and contemporary dance techniques to the beat of hit songs.



VIDEO PRODUCTION

Campers script and produce their own videos, learning skills both in front of and behind the camera. Offered in partnership with Greenbelt Access Television.



CERAMIC HAND-BUILDING

Come play in the mud! Classes will introduce hand-building techniques, as campers create both functional and sculptural pieces.



MAKERSPACE

Innovation and creativity go hand in hand in the Makerspace! Using a variety of found objects and other materials, campers will become makers of function, imagination, and wonder.

CIRCUS SKILLS

Campers will cultivate both physical and performance skills in a playful atmosphere. Instruction may include techniques such as stilt-walking, rolling globe, rola bola (balance board), unicycling, juggling, and clowning.

PAINT PARTY

Discover the endless world of painting possibilities in watercolor, acrylic, and tempera paint. Campers will paint big and small, abstract and realistic, bright and monochromatic, landscape and portrait, and will discover how paint can be fun and fanciful.





🎵 look who's back, back again 🎵

LOCATION:

Greenbelt Community Center
15 Crescent Road

TIME: 8:45 am - 3:30 pm

AGES: 8 to 13 years

SESSION:

336202-3
Show Date
FEES:

336202-5
Show Date
FEES:

DATES:

July 15 - July 26
July 26 at 1 pm

R: \$372 NR: \$428

August 12 - August 16
August 16 at 2:30 pm

R: \$227 NR: \$262

Hurrah! He's back!

Hurrah! He's back! Join former Ringling Bros. and Barnum & Bailey Circus performer and Center Ring Circus School impresario Greg May for fun-filled days of circus skills training. Learn juggling, stilt-walking, unicycling, balance boards, rolling globe, partner acrobatics, clown gags and more! On the last day of each camp session, campers will demonstrate their new skills in a performance for family and friends.





CAMP YOGO

LOCATION:

Greenbelt Youth Center, 99 Centerway

TIME: 8: 45 am - 3:30 pm

FEES: R: \$431 | NR: \$496

AGES: 12 to 15 years

Session:

336505-1

336505-2

336505-3

336505-4

336505-5

Dates:

June 17 – June 28*

July 1 – July 12*

July 15 - July 26

July 29 – August 9

August 12 - August 16

**Session prorated 10% to account for camp holiday clousres. See page 4 for full list of holidays.*

More Trips! More fun!

Camp YOGO encourages campers engage and interact through traditional camp games, field trips, and activities that will keep both the body and mind active. Camp YOGO participants will leave the camp site at least two times each week on a variety of fun-filled trips. Trips will include water parks, amusement parks, nature adventures, laser tag, professional sports games, and several other trips geared toward this age group. One day campers might complete team building exercises, compete in a traditional YOGO sport, and create a beautiful friendship bracelet, while the next day they help pass on YOGO folklore—beware of the amongalong—learn during a nature hike, and complete “the Great Escape.” Each day is packed with plenty of opportunities to explore, engage, and enjoy. Sounds like summer!





CAMP ENCORE

LOCATION:

Greenbelt Community Center OR
Greenbelt Arts Center

TIME: M / W / F: 10 am - 3:30 pm
Tu / Th: 12:30 pm - 3:30 pm

FEES: R: \$480 | NR: \$552

AGES: 13 to 17 years

LOTSA LAZZI!

Activity Number: 346200-1

Dates: June 17 - July 5
(3 weeks; No camp June 19 and July 4)

PERFORMANCE: 2 pm on Friday, July 5

Ready for lots of laughs? Then it's time for *Lotsa Lazzi!*

Join **director Kate Magill Robinson** and the Camp Encore troupe leaders on a hilarious exploration of the raucous roots of comedy.

If you've watched a skit on Saturday Night Live, a 'romcom' movie, or a TV sitcom, then you have laughed at comedy based on comic bits called **lazzi** from the **Commedia dell'arte**. This lively Italian Renaissance theatrical art form has given us characters like the rich old miser, the young lovers, and the class clown. It's also the origin of plot devices like the silly sidekick who bumbles everything and the young lovers whose parents 'just don't understand!'

For three fun-filled weeks, the teen actors of Camp Encore will use music, dance, slapstick comedy (and combat!) and a mixture of scripted scenes and improvised scenarios to create a final performance of **Lotsa Lazzi** that will tickle the funny bone!

IMPORTANT: *Planning a four-day holiday weekend? Do NOT enroll in this performance camp if your camper will be absent on Friday, July 5, which is the day of the performance.*



Teen Actor Commitment Requirement

Camp Encore is a performing arts camp focused on performing skills and rehearsing toward a final performance. As such, **campers should have a strong interest in working on performing skills (acting, singing and dancing) as well as a dedication to working as an ensemble toward the final performance.** Enrollment in this camp indicates a commitment to working on performing arts skills, attending camp regularly, and spending some time at home memorizing lines. Please do NOT schedule conflicting appointments during camp time.

PLEASE NOTE: Campers **MUST** attend the entire final week of camp, due to preparing for the final performance.



Before and After Care

These extended-day offerings are available for all camps. During Before Care and After Care, lightly structured activities and free play areas are supervised by camp staff. Greenbelt Recreation supports proper nutrition for extended-day campers by offering breakfast and snacks at no extra charge:

- Breakfast is served during **Before Care**, up to 8:15 am. Campers can choose one of three nutritious breakfast options: (1) a bowl of Cheerios, (2) a slice of whole-grain toast with peanut butter, or (3) a bowl of instant oatmeal, each with milk and juice or fresh fruit.
- A nutritious snack is provided to all campers during **After Care**.



Before Care and **After Care** take place in the same building as the regular camp in which the camper is enrolled.

Before Care Locations

Kinder Camp:
Community Center

Camp Pine Tree:
Youth Center

Creative Kids Camp:
Community Center

Circus Camp:
Community Center

Camp YOGO:
Youth Center

Details

Time:
7:30 am - 8:45 am

Fee:
\$65 for 2-week camps.
\$32.50 for 1-week camps only.

After Care Locations

Kinder Camp:
Community Center

Camp Pine Tree:
Youth Center

Creative Kids Camp:
Community Center

Circus Camp:
Community Center

Camp YOGO:
Youth Center

Camp Encore:
Community Center

Details

Time:
3:30 pm - 6:00 pm

Fee:
\$80 for 2-week camps and
Camp Encore.
\$40 for 1-week camps only.

We Are Seeking Seasonal Summer Staff

Seasonal Summer Staff

- Camp Managers
- Camp Counselors
- Camp Specialists
- Lifeguards
- Inclusion Counselors
- Camp Interns



We look forward
to seeing
you this
summer!

These seasonal summer positions offer employment from mid-June through late August. For more information on job openings and application details: www.greenbeltmd.gov/jobs



fun • fitness • friendship

CAMP REGISTRATION

Procedures

1 IMPORTANT INFORMATION

CAUTION: REGISTRATION FORMS MUST BE COMPLETED IN FULL in order to be processed.

Your registration email must include:

- completed registration forms
- Proof of residency (Greenbelt residents only)

CAMP REGISTRATION START DATES/TIMES:

GREENBELT RESIDENTS:

Monday, February 12 at 10 am

NON-RESIDENTS:

Tuesday, February 20 at 10 am

2 SUBMIT COMPLETED REGISTRATION FORMS

COMPLETED REGISTRATION FORMS should be submitted via email. All camp contact information is provided below. Forms will be accepted from Greenbelt residents* for Camps **beginning on Monday, February 12 at 10 am and non-residents beginning on Tuesday, February 20 at 10 am. Registrations received before the start date/time will not be accepted. Please submit proof of Greenbelt residency to receive the resident rate.** If registration via email is not possible, please contact the designated staff member. Camper registration forms will be accepted on an ongoing basis until all slots are filled. At that point, interested persons' names will be placed on a waiting list. Those persons will be contacted in the order in which names were taken if/when a slot becomes available.

Spring Camp, Camp Pine Tree I & II, and Youth on the GO:

cpracht@greenbeltmd.gov or call (301) 397-2200.

Creative Kids Camp, Circus Camp, Spring Circus Camp, Camp Encore, and Kinder Camp:

rcampbell@greenbeltmd.gov or call (301) 397-2208.

3 PAYMENTS, DEPOSITS, RESIDENCY, & FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE PROGRAM: Financial assistance is available to qualified Greenbelt residents. An application and supporting documentation are required. Prior to registration, please call (301) 397-2200 or email: csoter@greenbeltmd.gov for additional information.

A **DEPOSIT** of \$50 per child/per camp session is required at the time of registration for ALL CAMP sessions.

DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

CAMP PAYMENTS are DUE ten days prior to the session start date.

*** GREENBELT RESIDENCY:** In order to qualify to receive the resident rates as listed in this brochure, you **MUST** provide CURRENT proof of Greenbelt residency in the form of a driver's license, MVA change of address form with a driver's license, or a lease. **If you are unable to provide one of these documents at the time of registration, you will be charged the non-resident rate.**

4 CAMPER REGISTRATION FORMS ARE AVAILABLE reserve your spot in camp.

On the following pages of this brochure you will find all of our registration forms. Registration forms must be complete to process your registration and to reserve your spot in camp. Priority goes to those who register first, so register today!

2024 Greenbelt Day Camp Registration Form

This form must be completed in full for each participant to be registered.

1. PARTICIPANT INFORMATION

Participant Name: _____ Preferred Name: _____
 Age: _____ DOB: _____ Gender _____ T-Shirt Size _____
 Street Address: _____ City/State/Zip: _____
 Parent/Guardian Name: _____ Phone Number: _____
 Parent/Guardian Name: _____ Phone Number: _____
 Email Address(es) for Parent/Guardian: _____
 Emergency Contact Name: _____ Phone Number: _____
 Emergency Contact Name: _____ Phone Number: _____
 School attended this year: _____

2. HEALTH INFORMATION

Primary Care/Clinic Name: _____ Phone Number: _____

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	
Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	

Participant requires medication during camp?

YES NO *If yes, signed medication authorization form required prior to the first day of camp!

Participant requires emergency medication at camp?

YES NO * If yes, signed medication authorization form required prior to the first day of camp!

If yes, please explain. (i.e. inhaler, epi-pen, etc.):

Please attach any additional information if needed.

Participant requires or would benefit from inclusion support at camp? For more information, see [page 5](#).

YES NO *If yes, please explain:

Please provide any additional information you would like to share:

Immunization Information: (Please Note)

- Is this participant exempt from immunization for religious or medical reasons? YES No
- If yes, the Maryland Department of Health Immunization Certificate must be completed and attached to this form. Program Staff can provide you with this form.
- A participant who does **NOT** reside within the United States, a United States territory or the District of Columbia must provide proof of immunization (MDH-896).

IMPORTANT REMINDER: Campers may not be admitted to camp until all required forms are signed and submitted. No exceptions. Our camps are licensed by the Maryland State Department of Health and are legally required to comply with safety standards for the benefit of all children in our camp programs.

A **Medication Authorization Form** is required in advance for any medication (including non-prescription) distributed at the program. A **Medication Authorization Form for Epi Pens, Inhalers and Insulin Pumps** is required in advance for any medical device/procedure used at the program.

FORM CONTINUES ON BACK

3. PARTICIPANT RELEASE AUTHORIZATION (OTHER THAN PARENT OR GUARDIAN ON PREVIOUS PAGE)

Greenbelt Recreation is authorized to release my Child,

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Participant's Name:

to the following individuals who may pick up my child from Camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the camp with anyone not listed at the right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people: *

Departure Procedure:

Please notify your child's camp when one of the above people will be picking up your child.

*If you wish for your child to sign himself/herself out, please complete the camp sign-in/sign-out release permission form and return it to the camp office.

4. LATE PICK UP POLICY

A late fee will be assessed for participants who are not picked up by the program's scheduled closing time. The Greenbelt Recreation Department's Policy is \$1 per minute in 5-minute increments.

We understand that emergencies do arise and request that parents call the camp's office if they are delayed. However, late charges may still be assessed. Payment is due by 4:30pm the next business day. **Thank you for your cooperation in ensuring your participant is picked up from the program on time.**

5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I understand that the participant will be subject to the regulations of the Greenbelt Recreation Department. I also agree that the participant will follow the instructions of the camp personnel and will treat other campers/adults with courtesy and respect. I understand that if the participant fails to do so, the participant will not be allowed to participate in the camp.

I hereby give permission for the applicant to participate in all program activities, including swimming pool and swim instruction activities, and field trips in approved vehicles and agree to release the City of Greenbelt and the Greenbelt Recreation Department, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the summer day camp program.

6. PHOTOGRAPHY/VIDEO RELEASE

I agree that photographs and video footage may be taken of participants during program activities for use in City of Greenbelt publications, cablecasts, and social media, as well as for the production of camp show keepsake videos, which may be ordered through the Recreation Department business offices.

7. MEDICAL CARE/HOSPITAL TREATMENT RELEASE

By way of copy of this form, I authorize the staff of The City of Greenbelt and the Greenbelt Recreation Department to obtain medical/hospital treatment for the above participant in the event of an emergency

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated below.

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

DATE



25 Crescent Road, Greenbelt, MD 20770
Business Office: (301)397-2200
Fax: (301)397-2203

Camper's Name: _____

Parent/Guardian's Name: _____

Please take a moment to fill out the front and back of this form to assure that your child is registered in the proper camp and session. Refer to the Camp Brochure for the correct registration number and session. For those needing Before Care and/or After Care until 6:00pm, please place an "X" in the appropriate box. If you are registering for Creative Kids Camp, please rank your preferences on the next page for your camper's Afternoon Art Adventure class.

Please total your fees at the bottom of the table and choose your payment option. A \$50 deposit for each session of camp is due at the time of registration. Each session's payment is due in full ten days prior to the start of each session.

SESSIONS	PAYMENT DUE DATES	TIME DUE
Summer Session 1	Friday, June 7, 2024	4:30 pm
Summer Session 2	Friday, June 21, 2024	4:30 pm
Summer Session 3	Friday, July 5, 2024	4:30 pm
Summer Session 4	Friday, July 19, 2024	4:30 pm
Summer Session 5	Friday, August 2, 2024	4:30 pm

CAMP NAME	SESSION	BEFORE CARE	AFTER CARE
		7:30am - Start of Camp Day	3:30pm – 6:00pm
<i>Example: Camp Pine Tree I</i>	336503-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

CKC: RANK YOUR AFTERNOON ART ADVENTURE PREFERENCES ON THE NEXT PAGE.

AFTERNOON ART ADVENTURES (Creative Kids Camp Only)

See pages 14-18 for class descriptions.

Please rank **ALL** of the classes available for your child’s age by placing a number next to each class title. “1” indicates your first choice, “2” indicates your second choice, etc.

Each camper will be enrolled in ONE class per session based on order of preference and class availability. Check your camp registration receipt (sent via email) to confirm their assignment.

SESSION 1		SESSION 2		SESSION 3		SESSION 4	
1	<i>Example: First Choice</i>						
	SUMMER DANCE PARTY		SUMMER DANCE PARTY		SUMMER DANCE PARTY		SUMMER DANCE PARTY
	CERAMIC HAND-BUILDING		CERAMIC HAND-BUILDING		CERAMIC HAND-BUILDING		CERAMIC HAND-BUILDING
			VIDEO PRODUCTION		VIDEO PRODUCTION		
	MAKERSPACE				MAKERSPACE		MAKERSPACE
	PAINT PARTY		PAINT PARTY				PAINT PARTY
	CIRCUS SKILLS		CIRCUS SKILLS		CIRCUS SKILLS		CIRCUS SKILLS

COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE

PLEASE NOTE: A \$50.00 Non-Refundable, Non-Transferable deposit, per child, per session is required at the time of registration. Registrations will not be processed until all paperwork is complete and the appropriate payments have been submitted.

PAYMENTS DUE

			TOTAL
Number of Camp Sessions		X \$50	
Kids to Camp Fund (optional donation)			
Total Due at Registration:			

CREDIT CARD INFORMATION:

If you prefer, you may phone this information in, however, a signature is required.

Name on Card: _____

Billing Address: _____

Type of Card: _____

Card Number:

CVV#:

Expiration Date: /

Signature: _____

YES! I would like to have my credit card charged for the remaining balance due for each session, on the due date. Initials:

FOR ADMINISTRATIVE USE ONLY:

Registration Received by: _____

Date Received: _____

Amount Received: _____

CASH **CREDIT** **CHECK**

VERIFY:

License

Lease

MVA Change of Address Card

PARTICIPANT PROFILE FOR TEACHERS, MANAGERS AND STAFF

Profiles are reviewed by staff and help them to better serve your child. Please take the time to complete.

Child's Name:	Date:
Child's Preferred Name:	Age:
Parent/Guardian:	
Camp:	
Child's likes:	
Child's dislikes:	
My child enjoys these activities:	
My child has difficulty with these activities:	
Skills or goals that the participant is working on:	
Fears and concerns of the participant:	
Current medications:	
What are you or the participant looking forward to the most about camp?	
Specific behavioral concerns:	
Triggers of the specific behavioral concerns:	
What behavioral techniques have been successful that can be maintained during programs?	
Are any special accommodations needed to give your child a positive learning experience during the program?	
Is there any other additional information that would help to ensure that your child is successful during the program?	
What is the main language spoken at home?	
<i>If there is any confidential information you do not want to include on this form, but feel it is important to share with us, please contact Priya Gardner, Therapeutic Recreation Coordinator (Senior & Inclusion Programs) at (240) 542-2056.</i>	

Inclusion Support Services



Inclusion Services Available

What is Inclusion? Inclusion is extra support so that everyone participates in recreation together!

Greenbelt Recreation offers full and active participation for individuals with varying abilities. We provide individuals with reasonable accommodations that will enhance their recreation experience. We facilitate social, physical, educational, and cultural development for individuals of differing abilities, as needed.

We also share information on Therapeutic Recreation (TR) Camps offered through PG Parks. The TR Camps offer smaller staff to camper ratios and are sometimes the best fit for a camper in need of specialized support.

See [page 5](#) for more details.

Medical Care & Services

New Medical Forms for Allergies and Asthma

Our staff is here to help assist your camper with their allergy, asthma, medication, or other medical care needs. The medical forms on the following 6 pages provides essential information to staff in the event of a medical emergency.

Medication Forms Map

The Medication Forms Map on [page 32](#) will assist you in finding and filling out the proper medical forms for your camper. As they are required to be authorized and signed by your camper's health care provider, we recommend they be filled out as soon as possible. The checklist at the bottom of [page 32](#) will ensure that all forms have been completed and that you are all set for camp!



Which Form Do I Use?

 Does your camper have allergies, asthma, or a medical condition requiring care?

YES


NO

 Complete our **ALLERGY & ASTHMA ACTION PLAN FORMS** found on pages 34 - 37.

These forms communicates essential information to staff in the event of a medical emergency. As they are required to be authorized and signed by your camper's health care provider, please have them filled out as soon as possible.

If your camper has asthma, complete the **ASTHMA ACTION PLAN FORM** on [pages 36 & 37](#).

If your camper has an allergy, complete the **ALLERGY ACTION PLAN FORM** on [pages 34 & 35](#). This form should be completed if your camper will require prescription medication or over-the-counter (OTC) medication.

 Complete our **MEDICAL ADMINISTRATION AUTHORIZATION FORM** found on page 33.

This form is required to be authorized and signed by your camper's health care provider so it is important to have it filled out as soon as possible. Each form provides authorization for up to three (3) medications, prescription or OTC.

Is your Medical Administration Authorization Form complete? **Ensure all information is provided and medication is ready** by using the checklist below.


 Will your camper bring **PRESCRIPTION MEDICATION(S)** to camp?

YES

NO

 Will your camper bring **OVER-THE-COUNTER (OTC) MEDICATION(S)** to camp?

NO

 **YOU'RE ALL SET FOR CAMP!** No additional forms need to be filled out.



MEDICAL FORM CHECKLIST

If you have ANSWERED YES to all questions below, you're set for camp!

- [Prescription Medication]**
Is the medication in its original container or box with intact pharmacy label including directions, dosage, child's name, and expiration date?
- [Over-the-Counter (OTC) Medication]**
Is the medication in its original packaging with directions, dosage, and expiration date?
- Are all columns completed for **EACH** medication? (name, condition, dose, route, frequency, self-administer, emergency medication)
- Is the **prescriber's information** filled out in full?
- Does the form have an **original prescriber's signature** or signature stamp?
- Is the **parent/guardian signature** included with the names of the individuals authorized to pick up medication?

MEDICATION ADMINISTRATION AUTHORIZATION FORM

For Youth Camps in Maryland

Maryland Department of Health
Consumer Health and Safety
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

CHILD'S NAME			DATE OF BIRTH ____/____/____	
1 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [] YES -If yes, see Section III below. [] NO	
2 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [] YES -If yes, see Section III below. [] NO	
3 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [] YES -If yes, see Section III below. [] NO	
MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated below unless more restrictive dates are specified. This authorization is NOT TO EXCEED 1 YEAR.		FROM ____/____/____ <small>Month Day Year</small>	TO ____/____/____ <small>Month Day Year</small>	
PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX			
ADDRESS				
CITY	STATE	ZIPCODE		
PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE	

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

PARENT/GUARDIAN SIGNATURE	DATE	INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
HOME PHONE #	CELL PHONE #	WORK PHONE #

III. EMERGENCY MEDICATION

Camp Staff will be responsible for carrying emergency medication during the camp day. Medication will be stored in a secured space over night. Participants requiring emergency medication must maintain a non-expired supply of the emergency medication at the camp facility while enrolled in camp. Participants may not be admitted to camp without the signed medication administration (forms) and the prescribed medication(s).

*Edited for Greenbelt Recreation Department Camps 2022

**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture
Here (optional)

This form must be completed fully in order for Child Care Providers/staff to administer the required medication and follow the plan. **This authorization is NOT TO EXCEED 1 YEAR.**
Page 1 to be completed by the Authorized Health Care Provider.
FOR ALLERGY AND ANAPHYLAXIS MEDICATION ONLY - THIS FORM REPLACES OCC 1216

CHILD'S NAME: _____ Date of Birth: ____/____/____ **Date of plan:** _____
 Child has **Allergy** to _____ Ingestion/Mouth Inhalation Skin Contact Sting Other _____
 Child has had anaphylaxis: Yes No
 Child has asthma: Yes No (If yes, higher chance severe reaction)
 Child may self-administer medication: Yes No

Allergy and Anaphylaxis Symptoms	Treatment Order	
If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger	Antihistamine :Oral /By Mouth <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911	Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parent
is Not exhibiting or complaining of any symptoms, OR		
Exhibits or complains of any symptoms below:		
Mouth: itching, tingling, swelling of lips, tongue ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Other:		
If reaction is progressing (several of the above areas affected)		

Potentially life threatening. The severity of symptoms can quickly change

Medication	Medication: Brand and Strength	Dose	Route	Frequency
Epinephrine(EpiPen)				
Antihistamine				
Other:				

EMERGENCY Response:

- 1) **Inject epinephrine right away! Note time when epinephrine was administered.**
- 2) Call 911: Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
- 3) Call parents. Advise parent of the time that epinephrine was given and 911 was called.
- 4) Keep child lying on his/her back. If the child vomits or has trouble breathing, place child on his/her side.
- 5) Give other medicine, if prescribed.

PRESCRIBER'S NAME/TITLE	Place stamp here		
TELEPHONE	FAX		
ADDRESS			
PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)			DATE (mm/dd/yyyy)

Maryland State Department of Education
Office of Child Care
Allergy and Anaphylaxis
Medication Administration Authorization Plan

Child's Name: _____ Date of Birth: _____

PARENT/GUARDIAN AUTHORIZATION

I request the authorized child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication.

PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #	
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency	
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

Section IV. CHILD CARE STAFF USE ONLY

- | | | |
|------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Child Care Responsibilities: | 1. Medication named above was received | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. Medication labeled as required by COMAR | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3. OCC 1214 Emergency Card updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 4. OCC 1215 Health Inventory updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 5. Modified Diet/Exercise Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 6. Individualized Plan: IEP/IFSP | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 7. Staff approved to administer medication is available onsite, field trips | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)
-------------------------------------------	-------------------

DOCUMENT MEDICATION ADMINISTRATION HERE

DATE	TIME	MEDICATION	DOSAGE	ROUTE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____	3. Child's picture (optional)
Section I. ASTHMA ACTION PLAN – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER		
4. ASTHMA SEVERITY: <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Exercise Induced <input type="checkbox"/> Peak Flow Best ____%		
5. ASTHMA TRIGGERS (check all that apply): <input type="checkbox"/> Colds <input type="checkbox"/> URI <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other _____		
6. This authorization is NOT TO EXCEED 1 YEAR FROM ____/____/____ TO ____/____/____ FOR ASTHMA MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216		
GREEN ZONE - DOING WELL: Long Term Control Medication- Use Daily At Home unless otherwise indicated		
The Child has ALL of these		
<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can walk, exercise, & play <input type="checkbox"/> Can sleep all night If known, peak flow greater than _____ (80% personal best)	Medication Name & Strength	Dose
<input type="checkbox"/> Exercise Zone <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it	Route	Time & Frequency
YELLOW ZONE - GETTING WORSE <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____		
The Child has ANY of these		
<input type="checkbox"/> Some problems breathing <input type="checkbox"/> Wheezing, noisy breathing <input type="checkbox"/> Tight chest <input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other: _____ If known, peak flow between _____ and _____ (50% to 79% personal best)	Medication Name & Strength	Dose
<input type="checkbox"/> Breathing hard and fast <input type="checkbox"/> Lips or fingernails are blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Medicine is not helping (15-20 mins?) <input type="checkbox"/> Other: _____ If known, peak flow below _____ (0% to 49% personal best)	Route	Time & Frequency
RED ZONE - MEDICAL ALERT/DANGER <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____		
The Child has ANY of these		
<input type="checkbox"/> Breathing hard and fast <input type="checkbox"/> Lips or fingernails are blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Medicine is not helping (15-20 mins?) <input type="checkbox"/> Other: _____ If known, peak flow below _____ (0% to 49% personal best)	Medication Name & Strength	Dose
<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can walk, exercise, & play <input type="checkbox"/> Can sleep all night If known, peak flow greater than _____ (80% personal best)	Route	Time & Frequency
<input type="checkbox"/> Exercise Zone <input type="checkbox"/> CALL 911 <input type="checkbox"/> CALL PARENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it	Special Instructions	Special Instructions

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

CHILD'S NAME (First Middle Last)	DATE OF BIRTH (mm/dd/yyyy) ____/____/____
Section II. PRESCRIBER'S AUTHORIZATION – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER	
Place Stamp Here	
8. PRESCRIBER'S NAME/TITLE	
TELEPHONE	FAX
ADDRESS	
CITY	STATE
	ZIP CODE
9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)	9b. DATE (mm/dd/yyyy)
Section III. PARENT/GUARDIAN AUTHORIZATION – MUST BE COMPLETED BY THE PARENT/GUARDIAN	
<p>I authorize the childcare staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize childcare staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18; the childcare program may revoke the child's authorization to self-carry/self-administer medication.</p> <p>School Age Child Only: OK to Self-Carry/Self-Administer <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)
10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION	
10d. CELL PHONE #	10e. HOME PHONE #
10f. WORK PHONE #	
Emergency Contact(s)	Phone Number to be used in case of Emergency
Parent/Guardian 1	
Parent/Guardian 2	
Emergency 1	
Emergency 2	
Section IV. CHILD CARE STAFF USE ONLY – MUST BE COMPLETED BY THE CHILD CARE PROGRAM	
Child Care Responsibilities:	<p>1. Medication named above was received Expiration date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Medication labeled as required by COMAR <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. OCC 1214 Emergency Form updated <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. OCC 1215 Health Inventory updated <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Modified Diet/Exercise Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>6. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>7. Staff approved to administer medication is available onsite, field trips <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)

CAMP REGISTRATION

Checklist

We want to make sure you're all set for Greenbelt's Summer Camps by making sure you've crossed these off your list.

CHECKLIST

- Camp Registration Form is complete
- Camp Selection and Payment Form is complete
- Participant Profile is complete
- Medication Administration Authorization Form(s) is complete for any/all medication administered at camp. Each form must be signed by your physician.
- Greenbelt Residents: Proof of Residency (Driver's license, MVA change of address card, or lease)

DATE / TIME

Early registration will NOT be accepted. Registration begins

Monday, February 12 at 10 am for Greenbelt Residents.

Tuesday, February 20 at 10 am for Non-Residents.

HOW / WHERE

Send completed forms by

EMAIL. Email all required forms to:
Spring Camp, Camp Pine Tree I & II, and Youth on the Go (YOGO): cpracht@greenbeltmd.gov
Kinder Camp, Creative Kids Camp, Camp Encore,
Spring Circus Camp, and Summer Circus Camp: rcampbell@greenbeltmd.gov

FAX. Fax your forms with a cover sheet to: **(301) 220-0561**

IN PERSON. Visit the Greenbelt Community Center at 15 Crescent Road
or visit the Youth Center Business Office at 99 Centerway

CONTACT

Contact us at

(301) 397-2200 for Youth Center Camps (Camp Pine Tree and YOGO)

(301) 397-2208 for Greenbelt Community Center Camps (Kinder, Creative Kids, Circus Camp, Camp Encore)