



of Washington County

Girls Inc. of Washington County 2024 Summer Camp Information Sheet

Please review the following information to help us ensure that your girl has an unforgettable summer.

Camp Hours: Camp Hours are **7:45 a.m. – 5:00 p.m.** A late fee will be charged for girls that are not picked up on time.

Arrival Time: Girls must arrive at our facility no later than **8:30 a.m.** **Girls who are late will be prohibited from participating in that day’s activities.** Girls cannot be dropped off and/or picked-up at other locations (i.e., the pool) unless PRIOR approval has been obtained from the Program Director or Assistant Program Director. Upon arrival at Girls Inc., please remain in your vehicle, staff members will be outside to greet your child.

Friday Field Trips: ALL girls must arrive at Girls Inc. no later than 8:00 a.m. Girls who arrive late will not be able to attend the field trip.

Pick Up: Girls Inc. closes at 5:00pm. We do have a 15-minute pick-up window for those who don’t get off work until 5:00pm. Please remain in your vehicle; we will bring your girl(s) out to you.

What to Bring: Daily – **bathing suit, towel, sunscreen, sneakers and bottled water.** It is recommended that girls not bring valuable items. All items should be in a bag/backpack clearly labeled with your camper’s name. Girls Inc. is not responsible for lost items. It is recommended that parents apply sunscreen prior to arrival. Staff members can provide sunscreen ONLY if parent permission is granted on Registration form.

Payment: Payment is due **one week in advance.** Payment for the first week for which you are registering is due at the time of registration.

Member rate: \$60/week
Non-member rate: \$100/week

Payment forms are available for your convenience. If you need a payment form, please indicate that to staff at drop-off or pick-up, and one will be brought to you. If payment is not received in a timely manner, your daughter will not be able to attend.

You are encouraged to participate in the **Automatic Credit/Debit Card Payment** program. Your card will automatically be charged on the Monday prior to the start of the week your daughter is attending. Forms for this program are included in this packet, and are available at drop-off/pick-up upon request. Completed forms can be given to staff at drop-off/pick-up.

Payment Due Dates are as follows:

Week 1: June 24 – June 28	At the time of registration
Week 2: July 1 – July 5 (Closed July 4 th)	Monday, June 24, 2024
Week 3: July 8 – July 12	Monday, July 1, 2024
Week 4: July 15 – July 19	Monday, July 8, 2024
Week 5: July 22 – July 26	Monday, July 15, 2024
Week 6: July 29 – August 2	Monday, July 22, 2024
Week 7: August 5 – August 9	Monday, July 29, 2024

Booster Seats: In accordance with Maryland law, all girls **under 8 years of age** (unless the child is 4' 9" or taller) are required to ride in a booster seat (provided by Girls Inc.) while being transported.

Cancellation Policy: If your daughter is unable to attend for a week that has been reserved, you must complete a Cancellation Form as early as possible but no later than the Monday prior to the week you are cancelling. If Girls Inc. is not notified in a timely manner, you will be charged as activities and staffing are planned based on enrollment. Cancellation Forms are located at drop-off/pick-up.

Cell Phone Policy: We recommend that girls do not bring cell phones to Girls Inc. However, we do understand, in many cases girls do not leave home without them as it is a way for you the parent to communicate with your child. Girls are NOT permitted to use cell phones during our scheduled enrichment programs/activities. It is distracting to the teachers and other girls in the class. We reserve the right to take the cell phone and return it to the parent/guardian at pick up time.

Behavior: The primary goal of this policy is to reinforce the idea that all behaviors, appropriate or inappropriate, and their consequences are in the child's control. Girls Inc. reserves the right to discontinue services without advanced notice.

Girls Inc. is dedicated to ensuring a safe and nurturing environment. Parents are asked to work with us regarding any problems your child may have. We ask that parents share their child's individual education plan if applicable. Children must be willing and able to participate in our daily schedule, which includes educational enrichment programs in a classroom setting, weekly field trips and daily adventures.

Girls Inc. of Washington County reserves the right to request, without advance notice, that you pick up your child immediately if the child's behavior poses a threat to herself, other children, staff or to property belonging to Girls Inc. and/or refuses to participate in scheduled activities. We may also determine that our structured program environment may not be the best fit or conducive to your daughter's well-being. At that time we will ask that other arrangements be made for her summer care.

We are unable to provide one on one care/attention on a consistent basis. In the event, that a girl requires consistent one on one attention from our staff, we will offer referrals to other programs. Our program does not meet the needs of girls that require one on one attention.

We want every girl to be successful in our program. Guidelines for behavior are enforced in a positive manner that encourages the development of self-control.



Girls Incorporated of Washington County 2024 Summer Camp Registration

MEMBER INFORMATION			
Name:	Birthdate:	Age:	
Street Address:			
City:	State:	Zip Code:	
School (Beginning Sept. 2024):		Grade (Beginning Sept. 2024):	
Does your child have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Height:	T-Shirt Size:		
PARENT/GUARDIAN INFORMATION			
Parent/Guardian:		Home Phone #:	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent/Guardian	Work Phone #:
<input type="checkbox"/> Other - Relationship			
Email:		Cell Phone #:	
Parent/Guardian:		Home Phone #:	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent/Guardian	Work Phone #:
<input type="checkbox"/> Other - Relationship			
Email:		Cell Phone #:	
HOUSEHOLD INFORMATION			
Number of people living in your home:		How many children are under the age of 18?	
Does your household qualify for free or reduced lunch program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in your household in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			

Household Type:

- Two parent household
- Living with Mother only
- Living with Father only
- Living with one parent at a time (joint custody)
- Living with Foster parent
- Living with grandparent/guardian/other relative

Home Language:

- English
- Spanish
- Other

Racial/Ethnic Profile:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Middle Eastern or North African
- White
- Multiracial
- Native Islander
- Other

Family Income:

- Less than \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$35,000
- \$35,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- More than \$80,000

Ethnicity:

- Hispanic/Latina/Latin American
- Not Hispanic/Latina/Latin American

Recommended Swimming Level:

- Non-Swimmer – Cannot swim at all. Must stay in shallow area
- Swimmer – Can swim in water up to 5 ft. deep but is not able to use the diving board
- Advanced Swimmer – Can swim in water up to 12 ft. deep and can use the diving board

Please note that, although you have selected your girls recommended swim level, the lifeguards will evaluate swimming skills and make a change if necessary. For the safety of all girls, Girls Inc. will follow lifeguard recommendations in determining all girls' swim levels. You will be notified in the event of any change.

Remind App: The Remind App is a mobile text messaging communication platform that makes it easy to stay connected to Girls Inc. If you would like to sign up provide contact information below:

1. _____
Name Relationship Phone No.

2. _____
Name Relationship Phone No.

Attendance: Please select the weeks your daughter will be attending. Please note: If your daughter is unable to attend for a week that has been reserved, you must complete a Cancellation Form as early as possible but no later than the Monday prior the week you are cancelling. If Girls Inc. is not notified in a timely manner, you will be charged as activities and staffing are planned based on enrollment.

- Week 1: June 24 – June 28
- Week 2: July 1 – July 5 (closed on July 4th)
- Week 3: July 8 – July 12
- Week 4: July 15 – July 19
- Week 5: July 22 – July 26
- Week 6: July 29 – August 2
- Week 7: August 5 – August 9

Parent Consent: *Please read carefully and check all that apply:*

- I give permission for my daughter to ride in a Girls Inc. staff member's personal vehicle while participating in a Girls Inc. activity.
- I give permission for my daughter's photo to be used in various Girls Inc. publications and social media.
- I give permission for my daughter to participate in evaluation activities at Girls Inc. These activities may include taking surveys, testing for skill development and/or knowledge, discussion groups, and other formal and informal activities designed to evaluate the effectiveness of the Girls Inc. experience.
- I do hereby give my permission for Girls Inc. staff members to provide sunscreen (Banana Boat Sport Ultra Sunscreen Spray, Broad Spectrum, SPF 50) and if needed, assist my daughter in the application of it.
- I do hereby give my permission for Girls Inc. staff members to provide bug spray (OFF! Family Care Insect & Mosquito Repellent) and if needed, assist my daughter in the application of it.

I acknowledge that all information on this form is correct and that I have read and understand the 2024 Summer Camp Information Sheet. I will not hold Girls Inc. Staff Members or Board of Directors responsible for accidents.

Parent/Guardian Signature

Date



of Washington County

Girls Incorporated of Washington County 2024 Summer Camp Health History (Form must be completed in its entirety)

MEMBER INFORMATION		
Name:	Birthdate:	Age:
Street Address:		
City:	State:	Zip Code:
EMERGENCY CONTACTS (Will be contacted in the order in which they are listed)		
Primary Contact:	Phone #:	Relationship:
2 nd Contact:	Phone #:	Relationship:
3 rd Contact:	Phone #:	Relationship:
4 th Contact:	Phone #:	Relationship:
INSURANCE INFORMATION		
Provider:	Group/Policy#:	
CARE PROVIDERS		
Physician:	Phone #:	
Date of last physical examination:	Date of last tetanus shot:	
Has your daughter received all immunizations required by the State of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please state the reason (medical, religious, etc. – Proof is required)	
Dentist:	Phone #:	
MEDICATION		
A medical form must be completed if the Camper will be taking ANY medication while at Camp, including and not limited to over-the-counter. If you need a medication form for administration while at Girls Inc., please contact us at 301-733-5430.		
Medication:	Reason for taking:	Will your daughter need to take this medication while at Girls Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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MEDICAL CONDITIONS, ALLERGIES, DISABILITIES AND/OR PHYSICAL LIMITATIONS	
Please list any medical conditions:	
Please list any allergies:	
Please list any disabilities:	
Please list any physical limitations:	

This health history is correct to the best of my knowledge. My daughter has permission to participate in all activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Director to order X-rays, routine tests, treatment, and necessary transportation for my daughter in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization.

Parent/Guardian Signature: _____

Date: _____

Girls Inc. Staff Signature: _____

Date: _____



of Washington County

Girls Inc. of Washington County 2024 Summer Camp Agreement

Girls Inc. is committed to provide a safe camp environment and will follow all guidelines required by the CDC and Maryland Department of Health. This form must be completed before any girl can attend.

Campers and staff are required to wash their hands and/or use hand sanitizer upon arrival and frequently throughout the day. Hand sanitizer will be made conveniently available.

It is essential that parents, guardians, campers and staff communicate if they are sick and/or experiencing any symptoms. If a camper or staff is sick, they must stay home. If during the day your child becomes ill and has a fever, diarrhea, or is vomiting, they will be isolated and you will be notified to **pick up your Camper immediately. Please be sure your emergency contact will be available to pick up your child if you are not able.**

Campers testing positive for or exposed to COVID-19, will be required to follow quarantine guidelines according to the CDC and MD Camp Regulations.

All Campers will:

- Be required to wash their hands frequently throughout the day, especially before eating breakfast, lunch, and snack.
- Be encouraged to refrain from touching surfaces and faces and covering their coughs

The check-in and check-out process will be as follows:

Check-in: All girls must be dropped off between 7:45 am to 8:30 am Monday – Thursday. Parents and/or guardians must remain in your vehicle; staff members will be outside to greet your child. **ALL girls must arrive by 8:00 a.m. on Friday’s.**

Check-out: All girls must be picked up by 5:00 p.m. We do have a 15-minute pick up window for those parents who don’t get off work until 5:00 p.m. Please remain in your vehicle; we will bring your child out to you.

Additional Information:

Campers should bring a bottle of water and sunscreen daily. Girls Inc. will not provide sunscreen unless it is indicated in the Parent Consent section that we may do so.

In order to take medication, including over-the-counter medication, a Medication Form completed by your child’s doctor must be on file **before** your child can begin attend summer camp.

Behavior Policy: The primary goal of this policy is to reinforce the idea that all behaviors, appropriate or inappropriate, and their consequences are in the child’s control. Girls Inc. reserves the right to discontinue services without advanced notice.

Cell Phone Policy: We recommend that girls do not bring cell phones to Girls Inc. However, we do understand that many girls do not leave home without them, as it is a way for you the parents to communicate with your child. Girls are NOT permitted to use their cell phones during our scheduled enrichment programs/activities. We reserve the right to take the cell phone and return it to the parent/guardian at pick up time.

By signing below, you are confirming that your Camper is healthy and able to participate in the Girls Inc. Summer Camp. Additionally, you are agreeing to comply with the written instructions above as well as other guidelines provided by staff. Failure to comply with these written or verbal instructions may result in your Camper’s removal from participation.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Staff Printed Name

Staff Signature

Date



of Washington County

Girls Inc. of Washington County 2024 Pick-Up Card

CHILD'S NAME _____

Please check the following that apply:

- My child is allowed to walk home.
- My child has permission to leave Girls Inc. on her own if she doesn't want to participate in an activity.
- My child must be picked up.

The following people may pick up my child:

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

I understand that for the safety of girls, staff and families that my child will not be released if the person picking them up is parked in the No Parking Zone on Washington Avenue.

Parent signature

Date

PLEASE COMPLETE AND RETURN THIS CARD TO GIRLS INC.

Please notify us of any changes in this information.



of Washington County

Girls Inc. of Washington County 2024 Recurring Credit/Debit Card Charge Agreement

This agreement is made between Girls Incorporated of Washington County, 626 Washington Avenue,

Hagerstown, MD and _____.

Parent/Guardian (Please Print)

_____.

Member(s) Name (Please Print)

I authorize Girls Incorporated of Washington County to charge my credit/debit card \$ _____

on the due dates below (please check those weeks for which your daughter is registered): **PLEASE**

NOTE: Payment for the first week for which you are registering is due at the time of registration.

Due Date

- | | |
|---|-----------------------|
| <input type="checkbox"/> Week 1: June 24 – June 28 | Monday, June 17, 2024 |
| <input type="checkbox"/> Week 2: July 1 – July 5 (closed July 4 th) | Monday, June 24, 2024 |
| <input type="checkbox"/> Week 3: July 8 – July 12 | Monday, July 1, 2024 |
| <input type="checkbox"/> Week 4: July 15- July 19 | Monday, July 8, 2024 |
| <input type="checkbox"/> Week 5: July 22 - July 26 | Monday, July 15, 2023 |
| <input type="checkbox"/> Week 6: July 29 – Aug. 2 | Monday, July 22, 2024 |
| <input type="checkbox"/> Week 7: August 5 - August 9 | Monday, July 29, 2023 |

Charges should be made to my credit/debit card ending in (last 4 digits only) _____ with an expiration date of ____ / ____ . I understand that Girls Incorporated will regularly make these charges unless notified by me. Should my credit/debit card be declined, I understand that an alternative method of payment will need to be made.

Signature

Date

Telephone #

Email Address

(PLEASE PROVIDE CARD INFORMATION ON NEXT PAGE)

THIS PAGE IS LEFT INTENTIONALLY BLANK

Name on Card (please print clearly):

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #:

Expiration Date:

CVV2 Security Code:

Billing Address

Street Address: _____

City, State & Zip Code: _____