CABIN JOHN/BROOKMONT CHILDRENS' PROGRAM, INC. 2025 SUMMER CAMP

4000 Virginia Place • Bethesda, MD 20816 • (301) 320-6780

CHILD'S NAME		DATE OF BIRTH			
	\\$;				
PARENT INFORMATIO		DENIT			
PARENT		PARENT			
EMPLOYER		EMPLOYER			
BUS.PHONE		BUS. PHONE			
CELL PHONEEMAIL		CELL PHONE			
EMAIL		EMAILCAMP REGISTRATION			
•	2025 SUMMER CAMP R for children ages		ION		
Themes/Dates:	for clinuren ages a	210 3 y18			
	Wk 1: June 9-13 Wk 2: J	une 16-20	Wk 3: Jun 23-27		
	ing: Wk 4: Jul 7-11 Wk				
-	Wk 7: Jul 28-Aug 1 Wk	•			
	004354 40 00735 35 3				
	Hours: 9:00AM to 12:30PM, Monday through Friday				
Tuition:	\$225/week per camper f				
Multi week discount:	\$200/week for 4+ weeks,	\$180/week for	/+ weeks		
	30-3:30PM Monday-Friday be available if space is available		\$50/day (advance registration		
			eposit of \$200/camper is due at t list of campers. Full tuition is		
REGISTRATION:					
			Ddom		
Camper's Name:	-		ваау :		
Specify Ca	mp Week(s):				
Denosit A	mount (payable to CJBCF	P. Inc.):			
_					
PERSON(S) AUTHORIZ	ZED TO PICK UP DAILY:				
I hereby release CJBCP, injuries, damages, or losses the		es from any clair participation in pr	ms for unintended or unavoidable rogram activities. I give permission		
PARENT/GUARDIAN					
SIGNATURE:	complete emergency information	• 7	DATE:		
i Please	ετιπημείε επιετυθής ν Ιητονμαίλου	1 UN LUNGLED 2140	TRUTTE WOLL		

(Please complete emergency information on reverse side. Thank you.)

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CAMP AND EMERGENCY INFORMATION

Camp List for the summer adventures:

- Sunblock should be applied at home prior to arrival at camp
- Appropriate dress for being outdoors and getting dirty
- Shoes that can get wet (or an extra pair of shoes)
- An extra set of clothing
- A hat is recommended
- A filled water bottle labeled with your child's name (we can refill during the day)
- Lunch (refrigeration and microwave is available, unless special notice is given)
- A swimsuit and towel will be requested for days with water activities

EMERGENCY AND HEALTH INFORMATION	
EMERGENCY CONTACTS (if parents cannot be CONTACT PERSON(S):	
ADDRESS:	
TELEPHONE: HOME	WORK:
CONTACT PERSON(S):	
TELEPHONE: HOME	
PERTINENT MEDICAL INFORMATION	
Pediatrician Name: Telephone:	
Current Medications:	
Please list any medical conditions that may limit p	participation in activities:
ALLERGIES: FOOD: INSECT: OTHER:	