



# Education Plus 2

Health and Wellness Summer Camp 2018 Application Packet

STAY HEALTHY AND SAFE

June 18, 2018   August 3, 2018

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# EDUCATION PLUS 2

“Health and Wellness Summer Camp 2018”

**“STAY HEALTHY AND SAFE”**

Monday, June 18, 2018 – Friday, August 3, 2018

8:45 am – 5:45 pm

Ages 5 - 13

**THIS IS A FREE  
CAMP!!  
SIGN UP EARLY!**

**Campers are  
accepted on a First  
Come, First Serve  
basis!**

## SUMMER CAMP 2018 ELIGIBILITY QUESTIONNAIRE

**APPLICATIONS WILL NOT APPROVED WITHOUT THE COMPLETION OF THE ELIGIBILITY LIST-WHICH WILL BE KEPT  
CONFIDENTIAL AND UNDER LOCK AND KEY**

**Document must be signed and dated, by Parent and Senior Level EP2 Staff member**

1. Are you a resident of the District of Columbia? Yes ☐ No ☐ **Proof of Residency is REQUIRED!!**
2. What is the age of your child? \_\_\_\_\_ You must show proof of the campers age (birth certificate or valid birth day document)
3. Does your child participate in the free or reduced lunch program? Yes ☐ No ☐
4. What is the relationship of the individual(s) you have approved to bring or pick up your child from the camp (Must provide picture ID and certify the individual(s) have police clearances to be in locations with children)?  
Name: \_\_\_\_\_ Relationship(s) \_\_\_\_\_  
Police Clearance: Yes ☐ No ☐  
Name: \_\_\_\_\_ Relationship(s) \_\_\_\_\_  
Police Clearance: Yes ☐ No ☐
5. Will your child participate in the six week camp experience (if family vacations are planned please indicate dates)?  
Yes ☐ No ☐ Vacation Dates: \_\_\_\_\_
6. What academic challenges did your child have doing the school year (did the school recommend any special tutoring/mentoring for the summer?)  
\_\_\_\_\_  
\_\_\_\_\_
7. Can you or a family member commit to volunteer to chaperone on at least one of the camp field trip(s)? Yes ☐ No ☐
8. Will you are a family member commit to attend and participate in the "Health Checks=Healthy Living Series?"  
Yes ☐ No ☐ Name(s) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EP2 Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Education Plus 2 Disclaimer

Education Plus 2 (EP2) will be held harmless from any actions against. Any personal liabilities, claims, suits, actions, losses or damages that may result in participation of all activities and events of Education Plus 2. EP2 has my permission to use photos/videos of my child (ren) taken while participating in all Education Plus2 programs and activities. These photos/videos will be used for publications and advertisements for EP2 ONLY. I also understand that my child's photos/videos will not be sold or used for any reason other than promotion EP2.

# SUMMER CAMP 2018

## CAMPER APPLICATION

SITE NAME

Wardman Court

### PARTICIPANT INFORMATION

Please print all information clearly

Camper's Name

Camper's Age

Date of Birth

Address

City, State

Zip Code

Phone

Grade Entering Fall  
2018

Male

Female

Sibling(s) (if applicable)

Date of Birth

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name

Home Phone

Cell Phone

Work Phone

Email

### EMERGENCY CONTACT INFORMATION

Contact Name

Relationship to Camper

Home Phone

Cell Phone

Work Phone

**All Mandatory Forms MUST be completed prior to admission to the camp.**

**Your child must be a resident of the District of Columbia and proof of residency and campers's age is REQUIRED!!**

**\*\*\* NOTE:** If you have more than one child that will be attending camp, you must fill out a form for EACH child. The following Mandatory forms are required. These forms must be completed, signed, dated and returned: **Complete Registration Application, Eligibility Questionnaire, Complete Family Profile and Complete Health information Form**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please complete ALL Education Plus 2 documents in this packet)

EP2 Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Eligibility Questionnaire ☐ APPLICANT IS ELIGIBLE ☐ Proof of Residency ☐ Proof of Age ☐ Police Clearance ☐  
Pick Up/Dismissal Form ☐ Consent Form ☐ Health Form ☐ Family Pre-Test ☐ Camper Pre-Test ☐

# Education Plus 2 Pickup/Dismissal Form



## CONTACT INFORMATION

Name of Camp Site Wardman Court Community Center – 1359 Clifton Street, NW

Camper's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## DISMISSAL INSTRUCTIONS

### PICTURE PHOTO IDENTIFICATION REQUIRED

☐ My Child(ren)/Ward may be picked up by me and the following people listed below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Police Clearance: Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Police Clearance: Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Police Clearance: Yes ☐ No ☐

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Police Clearance: Yes ☐ No ☐

☐ My Child(ren)/Ward may walk home alone upon dismissal.

**I UNDERSTAND THAT BY SIGNING THIS FORM, AND GIVING MY CHILD PERMISSION TO LEAVE THE CAMP ALONE UPON DISMISSAL THAT EDUCATIONPLUS 2 WILL BE HELD HARMLESS OF ALL RESPONSIBILITY/LIABILITY AFTER YOUR CHILD LEAVES THE CAMP SITE.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EP2 STAFF

\_\_\_\_\_  
DATE

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# Education Plus 2 Parental Consent Form

## INFORMATION

Name of Camp Site Wardman Court Community Center – 1359 Clifton Street, NW

Camper's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

## Parental Consent – Please complete entire form

I, \_\_\_\_\_ give consent for my child \_\_\_\_\_

to go on the various field trips with the Camp from June 18, 2018 to August 3, 2018 .

My Child can participate in swimming and water safety activities/trips ☐ Yes ☐ No

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

## EDUCATION PLUS 2 PHOTO USE AGREEMENT

I, \_\_\_\_\_ hereby give education plus 2 my permission to use photos of my child taken while participating in the summer camp. These photos will be used for publications and advertisements for education plus 2 camp program **ONLY!!**

I also understand that my child's photos will not be sold or used for any reason other than promotion of the summer camp.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EP2 STAFF

\_\_\_\_\_  
DATE

Education Plus 2 (EP2) will be held harmless from any actions against, any personal liabilities, claims, suits, actions, losses or damages that may result in participation of all activities and events of Education Plus 2. EP2 has my permission to use photos/videos of my child(ren) taken while participating in all Education Plus2 programs and activities. These photos/videos will be used for publications and advertisements for EP2 ONLY. I also understand that my child's photos/videos will not be sold or used for any reason other than promotion of EP2 Camps/Programs.



# SUMMER CAMP 2018

## HEALTH INFORMATION FORM

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_  
(please print clearly)

The information provided will be kept confidential and used for Information purposes ONLY! Every camper is required to have a completed health form on file at EP2 to participate in this summer camp program.

### SECTION I – CAMPER'S BASIC INFORMATION

Name \_\_\_\_\_  
First Last Middle

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender ☐ Male ☐ Female

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_

Parent/Guardian #1: Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

Evening Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

Parent/Guardian #2: Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

Evening Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
(IN CASE WE CANNOT REACH YOU)

Day Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

Evening Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell

(Please continue to the next page)

## SECTION II – ALLERGIES

☐ Camper does not have any Allergies

Camper is Allergic to:

☐ Hay Fever ☐ Poison Ivy/Oak ☐ Insect Sting ☐ Food ☐ Other Medications ☐ Other

List allergies. Describe reaction and recommended treatment.

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## SECTION III – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to the camp staff.

- |   |  |
|---|--|
| <input type="checkbox"/> Recent Injury, Illness or Infectious disease | <input type="checkbox"/> Chronic or recurring health issues  |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Frequent Ear Infection              |
| <input type="checkbox"/> Seizure disorder or Convulsions              | <input type="checkbox"/> Dizziness during or after exercise  |
| <input type="checkbox"/> Taking prescribed mental wellness medication | <input type="checkbox"/> Chest pain during or after exercise |
| <input type="checkbox"/> Heart defect/disease                         | <input type="checkbox"/> Hypertension                        |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Frequent headaches                  |
| <input type="checkbox"/> Eating disorder                              | <input type="checkbox"/> Frequent stomachaches               |
| <input type="checkbox"/> Wears glasses or contacts                    | <input type="checkbox"/> Wears Medic Alert ID                |

**Additional comments, if needed, regarding the above listed condition(s), or condition(s) not listed.**

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**Physical Activities to be limited or restricted while at camp.**

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## SECTION IV – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated, if any, the special health conditions, including activity limitations, which should be known to the camp staff. **I am aware of and accept the risk inherent in the program activity.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of EP2 Staff \_\_\_\_\_ Date \_\_\_\_\_

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