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**Summer Enrichment Program**

Parents/Guardian(s),

 It is time for summer camp! Joe’s Den has the summer camp for your child –***Camp Oje.’*** We have been operating for over 24 years; dedicated employees, junior counselors and volunteers who are excited about working with you and your child. Employees are trained and certified in first aid and CPR. The program will run on Monday, June 30 through Friday, August 1, 2025. (No camp on July 4th). The hours of operation are 8:00 AM until 5:00 PM, Monday through Friday. The camp will be held at Peabody, 425 C Street NE. There is a minimum of two (2) weeks required at the time of registration.

 Camp Oje’ offers a variety of activities: dance, golf, sign language, academics (reading and math), arts and craft, sewing, and much more. Field trips: to Children Discovery Theater, Smithsonian Museums, and more. There will be a one-time non-refundable activities fee per child (to be available once the schedule has been made).

 Payments can be made weekly or bi-weekly, four (4) weeks’ payment in advance will be given a 15% discount. Payments are to be acceptable only by personal check, credit card, Venom, Cash app, and money orders only. **Registration (non-refundable application) fee $10. Due by June 23rd, 2025.**

**Child $315 per week 2 Children $575 per week 3 Children $665 per week**

Ms. Washington

 Director

**![MC900240775[1]]()240-401-4057![MC900216946[1]]()**

**425 C Street NE**

**Washington, DC 20002**

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**Summer Enrichment Program**

Application Due **June 23, 2025**

Registration Fee: $10.00 (non-refundable)

Provide updated health records.

PLEASE PRINT CLEARLY!!

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

 Last First

 Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

 Last First

 Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ M/F

 Last First

 Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Shirt Size \_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Other E-mail

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER(S) AUTHORIZED TO BE PICK UP BY(Person must be 14 yrs. or older):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship

**Child $315 per week 2 Children $575 per week 3 Children $665 per week**

***Place a check beside the week(s) your child will attend camp.***

***Two weeks minimum required***

**1st wk**: June 30-Jul 4 \_\_ **2nd wk**: \_\_ July 7-11 (no camp on 7/4) **3rd wk**: \_\_ July 14-18

 **4th wk**: \_\_ July 21-25 **5th wk**: \_\_July 28-Aug 1

**Camp Oje’ Summer Enrichment Program**

**Emergency Contact Information: Please list two people who can be contacted:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City, State, Zip Code

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Work Home

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person authorized to make medical decisions for your child: \_\_\_\_ yes \_\_\_\_ no

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City, State, Zip Code

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Work Home

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this person authorized to make medical decisions for your child: \_\_\_\_ yes \_\_\_\_ no

**Release Information** I agree to the terms written in the following statements:

|  |  |
| --- | --- |
| Initials | Statements |
|  | I hereby give permission for my child to participate in field trips, to include walking, charter bus and public transportation with Joe/s Den/Camp Oje.’ |
|  |  |
|  | I allow Joe’s Den/Camp Oje’ to use photos and video of my child and copies of my child’s work for program advertisement, using only my child’s first name. |
|  |   |

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

Application Received: \_\_\_\_\_\_\_\_\_

 Date