

## Summer Enrichment Program

Parents/Guardian(s),

It's time for summer camp! Joe's Den has the summer camp for your child –**Camp Oje'**. We have been operating for over 22 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 starts Tuesday, July 5, 2022, thru Friday, August 5, 2022. Hours of operations are 7:30 am until 5:30 pm Monday thru Friday. Camp will be held at Watkins School, 420 – 12<sup>th</sup> Street SE. There is a minimum of two (2) weeks required at time of registration.

Camp Oje' offers a variety of activities: dance, golf, tennis, chess, sign language, academics (reading and math), arts and craft, sewing, and much more. Field trips: to Children Discovery Theater, Smithsonian Museums, and more. There is a one time non-refundable activities fee of \$150.00 per child (T-shirt included).

Payments can be made weekly or bi-weekly, four (4) weeks payment in advance will be given a 15% discount. Payments are to be made only by personal check, credit card, venom, Cash app, and money orders only. **Registration application fee (\$10) Due by June 13, 2022.**



**Child \$285 per week**

**2 Children \$495 per week**

**3 Children \$600 per week**

Advance Payments: 1<sup>st</sup> and 2<sup>nd</sup> week No later than June 18, 2020

Ms. Washington  
Director

 **240-401-4057**   
**425 C Street NE**  
**Washington, DC 20002**



# Summer Enrichment Program

Application Due **June 13, 2022**  
Registration Fee: \$10.00 (non-refundable)  
Provide updated health records  
**PLEASE PRINT!!**

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: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_  
Home Work Cell

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

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

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## CAMPER(S) AUTHORIZED TO BE PICK UP BY:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

1 Child \$285 per week      2 Children \$495 per week      3 Children \$600 per week

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

Two weeks minimum required

1<sup>st</sup> wk: \_\_\_\_\_ July 5-8      2<sup>nd</sup> wk: \_\_\_\_\_ July 11-15      3<sup>rd</sup> wk: \_\_\_\_\_ July 18-22

4th wk: \_\_\_ July 25-29    5th wk: \_\_\_ August 1-5

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

Telephone Numbers: \_\_\_\_\_

Cell

Home

Work