

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 – 12th Street SE. There is a minimum of two (2) weeks required at time of registration.

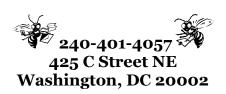
Camp Oje' offers a variety of activities: dance, golf, tennis, chess, sign language, academics (reading and math), arts and craft, sewing, and much more. Field trips: to Children Discovery Theater, Smithsonian Museums, and more. There is a one time non-refundable activities fee of \$150.00 per child (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: 1st and 2nd week No later than June 18, 2020

Ms. Washington Director





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	Age Shirt Size
		, M/F
Last Allergies	First	Age Shirt Size
Last	,First	
Allergies PARENT/GUARDIAN NAME:		Age Shirt Size
RELATIONSHIP:		
TELEPHONE NUMBERS:		
HOME ADDRESS:		Cell
CITY, STATE, ZIP:		
PARENT'S SIGNATURE:		DATE:
CAMPER(S)) AUTHORIZED TO B	E PICK UP BY:
Name	Re	lationship
Name	Rei	lationship
Name	Rei	lationship
	2 Children \$495 per week	

1st wk: __ July 5-8 2nd wk: __ July 11-15 3rd wk: __ July 18-22

<u>Place a check beside the week(s) your child will attend camp</u>

<u>Two weeks minimum required</u>

4th wk : _	July 25-29	5th wk:	August 1-5
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Camp Oje' Summer Enrichment Program

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

Name:		Relationship	Relationship to Child:	
Address:				_
	Street Address	City,	State, Zip Code	
E-Mail:	#:Cell	Work	Home	
Is this person	n authorized to make medical	decisions for your child:	yes no	
Name:		Relationship	p to Child:	
Address:				<u> </u>
	Street Address #:	City,	State, Zip Code	
	Cell	Work	Home	
Is this person	n authorized to make medical	decisions for your child:	yes no	
Release Info	ormation I agree to the terms	written in the following sta	ntements:	
Initials	Statements			
			n field trips, to include walking, cl	
	I allow Joe's Den/Camp Oj for program advertisement,	-	of my child and copies of my chiname.	
Parent Sign	ature:	Date	e:	
Telephone 1	Numbers:	Home T	Work	