

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 23 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 begin on Monday, July 3, 2023, through Friday, August 4, 2023. (No camp on July 4th). Hours of operations are 7:30 am until 5:30 pm Monday thru Friday. Camp will be held at Peabody, 425 C Street SE. There is a minimum of two (2) weeks required at 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 onetime non-refundable activities fee per child (to be available once 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, Venmo, Cash app, and money orders only. **Registration application fee (\$10) Due by June 15, 2023.**

Child \$290 per week

2 Children \$510 per week

3 Children \$615 per week

Ms. Washington
Director

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



Summer Enrichment Program

Application Due **June 15, 2023**
Registration Fee: \$10.00 (non-refundable)
Provide updated health record.
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: _____
Home Cell 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

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Child \$290 per week
2 Children \$510 per week
3 Children \$615 per week

Place a check beside the week(s) your child will attend camp.
Two weeks minimum required

1st wk: ___ July 3-7 (no camp the 4th)

2nd wk: ___ July 10-14

3rd wk: ___ July 17-21

4th wk: ___ July 24-28 **5th wk:** ___ July 31-Aug 4

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: _____