

# Camp Ocean Pines

## Summer Day Camp

**2024 Registration Packet**

Ages: 4-12 years

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**June 17 - August 23**

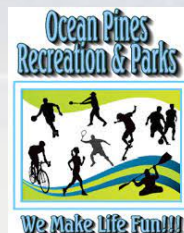
**5 Days a Week: OP Resident- \$180**

**Non-Resident \$205**

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**Mid Summer Madness is Back: July 15-19**

**5 Days: OP-Res: \$200 / Non-Res: \$225**



## Greetings from the Ocean Pines Recreation & Parks Department

The Ocean Pines Recreation & Parks Department is excited that you have chosen us for camp this summer. It is our goal to provide your camper with an exciting, action-packed summer that is not only safe but fun! Certified by The State of Maryland Department of Health and Mental and Hygiene, certifies our camp and conducts an inspection each year assuring you the highest quality of care for your child.

- Camp Ocean Pines will be held **June 17, 2024 – August 23, 2024.**
- Mid - Summer Madness is Back: **July 15, 2024 – July 19, 2024**
- **Hours of operation remain 7:30am – 5:30pm.**

Field trips will be posted when available at the Ocean Pines Recreation and Parks Department

- Please bring proof of residency (property owner card or utility bill with your name/address) and have **all forms completely filled out.** **Current office hours for packet processing are Monday-Friday 8:00-4:00**
- **At registration**, you will be required to **PAY THE FIRST WEEK YOUR CHILD ATTENDS IN FULL.** Each additional week may be reserved by submitting a \$25 per week **deposit.** This deposit is credited to your overall weekly fee. We offer **payment plans** to help “spread out” camp payments and we also accept Visa, MasterCard, Discover & American Express credit cards. Weekly credit card automatic payments can be made with your authorization.
- **Please remember to send your camper to camp ready to play with a change of clothes every day.** We ask that **campers wear sneakers to camp so they are ready to play indoors & out.**
- Electronics may only be used before camp begins and during after-care times. **Camp will not be responsible for anyone’s cell phone or other electronics. Please make sure to label these items as well.**
- **Please be sure to check Lost & Found each day. We collect many items over the summer.**

Camp Ocean Pines will adhere to a **“Three Strikes” policy of discipline**. Parents will be notified by the Camp Director/ Administrator should a camper's behavior warrant a “strike.” **We will not tolerate any physical violence or verbal abuse or bullying directed towards campers and/or counselors. Please take time to review the revised behavior contract. The behavior contract must be signed by the parent/guardian and camper. We will not accept registrations without this signed form.**

**We believe in the “Golden Rule” and will do our best to work problems out.** There may be times when we ask for a meeting with parents/guardian to help us work out any issues. If, at any time, a camper is suspended from camp due to behavioral issues, **under no circumstances will a refund be issued for time missed from camp.**

This camp packet has been put together to help you better understand our Summer Day Camp programs and to assist you with registering your child(ren). **Please understand that we cannot register the camper if all the paperwork is not complete.**

You must fill out separate registration forms for each camper participating.

**Please be sure to fill out an EMERGENCY CONTACT CARD for EACH camper attending camp.** These cards will travel with us when we are off-site (pool days and field trips) The campers go to different pools and at times the groups may go on different field trips.

**Please make sure if you are an Ocean Pines property owner that your HOA assessment has been paid. If it has not been paid or if there is a past due amount on your account, we will be unable to enroll the camper into camp.**

Please read through all the information provided and if you have any questions, you may call us at 410-641-7052. We are committed to providing you and your child with a positive camp experience. Have a great spring. We look forward to seeing your family this summer!

Sincerely,

*Debbie Donahue*

Ocean Pines Recreation & Parks Director



# Summer Camp Fact Sheet

June 17 – August 23, 2024  
Ocean Pines Community  
Center



**Camp Ocean Pines** is held at the Ocean Pines Community Center **Monday- Friday from 7:30am-5:30pm** for the convenience of working parents. The actual programmed day is from 9:30am-4:00pm. Children ages 4- 12 may participate in this camp.

\*A late pick-up fee (\$1 per minute) may be applied for continuously late pick-ups\*

**Camp Endless Summer: Due to cancellation of bus service during Camp Endless Summer dates we brought back: MID SUMMER MADNESS – July 15 – 19.**

**General Information:** No transportation is provided to or from the campsite other than for field trips. A camp newsletter will be distributed each week to share with parents what our special theme and activities will be for the week. Campers will receive ONE t-shirt to be worn to camp every field trip day. Additional t-shirts may be purchased for \$10 each.

Remember to label any items the camper may bring to camp, including lunches, water bottles, sunscreen\*, towels, back packs, hats, etc. **Please try to check the lost and found every week for items left at camp.**

**Lunches:** Our camps take a lot of energy & enthusiasm! **Please pack nutritional and filling lunches, snacks, and drinks that DO NOT require refrigeration.** We now have touchless water fountains for daily usage. The snack machine, and ice cream are also available only after a camper's lunch is finished. Lunch will be held in the Marlin Room and each age group will have a set lunch time. No food or drinks are allowed in the gym.

**Weather:** All campers will be participating in numerous fun-filled outdoor and indoor games & activities. Be sure to pack a hat, water bottle and sunscreen\* for your child. Even though we take cover from the worst of the weather, campers will still be in the elements. On rainy days campers should bring an extra change of clothes and shoes.

**Dress:** Campers are constantly playing games, running around and creating arts and crafts projects. **Appropriate dress includes comfortable play clothes and sneakers.** We ask that campers have a change of clothes EVERY DAY of camp. **PLEASE- NO SANDALS OR FLIP FLOPS for everyday shoes!!** Campers may wear them to the pool/beach as an extra pair of shoes.

**Field Trips:** Campers will go on a field trip each week. A private bus service is contracted for these trips. Week 5 offers a field trip each day.

**Swimming:** Your camper will be swimming at an Ocean Pines pool at least one day a week (usually Tuesdays). **Please dress your camper in a swimsuit under their clothing & sunscreen ALREADY APPLIED before coming to camp.** Remember a towel and sunscreen\*. In addition to a full lifeguard staff, the counselors for camp will assist the aquatics staff to ensure the safety of the children. Each Camper must pass a swim test in order to swim in the deep end of the pool. This test is offered weekly throughout the summer. Those who do not pass the test are restricted to the shallow end and are identified by a waterproof wristband. **Please do not send inflatable arm floaties with your child.** **PUDDLE JUMPERS ARE PERMITTED.** Please see attached page regarding sunscreen information.

# Camper Information Form

**Camper's Name:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Circle one:** (Youth) XS (2-4), S (6-8), M (10-12), L (14-16) (Adult) S, M, L, XL, XXL

	Mother/Guardian	Father/Guardian
Name		
Street Address		
City, State, Zip Code		
Cell/ Phone Number		
Email Address For Camp Info and Newsletter		

**MY CHILD WILL:** \_\_\_\_\_ Walk Home \_\_\_\_\_ Be Picked Up.

List the names of persons you **give permission to pick up your child from camp:**

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

**A note signed by the parent will be required to release campers to anyone other than those listed above.**

Is there anyone your child should **NEVER** be released to? Yes\_\_\_ No\_\_\_

If yes, please list name(s) here: \_\_\_\_\_  
\_\_\_\_\_

While attending camp, my child will reside with: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If year-round Ocean Pines renters, PLEASE PROVIDE COPY OF LEASE**

# Camper Information Form ...Page 2

**IN CASE OF EMERGENCY, WHEN PARENT/GUARDIAN CANNOT be reached please contact:**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone# Daytime \_\_\_\_\_ Emergency # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone # Daytime \_\_\_\_\_ Emergency # \_\_\_\_\_

Please list any **allergies, disabilities, or conditions** that should be known to the staff:

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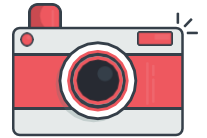
Has your child been taking any medications in the past 6 months that they will NOT be taking at camp?

YES \_\_\_\_\_ NO \_\_\_\_\_ Briefly explain: \_\_\_\_\_

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## Emergency Care~ Transportation & Photo Consent



I recognize that participation in recreation and instructional activities, even when well supervised and managed, poses a risk of physical injury to my child, and I agree to assume such risk on behalf of my child. I certify that my child is in good health and able to participate in camp. In the case of an emergency and I cannot be reached, I hereby authorize the Ocean Pines Recreation & Parks Department Staff to obtain whatever medical treatment deemed necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees. I consent to the transporting of my child by private bus or automobile to and from various locations for recreational and instructional activities.

*I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, heirs, executors, and administrators, waive and release any and all rights to claims for damages, which we may have against the Ocean Pines Association, their representatives, successors and employees for any injuries which I/we may suffer in connection with my/our use of this facility, transportation to/from, or involvement in any and all activities.*

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Parent/ Guardian

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Date

*I consent to the use of video recordings and photographs of my child's participation in camp that may be used in future brochures or program promotions.*

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Parent/Guardian

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Date

# PAYMENT PROCESS

Please visit the Community Center during regular business hours, **Monday-Friday from 8:00am-4:00pm**. Please bring all completed forms and necessary paperwork to the front desk. If dropping off over the weekend or after hours, please note packets will only be collected. They will not be processed until the next regular business day. Please ask for a copy of the packet when dropping off.

**This portion should only be filled out by those who are choosing a CREDIT CARD PAYMENT for initial camp payment and/or weekly payments**

## Credit Card Authorization Slip

CHILDS NAME: \_\_\_\_\_

Card Type/ Circle One:  Visa       MasterCard       American Express       Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Security Code: \_\_\_\_\_      Price: \$ \_\_\_\_\_  
(month) (year)

Card Holder Name (as shown on card): \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Card Hold Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize Ocean Pines Association to charge my credit card above for agreed initial **1<sup>st</sup> week payment including deposits** for (Ocean Pines Summer Camp). I agree to pay for this purchase in accordance with the issuing card holder agreement.

**Card Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ authorize Ocean Pines Association to charge my credit card above for agreed **weekly payments** for Ocean Pines Summer Camp on Monday of each week. I agreed to pay for this purchase in accordance with the issuing card holder agreement.

**Card Holder Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Camper's Full Name \_\_\_\_\_ Camper's Age \_\_\_\_\_ Camper's Next Grade \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Ocean Pines Res: \_\_\_\_\_ Non Res: \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

- ❖ Checks should be made payable to OPA.
- ❖ The first session attended **must** be paid in full at registration. Weekly payments for Camp Ocean Pines are due by the Monday BEFORE the week attending, so you are always a week ahead.  
(See payment due dates below)
- ❖ Refund request must be made in writing at least 2 weeks prior to the start of a session.
- ❖ No refunds will be issued after the session has begun. All deposits are non-refundable.
- ❖ **Children may be denied entrance to camp if your account is past due\*\***
- ❖ **Please note that you are responsible for paying for the whole payment for the week that your child is signed up, regardless of how many days your child attends that week\*\***

**1st WEEK ATTENDING MUST BE PAID IN FULL**

**\$25 Deposit REQUIRED for each additional week.**

Circle Weeks	SESSIONS & DATES <b>2024</b>	Circle Fee Resident/ Non Res	Full payment	Deposits	Amount Owed	Payment Due:
1	June 17 – June 21	\$180/\$205				<b>At registration</b>
2	June 24 – June 28	\$180/\$205				<b>June 17</b>
3	July 1 – July 5 NO CAMP July 4	\$140/\$165				<b>June 24</b>
4	July 8 – July 12	\$180/\$205				<b>July 1</b>
5	<b>July 15 – July 19 Mid Summer Madness</b>	\$200/\$225				<b>July 8</b>
6	July 22 – July 26	\$180/\$205				<b>July 15</b>
7	July 29 - August 2	\$180/\$205				<b>July 22</b>
8	August 5 – August 9	\$180/\$205				<b>July 29</b>
9	August 12 – August 16	\$180/\$205				<b>August 5</b>
10	August 19 – August 23	\$180/\$205				<b>August 12</b>



# PROCEDURES FOR ON-SITE MEDICATION

## Parental Responsibilities

All medication should be taken by the child at home under parent/guardian supervision whenever possible. Should the need arise that a camper needs assistance with medication while attending an Ocean Pines Recreation & Parks program, the following criteria must be completed in full:

1. Completion of attached form by physician and returned to site prior to the first day medication is needed at camp.
2. Parent/ Guardian signature on form.
3. All medication, prescription and non-prescription, must be safely and properly enclosed in the original container with a childproof top that has been labeled with the name of the child, the name of the medication and frequency and quantity of dosage.
4. Parents need to personally bring the medication to camp and give it to the director.
5. Medicines that require refrigeration cannot be dispensed due to lack of storage facilities.
6. Information sheets provide by your pharmacy must accompany the medicines.

## Program Responsibilities

The outlined procedures are designed to give staff a CLEAR series of procedures regarding the distribution of medicines:

1. Creation of an area suitable, safe, and out of reach of program activities.
2. Establish a log that would be present at all times and in which we would keep the following:
  - A. Name of child
  - B. Name of medication
  - C. Dates/Time(s) of dispensing schedule
  - D. Dosage
  - E. Medication distribution by whom
3. Copies of medication form on file in the Recreation & Parks office as well as on site.
4. Medical Log will remain on file for 5 years.
5. Medical Information will remain confidential.

**Note: Your child must be able to self-medicate. Child must be able to recognize his/her name & medication and know the dosage he/she supposed to take. Camp staff will assist your child with this process.**

### Medication Form

Child's Name \_\_\_\_\_

Recreation Program Name \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Dates of Distribution \_\_\_\_\_

Dosage Frequency \_\_\_\_\_

Potential Side Effects \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

**YOUTH CAMP HEALTH HISTORY CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

**Emergency Contact**

(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

**2nd Emergency Contact**

(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, have you discussed camp attendance with your child's healthcare provider including considerations related to risk of COVID-19?

Explain health problems and any considerations: \_\_\_\_\_

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

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? .YES \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATION INFORMATION:  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication \_\_\_\_\_ YES, \_\_\_\_\_ No

List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

\_\_\_\_\_  
Parent or Legal Guardian's Signature  
MDH-4768 (06/2020)

\_\_\_\_\_  
Date

**Inclusion Policy**



Ocean Pines Recreation & Parks  
Department Inclusion Policy &  
Code of Conduct



The Ocean Pines Recreation and Parks Department is deeply committed to inclusion throughout our programming. We request the parents set up an interview about any concerns they may have regarding appropriate placement. Consistent with the Americans with Disabilities Act (the "ADA"); we will make every reasonable effort to include a participant with a disability in our programs whenever appropriate. Such determinations are made on a case-by-case basis determined by the circumstances of the individual participant and the program in which he/she is interested. Consistent with the ADA, no participant will be excluded from any program based on his or her disability. However, should the Ocean Pines Recreation and Parks Department/ Camp Ocean Pines conclude, after having admitted a student with a disability to a program, that the student's disability or behavior places the participant beyond the expertise or capacity of our staff to serve in a safe and healthy environment, the Ocean Pines Recreation and Parks Department/ Camp Ocean Pines reserves the right to require the withdrawal of the participant from the program and refund any pro-rated tuition.

**Discipline Policy:** **"THREE STRIKE RULE"**

Please make certain that both you and your child are completely familiar with this policy. The director, upon notification of the parent, may suspend or terminate all activities and participation for the following misconduct while participating in any Ocean Pines Recreation and Parks Department program.

1. **Leaving the premises without permission or going into posted unauthorized areas.**
2. **Using foul language or being rude and discourteous to other children/ staff members.**
3. **Defacing property owned by the Ocean Pines Association.**
4. **Engaging in fighting as the only means to solve a problem.**
5. **Stealing or defacing another child's or staff member's property.**
6. **Intentionally injuring another child or staff member.**
7. **Refusing to remain with the group during outings or when in designated areas.**
8. **Consistently arguing with staff members and intentionally not following directions**
9. **Bullying or any other behavior deemed offensive or unacceptable by Camp Ocean Pines staff.**

**Noncompliance with the stated policy may result in any of the following actions:**

Time out from group, loss of privileges, counseling, and Parent/Guardian notification, suspension or expulsion from camp. Refunds will not be issued for suspension or expulsion.

**Campers will have three warnings/strikes for behavior before they will be asked to not return.**

This policy has been developed to provide the safest, healthiest environment for each child enrolled in our recreation program. Please discuss this policy with your child so they may understand the consequences of their actions. **By signing this document, you are complying with the Three Strike Policy & agreeing that you have discussed this with your child and your child understands.**

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Camper's Signature: \_\_\_\_\_





March 1, 2024

Dear Parents,

The Maryland Department of Health and Mental Hygiene requires us to obtain your permission to apply sunscreen to your child while at camp. In addition, we are **NOT** permitted to supply sunscreen for campers.

**Please sign this form giving us permission to apply provided sunscreen as needed to your child while he/she is attending Camp Ocean Pines.**

Thank You,

Camp Ocean Pines

Ocean Pines Recreation & Parks

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## Sunscreen Permission Slip

I \_\_\_\_\_, as an authorized parent/guardian of  
Parent/Guardian's Name

\_\_\_\_\_ give permission to staff of  
Camper's Name

Camp Ocean Pines to assist with **APPLYING SUNSCREEN PROVIDED** to my child as they deem necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Dear Parents,

Please be aware, that like schools, summer camp also tends to be a place that children have greater potential to spread/contract head lice. If you suspect that your child has contracted head lice, please notify us as soon as possible and do not send your child to camp until medical professional has given you written permission to do so.

Please speak to your camper and help us enforce a **NO SHARING** of personal items like combs, brushes, barrettes, hair bands, headbands, ear phones, sunglasses, goggles and hats. If there should be an incident of head lice at Camp Ocean Pines the policy listed below will be in effect.

Sincerely,

**Debbie Donahue**

Director, Ocean Pines Recreation and Parks

## Policy Regarding Head Lice



If staff members discover or parents notify staff that a child has lice, the following steps will be taken:

1. Notify the Camp Program Supervisor and the Director of Recreation & Parks.
2. Maintain confidentiality until situation is evaluated.
3. A supervisor will contact parent or guardian to discuss the situation.
4. The suspected camper will be isolated and removed from camp until treatment occurs.
5. The camp staff will distribute notification to families indicating a case of lice was recognized and they should check their child(ren). Camp Ocean Pines will also provide medical personnel to do an inspection (the next morning if possible) of children to be sure no other cases exist.
6. Once treatment has occurred, the parent/guardian must present proof from a physician or nurse that the child is cleared to return to camp. (**Written proof is required**)

# Camp Ocean Pines

## Emergency Information Card 2024

*I certify that my child is in good health and is able to participate in Camp Ocean Pines. In the case of an emergency or illness and no one associated with the emergency numbers provided on this document can be reached, I hereby authorize the Ocean Pines Recreation & Parks Department Staff to obtain whatever medical treatment deemed necessary for the welfare of my child named on the reverse side of this card. I consent to the transporting of my child by private bus, private automobile, or ambulance.*

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date

**Please fill in the reverse side of this card - 1 card per child**

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

Parent/Guardian's Name: \_\_\_\_\_

Parent Guardian's Phone Number: \_\_\_\_\_

**Emergency Contacts** (Please list in order of priority to contact):

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any **allergies** your child has: \_\_\_\_\_

\_\_\_\_\_

Please list any **current medications** your child is using: \_\_\_\_\_

\_\_\_\_\_

Please draw a star next to the first number we are to contact, whether it is the parent/guardian, or #1 on the Emergency Contacts