



**TOS SUMMER CAMP REGISTRATION**

**June 26 - July 27, 2017**

**Camp Location:** Gaithersburg Middle School, 2 Teachers Way Gaithersburg, MD 20877

Last: \_\_\_\_\_ First: \_\_\_\_\_

Camper's Name

\_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOC Property Name: \_\_\_\_\_

Voucher Holder: YES \_\_\_\_\_ NO \_\_\_\_\_

Child qualifies for FARMS: YES \_\_\_\_\_ NO: \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

School Attending next Fall \_\_\_\_\_

Grade Entering next Fall \_\_\_\_\_

Languages spoken \_\_\_\_\_ ESOL? \_\_\_\_\_

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

Phone # 1 \_\_\_\_\_ Email \_\_\_\_\_ (Home)

Phone # 2 \_\_\_\_\_ Email \_\_\_\_\_ (Cell)

**PAYMENT**

1. Families enrolled in affordable housing program through the Housing Opportunities Commission, and/or receive FARMS: Camper Fee is FREE.
2. Families **NOT** enrolled in the affordable housing program and do not receive FARMS:  
\$200 per camper that includes a nonrefundable \$25 fee  
\$100 due with registration form  
\$100 balance due on June 26

**Pay online:** [www.projectchange-md.org](http://www.projectchange-md.org). Go to "Donate" page and click on **Team of Stars** in the drop down menu.

**Pay by mail:** Enclose a check payable to "Project Change" and mail to: P.O. Box 934, Olney, MD 20830.

**Questions? Email [info@projectchange-md.org](mailto:info@projectchange-md.org); Call 301-257-4769**

EMERGENCY CONTACT NAME \_\_\_\_\_

\_\_\_\_(\_\_\_\_)\_\_\_\_\_ (Home) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (Cell) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (Work)

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Relationship to camper \_\_\_\_\_ (father, mother, guardian, other relative, non-relative)

**ALLERGIES and/or RESTRICTIONS**

**PRESCRIPTION MEDICATION**

I give permission to my child to carry the prescription medication listed below to camp. The medication and the dose described below must be taken in front of an adult staff member and recorded by the staff member

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
\_\_\_\_\_(Parent/guardian initials)

**OVER THE COUNTER MEDICATION**

- I give permission to give Acetaminophen to my camper if needed

\_\_\_\_\_(Parent/guardian initials)

- I give permission to give Ibuprofen to my camper if needed

\_\_\_\_\_(Parent/guardian initials)

**PHOTOGRAPHY and VIDEO**

I hereby consent to the use of my child's likeness and/or voice by Project Change and its assigns for all purposes of education, instruction, or public information (e.g., YHTP meetings; other Project Change events/activities). I also understand that photographs or videotapes including the image of my child participating in Project Change activities may be used in order to document and promote Project Change programs. These uses may include, but are not necessarily limited to, print and television news stories and documentaries. \_\_\_\_\_ (Parent/guardian initials)

**Registration Fee Enclosed (50% of the total due ONLY for families not enrolled in affordable housing or do not receive FARMS).**

YES \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_