

Office Use Only

- ☐ Complete Application
- ☐ Registration Paid
- ☐ Tuition Paid
- ☐ Brightwheel Account set up



APPLICATION & REGISTRATION FORM

Camper's Name: _____ Date of Birth: _____

Camper's Address: _____

Grade entering in Fall 2026: _____ T-shirt Size(Child SMLXL or Adult SML): _____

Parent/Guardian Name: _____ E-mail address: _____

Parent/Guardian Name: _____ E-mail address: _____

Check List:

- ☐ Completed Online Registration
- ☐ Paid Registration Fee + First Weeks Tuition
- ☐ Downloaded and Completed Enrollment Packet
- ☐ Signed all required forms
- ☐ Turned in all forms to Adventure Park Childcare

Return completed forms:

Email: Director@apusachildcare.com

Registration Fee: \$75.00/ per child annually - Includes a Camp T-Shirt!!

Child's Schedule: *Please check off the appropriate schedule for your child.*

- ☐ 5 Full Days **(\$300)** 9:00am-4:00pm
- ☐ 3 Full Days **(\$230)** 9:00am-4:00pm **Days** _____
- ☐ 2 Full Days **(\$155)** 9:00am-4:00pm **Days** _____

Extended Care

- ☐ AM (7am-9am) - \$50 per week
- ☐ PM (4pm-6pm) - \$50 per week
- ☐ Both - \$90 per week

Discounts -

- 10% Sibling discount (1 child only)
- 5% military discount



Camper Emergency Information Form

This form must be completed and returned to us with application.

Child's Name: _____

Camp Attending (Weeks): _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

When the parent cannot be reached, please list alternate emergency contacts:

1. Name (Last) _____ (First) _____

Telephone (daytime) _____ Cell _____

2. Name (Last) _____ (First) _____

Telephone (daytime) _____ Cell _____

3. Name (Last) _____ (First) _____

Telephone (daytime) _____ Cell _____

In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your Signature authorizes our staff at the camp facility to have your child transported to the hospital.

Parent Signature: _____ **Date** _____



Camper Health History

The following information is required:

Child's Name: _____

Current residence: _____

Primary Care physician Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐No ☐Yes (Explain)

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?

☐No ☐Yes (Explain)

We require an **Allergy Action Plan completed by the pediatrician for all allergies.*

We require a **Medication Administration form completed by the pediatrician for all medications.*

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?

☐No

☐Yes(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 Date MDH-4768 (12/2017)



APPLICATION POLICIES AND AGREEMENT

Child's Name: _____

How to apply: To reserve your child's spot the nonrefundable registration fee of \$75.00- and one-weeks tuition is needed for each camper, along with a **COMPLETED AND SIGNED APPLICATION, CAMPER MEDICAL RECORD FORM, CAMPER EMERGENCY INFORMATION FORM, AND SITE PERMISSION SLIP FOR ATTRACTIONS, AND MEDICATION FORM.**

Where to apply: You can find all enrollment forms available on our website. Payment must be submitted at the time of registration.

Tuition Policies: Cash, Credit Card, Check may be used to make your camp payment. All Payments are processed through the parent communication app "Brightwheel". The weekly tuition is due each Monday for the current week. Siblings receive a discount of 10% off the oldest child's tuition. **If payment is not received your child may be dis-enrolled from camp.**

Refund Policies: We are very flexible and allow registration changes on a case-by-case basis. However, after June 1st parents/guardians will be responsible for tuition for the weeks they registered for. **Cancellations will result in forfeiture of your registration fee and the weekly tuition will still be due.**

T-shirt Policy: All campers will receive one camp adventure camp shirt on their first week.

CONTRACTUAL AGREEMENT

I understand the tuition obligation and wish to enroll my child/children for the summer of 2026 at Adventure Park USA. I acknowledge that no cancellations can be made after June 1, 2026. I also understand that no enrollment changes will be accepted 2 weeks prior to the start of summer camp. Furthermore, withdrawal of my child 2 weeks prior to the start of the camp week will result in a forfeiture of my registration and first week deposit or weekly tuition. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding camp charges, which may include t-shirt, change, or cancellation fee. By signing this agreement, I also give my permission for my child/children to be transported to away activities by bus or Adventure Park USA vehicles. I understand that photographs may be taken for promotional usage. Weeks and dates are subject to change depending on the Frederick County Public school calendar.

Weekly Payment Options: Tuition is due every Mon will be assessed if payment is not received by COB Monday of the current week

Parent Signature: _____ / /

Please Print Name: _____



ATTRACTION PERMISSION SLIP

Please fill out the below permission slip

My child _____ has permission to participate in the following activities if my child meets safety requirements.

- ☐ Go-Karts
- ☐ Laser Tag
- ☐ Climbing Wall
- ☐ Zipline
- ☐ Ropes Course
- ☐ Arcade
- ☐ Roller Coaster(s)
- ☐ Inflatable Water slides
- ☐ Amusement Rides
- ☐ Scrambler
- ☐ Tilt-a-whirl
- ☐ Bouncing pillow.

Parents Authorization

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I further authorize the camp director or his designee to provide over-the-counter medication to my child in case of necessity (_____Initial)

As part of the overall Adventure Park USA Childcare, participants may be photographed and videotaped. I hereby grant permission and approval that my child may be photographed or videotaped by Adventure Park USA staff and that the participant's likeness, name, performance, artwork or written work may be used by Adventure Park USA in any Adventure Park USA publications, materials, advertisements, website and programs (_____Initial)

I understand that my child's participation in some of Adventure Park USA childcare activities is potentially hazardous. My child is voluntarily participating in the Childcare. I am aware of the potential risks of the activities checked above and I hold harmless Adventure Park USA, its agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with the participants use of the Adventure Park USA's facility.
(_____Initial)

By signing below, I agree that I have received and read an Adventure Park USA handbook. I further agree to follow the policies, procedures, and practices placed before me within the Adventure Park USA Handbook.

Parent Signature Date: _____



Sunscreen Consent Form

Child's Name: _____

Date of birth: _____

Type of Sunscreen provided: _____

As a parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Adventure Park USA to **HELP** apply a sunscreen to my child daily. **Staff will only assist with sunscreen if the camper has asked for HELP. I also understand that I must apply sunscreen to my child before arriving to camp each day.**

Camp staff will **HELP** reapply sunscreen prior to any outside activities occurring after

12:00pm to all exposed areas of the body except sensitive areas such as eyelids. All sunscreen must be labeled with your child's first and last name with a permanent marker.

I understand **ALL** information regarding the use of sunscreen and my child while in the care of Adventure Park USA Summer camp.

Parent/Guardians Name: _____

Parent/Guardians Signature: _____

Date: _____



2026

JUNE
JULY
AUG

					9	10	11	12	
					1: ADVENTURE TIME				
15					16	17	18	19	
2: STEAM									
22					23	24	25	26	
3: CULINARY									
29					30	1	2	3	
4: WATER WORKS									
6					7	8	9	10	
5: SPY ACADEMY									
13					14	15	16	17	
6: SPACE EXPLORERS									
20					21	22	23	24	
7: MAGIC ADVENTURES									
27					28	29	30	31	
8: INVENTORS AND INNOVATORS									
3					4	5	6	7	
9: ECONOMIC ADVENTURES									
10					11	12	13	14	
10: WATER WORKS REMIX!									