

Ocean Pines Summer Day Camp

Resident Registration: March 7

Non-Resident Registration: March 12

Registration Hours 8am – 5pm

2025 Registration Packet

Ages: 4-12 years

June 16 - August 22

5 Day: OP Resident- \$195

Non-Resident- \$220

Mid-Summer Madness: July 14-18

5 Days: OP-Res: \$225 / Non-Res: \$250

Weekly Camp Hours: 7:30AM – 5:30PM





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, our camp conducts an inspection each year assuring you the highest quality of care for your child.

- Camp Ocean Pines will be held **June 16 – August 22**
- Mid - Summer Madness is Back: **July 14 – July 18**

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 your camper if all the paperwork is not complete.**

A separate registration form must be filled out for each camper participating.

If you are an Ocean Pines property owner, please ensure that your HOA assessment is current. We will be unable to enroll the camper until all balances, including any past due camp balance, have been settled.

Please read through all the information provided. 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.

Thank you for cooperating with these requests.

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 16 – August 22, 2025
Ocean Pines Community Center



Camp Ocean Pines is held at the Ocean Pines Community Center **Monday- Friday from 7:30am- 5:00pm** 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

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 like 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, backpacks, hats, etc. **Please check the lost and found every week for items left at camp.**

Lunches: Our camps require a lot of energy & enthusiasm! **Please pack nutritional and filling lunches, snacks, and drinks that **DO NOT** require refrigeration.** Touchless water fountains are now available for daily use. The snack machine is also available only after a camper's lunch is finished. Each age group will have a set lunch time. Ice cream will be sold at the end of each day.

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. Although we take cover during severe weather, campers will still be exposed to 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 attire includes comfortable play clothes and tennis shoes.** 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; however, each child should have tennis shoes for playing after returning from the pool or field trip.

Field Trips: Campers will go on a field trip during weeks 1 - 8. The Worcester County bus service is contracted for these trips. Week 5 (Mid-Summer Madness) 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 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 Permission Slip for sunscreen.**

Camper Information Form

Camper's Name: _____ **Date of Birth** _____

Parent/Guardian: _____

Primary Address: _____

Primary Phone/ Name: _____

Secondary Phone/Name: _____

EMAIL for Camp Newsletter: _____

List the names of each person with **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: _____

Print Clearly Please _____

While attending camp, my child will reside with: _____

Address (if different from above): _____

Phone Number: _____

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

Sunscreen Permission Slip

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

_____ **Give** permission to the staff of
Camper's Name

_____ **Do not give** permission to the 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

Emergency Care

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 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, 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 and all activities.

Parent/ Guardian

Date

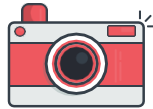


Photo Consent

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.

Parent/Guardian

Date

Transportation Consent

I consent to the transporting of my child/children by private bus or automobile to and from various locations for recreational and instructional activities.

Parent/Guardian

Date

Registration Page

Childs Name: _____ Ocean Pines Res: _____ Non Res: _____

CAMP SHIRT SIZE: Circle one below

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

Payments may be made via Check, Credit Card, Cash/ Checks may be made payable to OPA

Weekly payments are due based on the payment schedule 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 full payment, 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 Attending	SESSIONS & DATES	Circle Res./ Non Res	Full payment	Deposits	Payment Due:
	2025				
1	June 16 – June 20	R\$195/NR\$220			At registration
2	June 23 – June 27	R\$195/NR/\$220			June 16
3	June 30 – July 3 NO CAMP July 4	R\$160/NR\$180			June 23
4	July 7 – July 11	R\$195/NR\$220			June 30
5	July 14 – July 18 Mid-Summer Madness	R\$225/NR\$250			July 7
6	July 21 – July 25	R\$195/NR\$220			July 14
7	July 28 - August 1	R\$195/NR\$220			July 21
8	August 4 – August 8	R\$195/NR\$220			July 28
9	August 11 – August 15	R\$195/NR\$220			August 4
10	August 18 – August 22	R\$195/NR\$220			August 11

Registration Balance Due: _____

Weekly Credit Card Authorization Form

CHILDS NAME(s): _____

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 Holder Phone Number: _____

I _____ authorize Ocean Pines Association to charge my credit card above for agreed weekly payments for Camp Ocean Pines. I agree to pay for this purchase in accordance with the issuing card holder agreement.

Card Holder Signature: _____ **Date:** _____

Week	Balance Due	Due Date
2	RES \$170/NR\$195	June 16
3	RES \$135/NR\$155	June 23
4	RES \$170/NR\$195	June 30
5	RES \$200/N \$225	July 7
6	RES \$170/NR\$195	July 14
7	RES \$170/NR\$195	July 21
8	RES \$170/NR\$195	July 28
9	RES \$170/NR\$195	August 4
10	RES \$170/NR\$195	August 11

OCEAN PINES RECREATION & PARKS 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 ensure that both you and your child are completely familiar with this policy. The director, upon notifying 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 this policy may result in any of the following actions:

Time out from groups, loss of privileges, counseling, 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 not to return.**

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

Date: _____

Parent/Guardian Signature _____

Camper’s Signature: _____



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

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 provided 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 always be present 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 the medication form are 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 is 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 _____



Dear Parents,

Please be aware that, like schools, summer camp tends to be a place where children have a greater potential to spread or 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 a medical professional has given you written permission to do so.

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

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 and Parks.
2. Maintain confidentiality until the situation is evaluated.
3. A supervisor will contact a 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 notifications 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 clear to return to camp. (**Written proof is required**)