



2025 Camp Crown Contract Page 1

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sibling's Name \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Weekly Tuition: \$244 (Ages 5-12) \$254 (Age 4) Sibling Rate: \$25/week discount (must be enrolled in the same week)

Cancellation Fee: \$75 per week \_\_\_\_\_ (initial) Cancellation Fee is applied if a 2 week notice has been given otherwise the full price will be charged.

Do you receive a Childcare Scholarship? \_\_\_\_\_ (These spots are limited, and they are first-come first-serve) If yes, please attach a copy of your current vouchers, physical form and shot records and there will be additional paperwork required.

Complete for each child-You will be financially responsible for all weeks that you initial.

Initial each week attending

Week	Date	Themes	Field Trip	Initial each week attending
1	June 2-June 6	Summer Vibes	Fruitland Park	
2	June 9-June 13	Vacation Destination	Ben's Red Swings/Salisbury Zoo	
3	June 16-June 20	Fact or Cap	Killens Pond Water Park	
4	June 23-June 27	Creative Cooks	Crabbing at Public Landing	
5	June 30-July 3 (Closed Friday 7/4)	Wonkalicious	Pemberton Park	
6	July 7-July 11	The 4 Elements	Frontier Town	
7	July 14-July 18	Exploration and Examination	Altitude Trampoline Park	
8	July 21-July 25	Imagination & Creativity	Delaware State Fair	
9	July 28-August 1	Collapsing Colors	Deal Island Exploration	
10	August 4-August 8	Decades of Fun	Jolly Rogers Water Park	
11	August 11-August 15	Escaping the Impossible	Escape Room	
12	August 18-August 22	Motion & Movement	Park Hop	
13	August 25-August 28 (Closed Friday 8/29)	Memories that Last	Fruitland Park Picnic/Play Day	

\*All field trips are subject to change without notice.

The following items are required and will be charged to your ACH/card on file at time of registration:

Camper Registration Fee: \$50 per camper includes one t-shirt \_\_\_\_\_ (initial) SIZE \_\_\_\_\_

Camp Crown Extra T-shirt \$10 \_\_\_\_\_ (initial) Size: \_\_\_\_\_

(Camp Crown T-shirts must be worn for all swim days and field trips)

We understand that there may be circumstances where Covid/illnesses may prevent your child from attending camp, however, we cannot refund tuition due to illness.



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Payments not received within 60 days of the due date will be turned over to collections. All cost of collections equal to thirty-five (35%), including, but not limited to, court costs, attorneys' fees equal to fifteen percent (15%) of any amount due and owing.

*We only accept payments via ACH draft or credit card using Procare/Tuition Express. The Procare form is attached and must be returned at the time of registration. Tuition will be processed on the Friday before your child is registered for Camp Crown. There will be a \$35 NSF fee for any returned payments.*

*By signing this Contract, I agree to pay the tuition for each week that I initialed and any applicable fees associated with tuition.*

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

*Parents Name-Printed* \_\_\_\_\_

*Parent's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_



## Camp Crown Field Trip Permission Slip

Camp Crown will be attending several field trips throughout the summer. Please sign next to the field trips that your child will be attending to show that you are giving permission for them to attend.

<b>Dates</b>	<b>Trip</b>	<b>Signature</b>
<b>June 2-June 6</b>	Fruitland Park	
<b>June 9-13</b>	Salisbury Zoo/Ben's Red Swings	
<b>June 16-20</b>	Killens Pond Water Park	
<b>June 23-27</b>	Crabbing at Public Landing	
<b>June 30-July 3</b>	Pemberton Park	
<b>July 7-11</b>	Frontier Town Water Park	
<b>July 14-18</b>	Altitude Trampoline Park	
<b>July 21-25</b>	Delaware State Fair	
<b>July 28-August 1</b>	Deal Island Exploration	
<b>August 4-8</b>	Jolly Rogers Water Park	
<b>August 11-15</b>	Escape Room	
<b>August 18-22</b>	Park Hop	
<b>August 25-28</b>	Fruitland Park	

**\*All field trips are subject to change without notice**

I understand that by signing the spaces above I give my permission for my child to attend the field trip listed. I also understand that he/she will be transported by a qualified staff member in a Crown Care van. All times will be included on the Procure app at the beginning of the week that the field trip is scheduled.

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

Parent/Guardian Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_



## Camp Crown Lunch Program

This is a program that is completely optional and must be paid prior to camp starting. Please check the boxes for the lunches that you would like provided. Each meal is \$10 and will be taken out the Friday prior to your child beginning camp along with your child's tuition. This means that for each check mark you will be charged \$10 in addition to your regular tuition.

Menu as follows:

Monday-Chicken Tenders, Fries & Lemonade.

Tuesday-Chicken Quesadilla, Fries & Lemonade

Wednesday-1/4 lb Hot Dog, Fries & Lemonade

Thursday-Mac & Cheese, Fries & Lemonade

Friday-Pizza, Fries & Lemonade

\*\*\*Café will be open during the lunch and snack period to purchase additional snacks and drinks\*\*\*

<b>Weeks</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Signature</b>
June 2-June 6						
June 9-13						
June 16-20						
June 23-27						
June 30-July 3						
July 7-11						
July 14-18						
July 21-25						
July 28-August 1						
August 4-8						
August 11-15						
August 18-22						
August 25-28						

\*These meals cannot be altered due to allergies or dietary restrictions. If your child is signed up for lunch on a field trip day and we cannot take the hot food scheduled, then there will be a bagged lunch provided.



## Swimming Permission Slip Form

Camp Crown will be swimming at The Salvation Army Youth Club pool located at 429 Northlake Park Drive Salisbury, MD. Swim dates will be as follows: June 17, June 24, July 1, July 8, July 15, July 22, July 29, August 5, August 12, August 19, and August 26. The children will be driven to and from the pool by a qualified staff member. We will leave Crown at 11:00am and return to Crown by 4:30pm. Please make sure that your child wears their swimming clothes and brings a towel, sunscreen and a change of clothes.

Please check one of the following letting us know how deep you would like your child to swim:

\_\_\_\_\_ I give my permission for my child to swim in water that is up to two feet.

\_\_\_\_\_ I give my permission for my child to swim in water that is up to three feet.

\_\_\_\_\_ I give my child permission to swim in water over his/her chest (Your child must pass a swim test to swim over his/her chest which will be given by a lifeguard at the swimming pool)

\*All children must be dressed in swimming clothing because the pool rules prohibit children from entering the pool in regular shorts and tops. If you would like your child to be able to swim in a shirt, then the shirt must be made specifically for swimming.

I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to attend the trips to the pool on the dates listed above. I understand that he/she will be transported to and from the swimming pool by a qualified driver in a Crown Care van.

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

Parent/Guardian Printed Name \_\_\_\_\_

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

Date \_\_\_\_\_

**PLEASE MAKE SURE THAT EVERYTHING IS LABELED WITH YOUR CHILD'S NAME**



**Family Contact Information**

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

Gender:  Male  Female Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

School Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Child Lives With: Yes or No

Home Address: \_\_\_\_\_

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

(H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Child Lives With: Yes or No

Home Address: \_\_\_\_\_

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

(H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP CROWN**

List **at least two contacts not listed above** authorized to pick child/ren up from camp or be notified in case of an emergency.

	Name of Contact	Relationship to Child	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____

List any person **NOT** authorized to pick up child/ren: \_\_\_\_\_

\*\*\*Copy of Court order must be attached\*\*\*



## Camper Health History

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

### **The following information is required:**

#### 1<sup>st</sup> Emergency Contact:

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

#### 2<sup>nd</sup> Emergency Contact:

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health Information

- Are there any health problems including physical, psychiatric, or behavioral problems which we need to be aware of?  NO  YES  
If 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  
If YES, Explain: \_\_\_\_\_
- Does your child require an asthma inhaler or EpiPen?  NO  YES  
If YES, Explain: \_\_\_\_\_

### Immunization Information:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

- State/ Territory in which child resides:  
\_\_\_\_\_
- Is this child exempt from any immunizations?  NO  YES  
If YES, list them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR



For campers who reside **outside** the United States, a United States Territory, or the District of Columbia:

- State/ Territory in which child resides:  
\_\_\_\_\_
- Attach Department form. DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Emergency Treatment Authorization**

**Please read carefully and sign below.** I authorize the management and staff of Crown Center, LLC to act for me in the event of a ~~med~~ emergency and/ or routine medical care of my/ our child(ren). I/ we grant permission for emergency medical treatment and/or routine medical care for my/our child(ren) by Crown Center, LLC, including any of its members, officers, principles, representatives, managers, staff, contractors, employees and/or volunteers, a paramedic rescue squad and/or a private physician(s), as may be deemed necessary and/or appropriate. Any such action is hereby authorized by me/us and willbe reported to me/us as soon as possible. By signing this Emergency Treatment Authorization Form, I/we expressly acknowledge and agree that I/we release, indemnify and hold harmless Crown Center, LLC, and its members , officers, principles, insurers, representative, management, contractors, agents, staff, volunteers and employees, from and against any and all liability whatsoever, including any and all financial responsibility for expenses which may be incurred by me/us for, as result of or in connection with any such emergency medical treatment and/or routine medical care provided for my/our child(ren) as authorized herein.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participation Waiver**

**Please read carefully and sign below.** I/we understand and agree that Crown Center, LLC shall have no responsibility or liability for any reason whatsoever for injuries which my child may sustain as a result of his/ her physical condition or resulting from his/her participation in any activities, including, but not limited to, summer camp (on site and off site for field trips) and athletic activities, sports program, the use of any equipment, the use of our roller-skating facility, laser tag, or arcade facility (collectively “Activities”). I expressly acknowledge and affirm that each of the Activities has an inherent risk of injury, and, in accordance with such acknowledgment and affirmation, I, on behalf of myself, my representative(s), successor(s), heir(s) and assign(s), hereby expressly assume the risk of any and all injuries or illness, of any type, kind or extent whatsoever, which may arise from, relate to or be in connection with my child’s participation in any of the Activities. Furthermore, I, on behalf of myself, my representative(s), successor(s), heir(s) and assign(s), and on behalf of my child hereby expressly waive, release, indemnify, hold harmless and discharge Crown Center, LLC and Devreco, LLC, including each and every member , officer, principle, insurer, representative, manager, contractor, agent, staff, volunteer and employee of Crown Center, LLC and/or Devreco, LLC, of and from each and every claim of injury, illness, death, loss, or damage, of any type, kind or extent whatsoever, which my child(ren) may suffer as a result of or in connection with my child(ren)’s participation in the Activities. By my execution of this Participation Waiver, I hereby expressly acknowledge and agree that neither Crown Center, LLC nor Devreco LLC, nor any member, officer, principle, insurer, representative, manager, contractor, agent, staff, volunteer or employee of Crown Center, LLC and/or Devreco, LLC, shall be responsible, in any way whatsoever, for personal property lost or stolen while participants are using Crown facilities or participating in Crown activities. I/ We give our express and irrevocable permission to Crown Center, LLC to use, without limitation or obligation, photographs and/or film or digital footage of my child(ren)’s image, likeness and/or voice for purposes of promoting, interpreting and marketing programs operated, conducted, managed, administered and/or overseen by Crown Center, LLC. By my execution of this Participation Waiver, I expressly acknowledge and agree to this Participation Waiver and all its terms.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permission to Transport**

**Please read carefully and sign below.** I/ we grant permission for my child(ren) to be transported by Crown Center, LLC, via school bus, van, or other motor vehicle, owned or leased for the operation(s) of Crown Center, LLC, for all activities and field trips including swimming. I understand that notice of each outing will be posted prior to any such trip. In the event of an emergency where my child needs to be transported, I give Crown Center, LLC permission to transport my child to a safe location.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_





## **Sunscreen and Insect Policy**

### Parent Permission Form

Camp Crown does not provide sunscreen or insect repellent for participants.

- Sunscreen should be applied in the morning before your child arrives at Camp Crown.
- Sunscreen/ insect repellent should be in the original container only.
- Sunscreen/ insect repellent must be clearly labeled with the child's name.
- Sunscreen/insect repellent will be stored in camper's classroom bin.
- Please make sure the sunscreen/insect repellent you provide has been used previously on your child with no adverse reactions.
- School age students will reapply their own sunscreen before outdoor activities, if needed.
- If your child should require assistance applying sunscreen, you must give permission below.
- Please make sure that you purchase clear spray sunscreen.
- Under No Circumstances are campers allowed to apply sunscreen/ insect repellent to another camper.

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

- I authorize the staff at Camp Crown/Crown Center, LLC to apply sunscreen to my child (spraying the clear sunscreen).
- Do not apply sunscreen to my child. This means that you do not want counselors to help with the application of sunscreen at all.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



### **Photo Permission**

I give my permission for Camp Crown/Crown Center LLC to use my child's picture on their social media pages and in advertisements and brochures used for the purpose of promoting Camp Crown/Crown Center LLC. By signing below, I acknowledge that I have read and understand these permissions.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Child Care Subsidy Program**

If you are enrolled in the Child Care Subsidy Program and the program does not pay for the time that your child is here then you will be responsible for that payment. If your attendance is not validated or disputed causing a shortage of payment then you will be responsible for that payment. If there is a lapse in your voucher due to expiration or termination then you will be responsible for that payment. Any and all tuition payments that are not paid by Child Care Subsidy will be your responsibility to pay.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Camp Crown 2025**

By signing below, I hereby expressly acknowledge and affirm: that I have received the Camp Crown/Crown Center, LLC Parent Handbook; that I understand and agree to follow the Camp Crown/Crown Center, LLC policies, procedures, terms and conditions as established, from time to time, by Camp Crown/Crown Center, LLC; and, that I give my permission for my child to participate in all activities provided as a part of the Camp Crown program operated by Crown Center, LLC.

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

Parent's/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Email Address: \_\_\_\_\_

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience, and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize The Crown Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

**SECTION A (Credit Card)** By using a credit card, a 3% will be charged to your account.

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

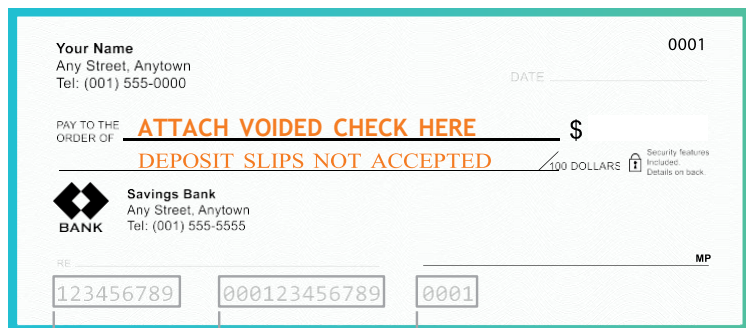
### SECTION B (Bank Account/ACH draft)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature

Date

**A \$35.00 NSF fee will be charged for any returned payments.**



ROUTIN  
NUMBE  
D

ACCOU  
NUMBE  
D

CHEC  
NUMBE  
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