



POC

2026 Camp Crown Contract Page 1

Child's Name _____ Age _____ Birthdate _____

Mother's Name _____ Phone # _____ Email _____

Father's Name _____ Phone # _____ Email _____

Weekly Tuition: \$254 (Ages 5-12) \$274 (Age 4) Sibling Rate: \$25/week discount (must be enrolled in the same week)

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.

<u>Week</u>	<u>Date</u>	<u>Themes</u>	<u>Field Trip</u>	Initial each week attending
1	June 1-June 5	So It Begins	Fruitland Park	
2	June 8-June 12	Ship Wrecked	Ben's Red Swings/Salisbury Zoo	
3	June 15-June 19	Beyond the Canvas	Killens Pond Water Park	
4	June 22-June 2	Mixing Masters	Shad Landing	
5	June 29-July 2 (Closed July 3)	Nature's Laboratory	Crabbing/Fishing	
6	July 6-July 10	Path Finders	Chincoteague Adventures	
7	July 13-July 17	Color Me Crazy	Altitude Trampoline Park	
8	July 20-July 24	Camp Rock	White Water Mountain	
9	July 27-July 31	Showdown Throwdown	Delaware State Fair	
10	August 3-August 7	Passport to Fun	Jolly Rogers Water Park	
11	August 10-August 14	The Ultimate Drive	Golf Experience	
12	August 17-August 21	World Cup	Park Hop	
13	August 24-August 27 (Closed Friday 8/28)	Camp Rewind	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.

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.



Payments not received within 60 days of the due date will be turned over to collections. All costs 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 return 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.

Dates	Trip	Signature
June 1-June 5	Fruitland Park	
June 8-12	Ben's Red Swing/Salisbury Zoo	
June 15-19	Killens Pond Water Park	
June 22-26	Shad Landin	
June 29-July 3	Crabbing/Fishing	
July 6-10	Chincoteague Adventures	
July 13-17	Altitude Trampoline Park	
July 20-24	White Water Mountain	
July 27-July 31	Delaware State Fair	
August 3-7	Jolly Rogers Water Park	
August 10-14	Golf Experience	
August 17-21	Park Hop	
August 24-27	Fruitland Park/End of Year Picnic	

***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

Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	Signature
June 1-June 5						
June 8-12						
June 15-19						
June 22-26						
June 29-July 2					X	
July 6-10						
July 13-17						
July 20-24						
July 27-July 31						
August 3-7						
August 10-14						
August 17-21						
August 24-27					X	

*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 16, June 23, June 30, July 7, July 14, July 21, July 28, August 4, August 11, August 18, and August 25. 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:

1st Emergency Contact:

Parent or Legal Guardian: _____ Phone: _____

2nd 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 ~~medical~~ 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 will be 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 2026

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	CVC	
Cardholder Signature	Date		

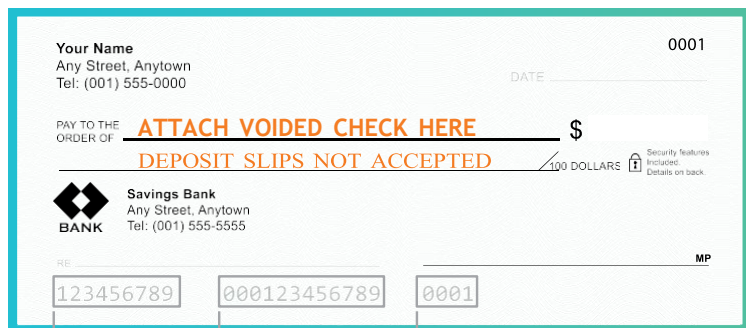
SECTION B (Bank Account/ACH draft)

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.



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