A CHILD'S PLACE @ HOLLIN HALL SUMMER DAY CAMP - 2026

1500 Shenandoah Rd Alexandria VA 22308 * 703-765-8811
Main Office; office@hollinhall.com / Camp Manager; summercamp@hollinhall.com

Application for Camp Registration

Please complete every box. If something does not apply, please indicate with N/A. If working from home, please state. *Incomplete registration forms will be returned for completion and may result in a delay in processing.* New forms must be completed every year; past years' forms or SACC forms will not be used or referenced to supplement missing information.

CHILD'S INFORMATION

CHILD'S FULL NAME	NICKNAME	SEX	DATE OF BIRTH (M/D/Y)

CHILD'S (FULL MAILING) HOME ADDRESS

SCHOOL ATTENDING FALL 2026	AGE AS OF 6/1/2026	CURRENT/COMPLETED GRADE	RISING GRADE

☐ NEW CAMPER ☐ RETURNING CAMPER ☐ CURRENT SACC FAMILY ☐ FORMER SACC FAMILY ☐ CURRENT PRESCHOOL FAMILY

T-SHIRT SIZE: **YOUTH** ☐ **YXS (2/4)** ☐ **YS (6/8)** ☐ **YM (10/12)** ☐ **YL (14/16)** **ADULT** ☐ **SM** ☐ **MED** ☐ **LG**

CONDITION WHICH REQUIRES SPECIAL ATTENTION

PARENT / GUARDIAN INFORMATION

PARENT #1 FULL NAME		EMPLOYER AND OCCUPATION
PARENT'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		FULL BUSINESS MAILING ADDRESS
PARENT'S CELL PHONE NUMBER	PARENT'S WORK PHONE NUMBER	PARENT'S EMAIL

PARENT TO CALL FIRST AND BEST PHONE NUMBER TO USE:

PARENT #2 FULL NAME		EMPLOYER AND OCCUPATION
PARENT'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		FULL BUSINESS MAILING ADDRESS
PARENT'S CELL PHONE NUMBER	PARENT'S WORK PHONE NUMBER	PARENT'S EMAIL

PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD:

I LIVE WITH ☐ MOM AND DAD TOGETHER ☐ MOM AND DAD SEPARATE (SHARE CUSTODY) ☐ MOM ☐ DAD ☐ OTHER (SPECIFY)

EMERGENCY INFORMATION

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC. **(EXTRA PAPERWORK REQUIRE FOR ALLERGY MEDICATIONS)**	ACTION TO TAKE IN ANY EMERGENCY:
PHYSICIAN'S NAME	PHONE NUMBER

NAME OF LOCAL RELATIVE, FRIEND, OR OTHERWISE RESPONSIBLE PERSON TO CONTACT IF PARENTS CANNOT BE REACHED. THESE INDIVIDUALS ARE ALSO AUTHORIZED TO PICK-UP THE CHILD, IF THE PARENT IS UNABLE TO BE CONTACTED.

1. FULL NAME			**2. FULL NAME**		
RELATIONSHIP			RELATIONSHIP		
HOME STREET ADDRESS			HOME STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE: PLEASE SELECT: CELL HOME WORK			PHONE: PLEASE SELECT: CELL HOME WORK		

OTHER PERSONS AUTHORIZED TO PICK UP CHILD			
FULL NAME		FULL NAME	
PHONE	RELATIONSHIP	PHONE	RELATIONSHIP
PERSONS NOT AUTHORIZED TO PICK UP CHILD (*Appropriate paperwork such as a divorce decree **must** be attached if a parent is not allowed to pick up the child.)			

PARENT / GUARDIAN PERMISSION

Parents hereby give permission for camper to attend all activities and field trips, including swimming.

1. Photos with HHSDC (please check box)

☐ **YES,** Parents hereby give permission for use of pictures, audio, or visual of their camper participation in summer camp activities for camp publicity purposes.

☐ **NO,** Parents hereby do not give permission for use of pictures, audio or visual of their camper participation in summer camp activities for camp publicity purposes.

2. Swimming with HHSDC

I give permission for my child _____ to swim in water at or above shoulder level on field trips with HHSDC. Please indicate below when or if your child will need a life jacket:

_____ At all times _____ When in water at or above shoulder height _____ Does not need life jacket

Hollin Hall Summer Day Camp Policies / Procedures

HHSDC is open to all children who have **completed** Kindergarten – 6th grade. All camp programs are on a first-come, first-served basis.

HHSDC campers must bring a ***peanut/tree nut-free*** lunch with a refillable water bottle every day, labeled with the campers' name. Lunches should be in a disposable container and dated. Coolers will be provided: refrigeration is available for onsite activities. Morning and afternoon snack is provided for all campers. _____ (*parent initials*)

Three (3) camp t-shirts per camper are included with any paid registration fee. Additional camp shirts are available for $10 each. Campers are required to wear a camp t-shirt on all field trips. ***Please make sure to clearly label your camper's t-shirts.*** If a camper is not wearing a camp t-shirt on field trip day, we will provide one for the camper and charge your account $10. _____ (*parent initials*)

Camp Care Duty

The camp shall exercise reasonable care in the supervision and welfare of the camper during the period the camper is in attendance. In a medical emergency, the camp shall attempt to contact the parents as soon as possible; but it shall be free to secure the most available medical assistance consistent with what appears to be in the best interest of the camper at the time of the emergency. _____ (*parent initials*)

Health Policy

Parents agree that if the child's temperature rises above 100.4° or shows signs of other communicable illness while at camp, the parents will make every effort to have the child picked up within the hour. _____ (*parent initials*)

HHSDC staff will not administer any medication; this includes prescription and over-the-counter medications, with the only exception being life-saving medications (Epi/Auvi-Q pens, inhalers & Benadryl). Parents/legal guardians may come to camp or meet the camp on a field trip to administer medication to their child. Under no circumstances may a child retain possession of any medication once he/she comes under the supervision of HHSDC staff. _____ (*parent initials*)

Personal Belongings/Toys/Money

The following items are **not allowed to be brought** to our camp program: Pokémon and other collectable trading cards or related toys, Beyblade toys, collectibles, cell phone or any other game consoles. If campers bring smart watches, the Smart Watch policy must be on file. Items brought from home (hats, sunglasses, jackets, etc.) is 100% camper's personal responsibility. This includes damage, loss or theft. _____ (*parent initials*)

The staff of HHSDC will not be held responsible for the loss of money brought to camp by campers or parents for field trips for any reason. Please make sure your child understands that if he or she brings money, that money is his/her responsibility. HHSDC will not be held responsible for any loss of personal property or money. _____ (*parent initials*)

Sunscreen/Insect Spray

For all outdoor field trips, sunscreen with an appropriate SPF is **highly recommended**. Please send your child to camp with sunscreen ***already applied.*** Sunscreen is re-applied by the HHSDC staff on swim days, but campers may reapply as they feel needed on non-swim days. Sunscreen must be applied by counselors for ages 5-8. Children 9 years and older may apply their own sunscreen with counselor supervision and help. _____ (*parent initials*)

HHSDC staff will **only** apply sunscreen/insect spray provided by parents. Counselor **are not permitted** to apply their personal sunscreen or another child's sunscreen to your child. Due to Virginia Licensing guidelines, siblings are not permitted to share the same bottle of sunscreen. Please clearly label all **unexpired** sunscreen and insect repellant with your child's name. Parents need to fill out a separate medication authorization form *for each product*. No sunscreen/insect spray can be applied without a current Medication Authorization form on file. _____ (*parent initials*)

Camp Schedule

HHSDC is open from 7:00 AM to 6:00 PM Monday through Friday. The campers will go on field trips most days which will take them away from the center during the approximate hours of 9:00 AM until 4:30 PM. Weekly schedules of field trips with the times will be available the prior Friday and beginning of each week. Please try to schedule any appointments for your child outside of these hours. If scheduling an appointment during camp hours is unavoidable, the camper will need to be picked up before the camp departs or you can meet the camp at their destination for pickup. *Campers may not stay back at camp to wait for a pickup.* If you need to drop your child off after the campers have departed, you must meet them at the destination to drop off. **There are no exceptions to this policy**. Departure and return times are our best estimate and we try to keep to our listed timetables. Events such as traffic delays, changes in weather, or other unforeseen events cannot be predicted and may affect the times of the trips. _____ (*parent initials*)

Payment

The non-refundable registration fee is **$200.** Families with two or more children can pay the family registration fee of **$350.** Weekly HHSDC tuition is a flat rate of **$395** for most weeks, prorated for holidays. (See Snapshot sheet) Tuition is due every Monday. If tuition is not paid by the close of business on Wednesday, a late payment fee of $30 will be charged to your account. If tuition is not paid in full by Friday, your child will not be permitted to return to camp the following week. There is no prorating tuition for camper absences. **Families are financially responsible for weekly tuition, regardless of their camper's attendance**. _____ (*parent initials*)

Checks are to be made payable to A Child's Place at Hollin Hall. The returned check fee is $30.00. Debit cards and credit cards are accepted as online options only in Procare. Debit transactions include a $1 fee, while credit card transactions include a 3% fee.

Camp hours are 7:00 Am to 6:00 PM. If your child is not picked up by 6:00 PM the following late charges will be applied: 6:00-6:15 PM (or any portion thereof) $30. After 6:15 PM a charge of $1 per minute will be added until the child is picked up. Times are based on the clock in the office. _____ (*parent initials*)

Due to limited space, all schedule changes must be made **in writing via email** to summercamp@ hollinhall.com and office@ hollinhall.com on or before **Friday, May 15th, 2026.** If dropping a week, notification must be sent in writing two weeks prior to change, or *tuition is charged in full regardless of your child's attendance.* There will be no exceptions to this policy. Your camper may be added to additional weeks after the deadline if there is available space. These requests are on a first come first serve basis. If you have any questions about this policy, please contact the Center Director.
_____ (*parent initials*)

ATTENDANCE

CIRCLE EACH WEEK OF ATTENDANCE: (Note: Tuition will be prorated on weeks with a holiday)

Week 1: June 22 – 26 **Week 2: June 29 – July 2* *(closed Friday, July 3, tuition prorated)* Week 3: July 6 – 10	Week 4: July 13 – 17 Week 5: July 20 – 24 Week 6: July 27 – 31	Week 7: Aug 3 – 7 Week 8: Aug 10 – 14 **Week 9: Aug 17 – 19* *(closed Thursday Aug 20 and Friday Aug 21, tuition prorated)*

The parents of _____ submit herewith a non-refundable registration fee of $200 for enrollment in the A Child's Place at Hollin Hall Summer Day Camp (HHSDC) program ($350 for family). We have also read and understand the policies stated in this application and agree to abide by these policies.

Both parent signatures are required.

PARENT #1 / LEGAL GUARDIAN	DATE	PARENT #2 / LEGAL GUARDIAN	DATE

How did you hear about our camp?

☐Former HHSDC Camper ☐Former Preschool Student ☐Former SACC Student ☐Friend ☐Neighbor

☐Internet ☐Drive By ☐Advertisement ☐Other *(please state)* _____

OFFICE USE ONLY – IDENTITY VERIFICATION

BIRTH CERTIFICATE NUMBER/PASSPORT NUMBER	DATE OF BIRTH	PLACE OF BIRTH	DATE ISSUED
CAMP: Junior _____ Senior _____ Year: **2026**	CONFIRMED BY:		DATE:

Proof of identity and age may include a certified copy of birth certificate, record from a public school in Virginia, birth registration card, passport, copy of placement agreement or other proof of the child's identity from a child placing agency, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Documentation must be presented to HHSDC and signed off by office personnel.

OFFICE USE ONLY

☐ Registration Fee Received ☐ Completed Registration Form ☐ Proof of Identity ☐ Parent/s Information Complete ☐ Emergency Contact #1 Complete ☐ Emergency Contact #2 Complete ☐ Emergency Medical Form	☐ Swim Level: _____ ☐ Photos: _____ ☐ Parent Agreement ☐ Camper Agreement ☐ Sunscreen Form	<u>For New Campers ONLY:</u> ☐ Most Recent Physical ☐ Up to Date Shot Record ☐ Website Acknowledgement ☐ Medication Policy

A Child's Place at Hollin Hall

1500 Shenandoah Rd, Alexandria VA 22308; 703-765-8811 (office); 703-765-7801 (fax); office@hollinhall.com

EMERGENCY MEDICAL AUTHORIZATION FOR CHILD

Please complete ALL fields. *Incomplete registration forms will be returned for completion.*

CHILD'S INFORMATION

CHILD'S FULL NAME	NICKNAME	SEX	DATE OF BIRTH (MM/DD/YYYY)

CHILD'S (FULL MAILING) HOME ADDRESS

CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMODATIONS NEEDED:

PARENT/GUARDIAN INFORMATION

PARENT FULL NAME		PARENT FULL NAME	
WORK ADDRESS		WORK ADDRESS	
MOBILE NUMBER	WORK NUMBER	MOBILE NUMBER	WORK NUMBER

MEDICAL INFORMATION

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC.	**ACTION TO TAKE IN AN EMERGENCY**:
CHILD'S PHYSICIAN OR CLINIC	PHONE NUMBER ( )

MEDICATIONS CHILD IS TAKING

OUTSTANDING MEDICAL HISTORY (i.e. diabetes, heart disease, etc):

LAST TETANUS SHOT	PRIOR HOSPITALIZATIONS OR SURGERIES

INSURANCE INFORMATION

The Parent(s) / Guardian authorizes **A CHILD'S PLACE AT HOLLIN HALL** to provide immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to their child/ward if emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only when he/she expects to be notified immediately. I authorize emergency medical personnel to transport my child to a medical facility to receive immediate medical attention.

I will be responsible for payment of medical care expenses (please sign):

Medical Treatment costs are covered by (please indicate name of insurance):

Insurance Policy Number:	Insurance group number:

I do not have medical insurance (please sign):

I hereby acknowledge that this information is up to date. I will promptly inform A CHILD'S PLACE AT HOLLIN HALL of any changes or updates to the above information as needed (please sign).

NAME: _____ DATE: _____

HOLLIN HALL SUMMER DAY CAMP

Discipline Policy – Parent Agreement

Hollin Hall Summer Day Camp offers an exciting, fun-filled program for all enrolled campers. The entire program is designed to provide wholesome activities under the direct supervision of the Camp Manager and qualified Camp Counselors. Emphasis is placed on teamwork and mutual respect for one another.

In the event discipline becomes necessary while a child is at camp, the following actions are standard and may be used in any combination while on camp property or during a camp sponsored field trip or activity:

*Verbal Warning
*Exclusion from activity
*Written incident report
*Suspension
*Positive Redirection
*Quiet corner/area time
*Early pick-up by parent
*Removal from camp

In the event of fighting or other physical harm to another camper, an incident report will be completed, signed by staff and the parent, and will remain on file. Additionally, the child could receive either a written warning, exclusion from a field trip, or suspension, at the discretion of the Camp Manager and Center Director, without any reduction in weekly tuition.

Possible suspension of one or more days will be given as a result of any of the following incidences:

- Repeated bullying, intimidation or threatening another camper
- Hitting a camper or a staff member
- Repeated use of foul language
- Stealing
- Unsafe behavior while riding the buses/vans that threaten the safety of the driver and other children
- Unsafe behavior while on a field trip or violation of rules at a field trip location.

Children who are a regular discipline problem, are abusive to others, and/or consistently pose a safety risk will be removed from camp. Campers will be considered for suspension or removal from camp, at the discretion of the Center Director and Camp Manager, if the unsafe behavior continues.

We rely on camper parents to do their part in adhering to the policies and procedures of A Child's Place at Hollin Hall. In addition to helping us make each day safe and fun for all of the campers, we expect open lines of communication between parents and the center to discuss any camp/camper issues that may arise. All reasonable efforts will be made to find agreeable solutions before removal from camp or the center becomes necessary. Any questions regarding this policy should be directed to the Center Director.

I _____ have read, understood, and will comply with the Hollin Hall Summer Day Camp Discipline Policy. I have discussed the above policy with my child and understand that if he/she fails to comply, they may be removed from camp without abatement of tuition paid or due.

_____ _____

Parent Signature Date