

# Camp McLean 2024

## Get In the Game!

Camp Director: Barry Pinder-Robinson  
[Barry.pinderrobinson@fairfaxcounty.gov](mailto:Barry.pinderrobinson@fairfaxcounty.gov)  
703-448-8336

Our dynamic **Camp McLean** program provides a wide array of fun and experiences for your children. Children ages **3 to 10** can enjoy trips and performances; explore the world of fitness, fun and much, much more! During each two-week session, our staff of highly qualified facilitators will lead campers on some unforgettable adventures and provide enrichment opportunities from crafts to nature to just plain summer fun!

Camp will be held at TBD

**Session I: June 24<sup>th</sup> – July 3<sup>rd</sup> (No Camp July 4<sup>th</sup> & 5<sup>th</sup>)**

**Session II: July 8<sup>th</sup> – July 19<sup>th</sup>**

**Session III: July 22<sup>nd</sup> – August 2<sup>nd</sup>**

### **Camp Hours:**

#### **Rookies:**

Camp Hours: 9 a.m. – 1:30 p.m.

#### **All-Stars/Superstars/Hall of Famers:**

Camp Hours: 9 a.m. – 4 p.m.

Registration begins on Monday, February 5, 2024, for all residents. For information about the registration process, please contact Barry Pinder-Robinson at the Old Firehouse at 703-448-8336.

Please read the **Parent Handbook** for Camp McLean policy. It contains important information about our camp and campers' code of conduct. The Parent Handbook can be found online at [www.mcleancenter.org](http://www.mcleancenter.org)

## Requirements for Registration

These additional forms will be required no less than one month prior to the start of camp. You may drop off completed forms to the Camp Director, at the Old Firehouse, 1440 Chain Bridge Road, McLean, VA. **Note: Without these forms your child will not be admitted to camp.**

- A current and completed **Certification of Immunization** signed by a doctor
- A **Commonwealth of Virginia School Entrance Physical Examination** signed by a physician. A copy of the form is acceptable. Any camper under the age of 6 years old must submit a Physical Examination that is dated after August 2023. This must be turned in to Barry Pinder-Robinson at the Old Firehouse no less than one month before the child enters camp.
- In accordance with Virginia law, the Center's staff is required to see a **document with proof of your child's age**. You must bring one of the following when you register your child for camp
  - a certified copy of his or her birth certificate
  - a U.S. passport (or State-Department-issued documentation)
  - Virginia school report card. **Note: Please do not leave the originals at the Old Firehouse**

**Camp McLean registration forms will not be accepted prior to Feb 5, 2024.**

## Camp McLean Information

### **Rookies (Ages 3-4): 9 a.m. – 1:30 p.m.**

Rookie Camp participants must be toilet-trained and have turned three years old by May 31<sup>st</sup>, 2024.

Each session will have one in-house entertainment event and one to two days of water play per week. 3 to 4-year-old campers will participate in arts and crafts, outdoor play, story time, singing, dancing, small group games and more. Campers remain on site at all times. The campers/staff ratio is one adult to six campers. Maximum enrollment is limited to 24 campers per session.

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|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8001.124 | <b>Rookies: Session I</b><br>June 24 <sup>th</sup> – July 3 <sup>rd</sup> (No Camp July 4 <sup>th</sup> & 5 <sup>th</sup> )<br>\$425/\$375 McLean district residents |
| 8002.124 | <b>Rookies: Session II</b><br>July 8 <sup>th</sup> – July 19 <sup>th</sup><br>\$450/\$400 McLean district residents                                                  |
| 8003.124 | <b>Rookies: Session III</b><br>July 22 <sup>nd</sup> – August 2 <sup>nd</sup><br>\$450/\$400 McLean district residents                                               |

**All-Stars (Ages 5-6): 9 a.m. – 4 p.m.**

For children aged four (by May 31<sup>st</sup> , 2024) to five years old.

Each session includes two pool trips, one in house entertainment event and one field trip. Each session, campers participate in specialist planned activities. The camper/staff ratio is one adult to six campers. Maximum enrollment is 24 campers per session.

- 8004.124     **All-Stars: Session I**  
June 24<sup>th</sup> – July 3<sup>rd</sup> (No camp July 4<sup>th</sup> & July 5<sup>th</sup> )  
\$550/\$500 McLean district residents
- 8005.124     **All-Stars: Session II**  
July 8<sup>th</sup> – July 19<sup>th</sup>  
\$575/\$525 McLean district residents
- 8006.124     **All-Stars: Session III**  
July 22<sup>nd</sup> – August 2<sup>nd</sup>  
\$575/\$525 McLean district residents

**Superstars (Ages 7-8): 9 a.m. – 4 p.m.**

For children aged six (by May 31<sup>st</sup> , 2024) to seven years old.

Each session includes two pool trips, one in house entertainment event and one field trip. Each session, campers participate in specialist planned activities. The camper/staff ratio is one adult to six campers. Maximum enrollment is 24 campers per session.

- 8007.124     **Superstars: Session I**  
June 24<sup>th</sup> – July 3<sup>rd</sup> (No camp July 4<sup>th</sup> & July 5<sup>th</sup>)  
\$550/\$500 McLean district residents
- 8008.124     **Superstars: Session II**  
July 8<sup>th</sup> – July 19<sup>th</sup>  
\$575/\$525 McLean district residents
- 8009.124     **Superstars: Session III**  
July 22<sup>nd</sup> – August 2<sup>nd</sup>  
\$575/\$525 McLean district residents

## **Hall of Famers (Ages 9-10): 9 a.m. - 4 p.m.**

For children aged eight (by May 31<sup>st</sup> , 2024) to nine years old.

Each session includes two pool trips and two field trips. Campers will participate in specialist planned activities. The camper/staff ratio is one adult to eight campers. Maximum enrollment is 24 campers per session.

8010.124     **Hall of Famers: Session I**  
June 24<sup>th</sup> – July 3<sup>rd</sup> (No Camp July 4<sup>th</sup> & 5<sup>th</sup> )  
\$550/\$500 McLean District Residents

8011.124     **Hall of Famers: Session II**  
July 8<sup>th</sup> – July 19<sup>th</sup>  
\$575/\$525 McLean District Residents

8012.124     **Hall of Famers: Session III**  
July 22<sup>nd</sup> – August 2<sup>nd</sup>  
\$575/\$525 McLean District Residents

\*\*\* All-Stars, Superstars, and Hall of Famers campers will spend periods of each day with specialists in various disciplines in addition to their other camp activities. \*\*\*

### **Refund Policy**

- All withdrawals, refunds and cancellation requests **MUST** be submitted in writing to **refunds@mcleancenter.org**.
- The center will issue a full refund when a camp program is canceled by the center.
- Patrons who submit requests to withdraw and/or cancel a camp registration **before Friday, April 5, 2024**, will be granted a full refund.
- Patrons who submit requests to withdraw and/or cancel a camp registration **after Friday, April 5, 2024**, but **MORE THAN 21** days ahead of the camp start date will receive a full refund less a 20% administrative fee.
- Patrons who submit requests to withdraw and/or cancel a camp registration **LESS THAN 21** days ahead of the camp start date will only be granted a refund if the spot left vacant is filled. The patron will then receive a full refund less a 20% administrative fee

For additional camp information, contact Barry Pinder-Robinson at Barry.pinderrobinson@fairfaxcounty.gov, or call the Old Firehouse at 703-448-8336.

# CAMP MCLEAN CAMPER INFORMATION SHEET

Camper Name: \_\_\_\_\_  
*Last* *First*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size (YXS-AM): \_\_\_\_\_

Grade (Fall 2024) \_\_\_\_\_ School (Fall 2024): \_\_\_\_\_

Person(s) authorized to pick up child (parents included):

\_\_\_\_\_  
\_\_\_\_\_

Person (s) not authorized to pick up child:

\_\_\_\_\_  
(Appropriate paperwork must be attached, if a parent is not allowed to pick up a child.)

## Parent/Guardian Information

Licensing requires the home address, names, employer along with home and secondary phone numbers for each parent who has custody. Please no international phone numbers.

### Home Address:

\_\_\_\_\_  
*Street* *City* *State* *Zip*

Parent: \_\_\_\_\_  
*Last Name* *First Name* *Place Employed*

### Parent's Contact Numbers:

\_\_\_\_\_  
*Work Phone* *Cell Phone* *Home Phone*

Parent: \_\_\_\_\_  
*Last Name* *First Name* *Place Employed*

### Parent's Contact Numbers:

\_\_\_\_\_  
*Work Phone* *Cell Phone* *Home Phone*

## Emergency Contact Information

Licensing requires two emergency contacts (that are **NOT** the parents/guardians) that can be reached in case of emergency. Please list full names, full address, relation to the camper and a phone number to be reached.

1. Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone No. \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

## Physician Information

Physician Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

## Virginia Proof of Identity and Age

In accordance with Virginia's Proof of Child Identity requirement, please list the names and dates of attendance of all previous schools and/or day care centers which the applicant has attended. Please attach a separate sheet, if necessary.

_____	____/____ to ____/____
Name of School or Day Care Center	Start End

_____	____/____ to ____/____
Name of School or Day Care Center	Start End

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## Psychological/Behavioral Challenges

Please be candid and include recommendations for staff on how to best assist your child. Please use additional paper, or if preferred, please e-mail information to Camp Director Barry Pinder-Robinson at Barry.pinderrobinson@fairfaxcounty.gov.

Does your child have an IEP? NO \_\_\_\_\_

If \_\_\_\_\_ Yes, please provide information on an additional sheet or e-mail Camp Director Barry Pinder-Robinson at Barry.pinderrobinson@fairfaxcounty.gov.

## Allergies/Special Diet/Behavioral

(provide action plan if documenting)

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**Routine Medicine:** Please list whether given at camp or at home:

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## Water Play / Swimming Assessment

### Water Play & Swimming Skills Information

- ☐ Uncomfortable in water
- ☐ Comfortable in water
- ☐ I **Do Not** give permission for my child to participate in water or pool activities

**Additional Notes:** (Swimming Level, Ear Plugs Needed, Hearing Aids, etc.):

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# Camp McLean Sunscreen Permission Form

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Sunscreen product and SPF number:

Does your child have allergies to sun protection products? \_\_\_\_YES \_\_\_\_NO

If yes, name the product: \_\_\_\_\_

## Special Instructions:

\_\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use sunscreen provided by Camp McLean.

Camp McLean will be using Coppertone Water Babies Sunscreen Lotion Spray, SPF 50 Waterproof, Extra UVA Protection, No.1 Pediatrician Recommended Brand

\_\_\_\_\_ I do not want my child to use any sunscreen other than the brand he/she brings.

Your child's counselor will assist the students with applying sunscreen to bare skin surfaces, including the face, tops of ears, and bare shoulders, arms and legs when outdoor activities in direct sunlight are scheduled.



## Camp McLean Insect Repellant Permission

According to the Virginia Department of Social Services Licensing requirements, insect repellent must be available for all campers. However, employees of Camp McLean are not allowed to assist in the application of insect repellent without written permission. If you would like your child to be able to use insect repellent during camp, you must complete this form stating you agree that you will allow Camp McLean employees to assist your child in the application of insect repellent.

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have allergies to insect repellent ingredients? \_\_\_\_YES \_\_\_\_NO

If yes, name(s) of the ingredient(s): \_\_\_\_\_

If providing your own insect repellent, please specify the name of insect repellent provided:

Camp McLean will be using OFF! Family Care Insect Repellent-Unscented with Aloe Vera, a Pediatrician Recommended Brand

### Special Permissions and OPT OUT:

\_\_\_\_\_ In the event that my child's insect repellent is not readily available, my child may use insect repellent provided by Camp McLean.

\_\_\_\_\_ I do not want my child to use any insect repellent other than the brand he/she brings.

Your child's counselor will assist the students with applying insect repellent to bare skin surfaces, including the face, tops of ears, and bare shoulders, arms and legs when outdoor activities as needed.

## **PARENT/GUARDIAN PERMISSION AND AUTHORIZATION**

I, the undersigned adult, am the parent or legal guardian of \_\_\_\_\_  
\_\_\_\_\_ (hereinafter referred to as "My Child").

### **Permission to Participate in Camp McLean**

I give permission for My Child to participate in Camp McLean ("Camp"). I understand and agree that My Child may be transported in the commercial carriers or Fairfax County approved vehicles.

I understand that My Child's participation in camp activities, including field trips, is conditional upon the willingness of My Child to abide by rules of conduct established by the camp, the McLean Community Center, and/or Fairfax County Public Schools. I agree that the participation of My Child in any camp activities, including field trips, may be terminated for failure to behave and act in accordance with such rules of conduct, for failure to follow the instructions and directions of camp personnel, including but not limited to persons supervising or chaperoning field trips, or for any acts deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the Camp generally. **I agree that if My Child's participation is terminated, no refund of any fees paid for his/her participation shall be due.**

I understand the nature of camp activities and the risks involved. I agree to indemnify, protect and hold harmless Camp McLean, Fairfax County Public Schools and the McLean Community Center, and board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone camp participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents, and volunteers, from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of My Child in any camp activities, including field trips.

### **Permission for My Child to Go on Field Trips**

I give permission for My Child to be taken on field trips off the site of Camp McLean. I understand that these trips will be taken using commercial carriers or Fairfax County approved vehicles and will be supervised by camp staff.

### **Policy Regarding Illness**

I understand cannot send a child to camp who has been sick within the last 24 hours. Campers that are sick and arrive at camp with conditions such as a temperature of over 100 degrees, vomiting, diarrhea, Pinkeye (Conjunctivitis), or lice will not be able to stay at camp. The camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible but not more than one hour from the time of notification. A sick child will be made as comfortable as possible in the camp office away from the other children until arrangements can be made to have the child taken home. In the event your child becomes ill while participating in a field trip you may be required to travel to the field trip site to pick up your child.

### **Authorization for Medical Treatment**

I understand that in case of a medical emergency concerning My Child, if the effort described above to reach me or my Alternative Contact as described above is unsuccessful, or if it is reasonably determined that there is insufficient time under the circumstances to attempt such contact, or if I am otherwise unable to give consent for any necessary emergency treatment of My Child as recommended by competent medical authority, I authorize the staff of Camp McLean or the McLean Community Center to consent to such treatment for My Child, including medical or surgical examination, diagnosis and treatment, anesthesia and hospital care.

**Camp McLean reserves the right to photograph and videotape all the activities associated with Camp McLean.**

**I agree to be responsible for updating any of the above medical and contact information in writing as and when necessary.**

I have read, understand and agree to the permissions, policies outlined in the parent handbook, refund policies, conditions, liability and medical releases, late fees and other matters set forth on the registration form and the Camp McLean Camper Information Sheet.

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_