

# **Camp McLean 2026**

## **Calling All Heroes!**

Camp Director: Barry Pinder-Robinson  
[Barry.pinderrobinson@fairfaxcounty.gov](mailto:Barry.pinderrobinson@fairfaxcounty.gov)  
(571)363-8290

Our dynamic **Camp McLean Jr** programs provide a wide array of fun and experiences for your children. Campers can enjoy performances, an array of craft activities, storytelling, have fun and much, much more! During each session, our highly qualified facilitators will lead campers on some unforgettable adventures and provide enrichment opportunities from crafts to nature to just plain summer fun!

Camp McLean Jr. will be held at **Kent Gardens Elementary School – 1717 Melbourne Drive, McLean, VA 22101**

**Session I: July 6<sup>th</sup> – July 17<sup>th</sup>**

**Session II: July 27<sup>th</sup> – August 7<sup>th</sup>**

### **Camp McLean Jr. Hours:**

#### **Young Avengers**

Camp Hours: 9 a.m. – 1:30 p.m.

Registration begins on Monday, February 2<sup>nd</sup>, 2026, 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 Jr. 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 Center, 1440 Chainbridge Ave, McLean, VA 22101. **Note: Without these forms your child will not be admitted to camp.**

- A current and completed **Certification of Immunization** signed by a doctor
- A **Physical Examination** signed by a physician dated after August 2025. A copy of the form is acceptable. This must be turned into 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 Jr. registration forms will not be accepted prior to Feb 2nd, 2026.**

## Camp McLean Jr. Information

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

Camp participants must be toilet-trained and have turned 3 years old by May 29<sup>th</sup>, 2026.

The Young Avengers will be offered two in-house entertainments as well as two water play days per session. The Young Avengers offers 2 two-week sessions that allows our young campers to participate in arts and crafts, outdoor play, story time, singing, dancing, small group games and more. **Camp McLean Jr. will always remain on site.**

8001.126     **Young Avengers: Session I**  
July 6<sup>th</sup> – July 17<sup>th</sup>  
\$450/\$400 McLean district residents

8002.126     **Young Avenger: Session II**  
July 27<sup>th</sup> – August 7<sup>th</sup>  
\$450/\$400 McLean district residents

# Refund Policy

- All withdrawals, refunds and cancellation requests **MUST** be submitted in writing to [refunds@mcleancenter.org](mailto:refunds@mcleancenter.org)
- The center will issue a full refund when a camp program is cancelled by the center.
- Request for withdrawals and/or cancellations after Friday, April 3<sup>rd</sup>, 2026, will receive a full refund.
- For requests for withdrawals and/or cancellations after Friday, April 3<sup>rd</sup>, 2026, patrons will be charged \$100 processing fee, which will be deducted from the total amount paid.
- If a replacement can be found to fill the space vacant by cancellation and/or withdrawal, the \$100 processing fee will be refunded to the patron.

If a placement cannot be found, a refund of the processing fee will not be issued.

For additional camp information, contact Barry Pinder-Robinson at [Barry.pinderrobinson@fairfaxcounty.gov](mailto: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 2026) \_\_\_\_\_ School (Fall 2026): \_\_\_\_\_

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**

Please list full names, full address, relation to the camper and a phone number to be reached in the event of an emergency.

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

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.

Name of School or Day Care Center: \_\_\_\_\_

Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 activities

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

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## 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 Jr.

Camp McLean Jr. 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

## Insect Repellant Permission

Employees of Camp McLean Jr. 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 Jr. 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 Jr. 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.

\_\_\_\_\_ 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 Jr.**

I give permission for My Child to participate in Camp McLean Jr. ("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 Jr., 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.

## **Policy Regarding Illness**

I understand I 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 camp staff 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 Jr. reserves the right to photograph and videotape all the activities associated with Camp McLean Jr.**

**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 camper information sheet.

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

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

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