

# Camp McLean 2026

## The Making of Heroes!

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

Our dynamic **Camp McLean Jr.** program provides a wide array of fun experiences for McLean's youth. Campers can enjoy trips and performances; explore the world of fitness, have fun and much, much more! During each session, our trained facilitators will lead campers on some unforgettable adventures and provide enrichment opportunities from crafts to nature to just plain summer fun!

### **Camp McLean location:**

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, at 9 a.m. 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, as well as other required forms can be found online at <https://mcleancenter.org/camp-forms/>

# 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 Rd, 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.
- 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 allow 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

- Request made **BEFORE the first Friday in April** and submitted in writing to [refunds@mcleancenter.org](mailto:refunds@mcleancenter.org): Patron will receive a full refund.
- Requests made **AFTER the first Friday in April but MORE THAN 21 days ahead of the camp start date**: Patron will receive a full refund less a 20% administrative fee.
- Requests made **LESS THAN 21 days before the start of the camp**: Refunds will only be granted if the vacant spot is filled. Patron will receive a full refund less than 20% administrative fee.

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 Jr. 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:

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

(additional documentation may be required)

## Parent/Guardian Information

Home Address:

\_\_\_\_\_

*Street* *City* *State* *Zip*

Parent/Guardian: \_\_\_\_\_

*Last Name* *First Name*

Parent/Guardian Contact Numbers:

\_\_\_\_\_

*Work Phone* *Cell Phone* *Home Phone*

Parent/Guardian: \_\_\_\_\_  
*Last Name* *First Name*

Parent/Guardian 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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## Additional Supports

We believe all children can succeed; some may need additional supports to make programs/camps more enjoyable. If there is additional information that you can provide that will help Camp McLean Jr. staff create environments best suited for your child's success, please let us know (this may include information such as doing better in smaller groups, needing breaks, etc). If your child has a success/action plan that they have implemented at school or at another program, please share that with us. Information collected is used only to assist staff in creating positive and successful environments for your child.

(Please e-mail Camp Director Barry Pinder-Robinson at  
[Barry.PinderRobinson@fairfaxcounty.gov](mailto:Barry.PinderRobinson@fairfaxcounty.gov) )

## Allergies/Dietary Restrictions

Does your child have Allergies? \_\_\_\_YES \_\_\_\_NO

If YES, **please fill out Allergy Care Plan** form located on the Camp McLean page.

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Does your child have any dietary restrictions? \_\_\_\_YES \_\_\_\_NO

Please list any dietary restrictions:

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## Medication

Does your child take medication? \_\_\_\_YES\_\_\_\_NO

Please list the medication(s) your child takes:

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Will your child need medication during program hours? \_\_\_\_YES \_\_\_\_NO

If YES, will your child need Camp Staff to Administer Medication? \_\_\_\_YES\_\_\_\_NO

If Yes, **please fill out the Medication Authorization Form** located on the Camp McLean page.

# 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 Staff.

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.

Camp McLean Jr. Staff will assist participants 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

Camp McLean Jr. Staff 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. Staff 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 McLean Jr. Staff.

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

Camp McLean Jr. Staff will assist participants 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.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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