



Golf Maine Park District
SUMMER CAMP/CHILD CARE
2011 REGISTRATION FORM
 (Permission/Authorizations, Waivers)

Date _____

Child's Name _____

Child's Address _____

Grade Entering in Fall 2011 _____ Birth Date _____ Age _____

Mother's Full Name _____

Address (if not the same as child's) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Full Name _____

Address (if not the same as child's) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address (es): _____

Enroll my child in: Summer Camp TLC-Friday Morning Child Care
 Before Camp Child Care TLC-Friday Afternoon Child Care
 After Camp Child Care

Please list below any physical or emotional issues/disabilities or other medical conditions (including allergies) concerning your child that we should be aware of. Accommodations required? Yes _____ No _____

CAMP T-SHIRTS:

The District provides one free camp T-shirt. Please indicate the size needed. Extra shirts may be purchased at \$8 each. Please indicate how many extra shirts you'd like.

YOUTH SIZES: ADULT SIZES:
 Med. (10-12) _____ Large (14-16) _____ Small _____ Medium _____ Large _____ X-Large _____

Number of extra shirts at \$8 each _____

EMERGENCY INFORMATION AND PICK UP AUTHORIZATION

Names of two individuals, besides parents/guardians shown above, who can be contacted in case of an emergency and who are authorized to pick the child up from camp/child care if necessary.

Full Name _____ Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Full Name _____ Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(Over -Please also read, complete & sign the reverse side)

**2011 CAMP/CHILD CARE
PERMISSIONS/AUTHORIZATIONS/WAIVERS**

Trips/Transportation: I authorize Golf Maine Park District to take my child on walking trips, bus trips, biking trips and to nearby facilities. I also authorize my child to ride as a passenger in any vehicle used by the District for transportation. If there is a specific trip that I do not want my child to attend, I understand that I must notify the District immediately. I understand that if my child does not attend a field trip or special excursion that h/she may not attend camp that day.\

Photo Policy: I understand that photographs are occasionally taken of program participants and they may appear in newspapers and/or park district publications for promotional/public relations purposes.

Pick-Up Time/Late Fees: I understand that I must pay late fees if my child is picked-up late. Children must be picked-up by 3:30 pm when camp ends. Children not picked-up by 3:35 pm will be placed in child care for the day and a fee will be issued.

My Child - Name:

(Please Choose Only One)

- _____ Has my permission to walk or ride bike home daily
- _____ Will be picked up by me (or another individual designated by me).
- _____ Is registered for the District's after camp child care program.

MEDICAL CARE AUTHORIZATION

If your child sustains a minor injury, our Program staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form you are authorizing our program staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

BEHAVIOR and DISCIPLINE

Children are entitled to a safe, pleasant and harmonious environment. All children are expected to adhere to our behavior code. Our rules for behavior are simple -RESPECT staff, other participants, and property that belongs to others; do not use foul/abusive language; and do not threaten or cause situations that are harmful to others (verbally or physically). A firm, caring, positive approach will be used regarding discipline. The District reserves the right to dismiss a participant from the program if his/her behavior is detrimental to others.

CAMP/CHILD CARE WAIVER

As a participant in the 2011 Summer Camp and/or Camp Child Care program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which are sustained as a result of participation in any and all activities connected with or associated with the program. I waive and relinquish all claims I may have, as a result of my child's participation in the program against the Golf Maine Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue. I further agree to indemnify and hold harmless and defend the Golf Maine Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained, arising out of, connected with, or in any way associated with the activities of the program.

I have read and understand the Golf Maine Park District Camp/Child Care policies and procedures, authorizations, permissions and waivers and hereby acknowledge, accept and agree to them.

PARENT/GUARDIAN SIGNATURE

DATE

**Golf Maine Park District
SUMMER CAMP
2011 ENROLLMENT/PAYMENT FORM**

Child's Name: _____

SESSIONS APPLIED FOR: _____ **FEES:** \$195 per session *or*
 \$705 * if paid in full prior to start of camp *or* (all 4 sessions, 8 weeks)
 \$780 if paid session by session (4 sessions, 8 weeks)
 Summer Camp Plus 'One' \$105

Session 1: June 20-July 1 _____
 Session 2: July 5-July 15 _____
 Session 3: July 18-July 29 _____
 Session 4: Aug 1-Aug 12 _____
 Summer Camp Plus 'One' @ \$105:
 Aug 15-Aug 19 _____

******* Staff Use Only *******

CAMP FEES DUE:
 # Sessions _____ X _____ Per session \$ _____

Additional Family Member Discount \$ _____

Summer Camp Plus 'One' \$ _____
 (Family Member Discount does not apply)
 Extra shirts at \$8 each \$ _____

Total Amount Due for Camp: \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

If full payment for Camp program is not received by June 10, **payment for each session is due in advance on Friday before the next session starts.** **A \$30.00 fee will be charged for non-sufficient funds (NSF) checks.

Please Make Checks Payable To: Golf Maine Park District

**Golf Maine Park District
SUMMER CAMP CHILD CARE
2011 ENROLLMENT/PAYMENT FORM**

Child's Name: _____

SESSIONS APPLIED FOR: _____ **FEES:** (7:30-9:30 am)-\$60.00 per 2 week session
 (3:30-6:00 pm) \$70.00 per 2 week session
 Both Before and After Camp \$130.00 per 2 week session
 TLC-Friday Child Care: \$8.00-AM _____ \$10.00-PM _____

Session 1: June 20-July 1 _____ AM _____ PM _____
 Session 2: July 5-July 15 _____ AM _____ PM _____
 Session 3: July 18-July 29 _____ AM _____ PM _____
 Session 4: Aug 1-Aug 12 _____ AM _____ PM _____
 Summer Camp Plus 'One' Child Care
 (am-\$30 - pm \$35) Aug 15-Aug 19 _____ AM _____ PM _____

***** Staff Use Only *****

CHILD CARE FEES DUE:

Rate per Session _____ X _____ # of session \$ _____

Total Amount Due for Camp Child Care: \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

Payment: Receipt # _____ Date _____ \$ _____

Balance \$ _____

If full payment for Camp program is not received by June 14, payment for each session is due in advance on Friday before the next session starts. **A \$30.00 fee will be charged for non-sufficient funds (NSF) checks.

Please Make Checks Payable To: Golf Maine Park District