

# SP&R - 2019 Summer Camp Registration Form

CHILD'S LAST NAME		CHILD'S FIRST NAME		GRADE(FALL)	AGE	SEX	SHIRT SIZE	DATE OF BIRTH	
								/ /	
PRIMARY GUARDIAN CONTACT INFORMATION					SECONDARY GUARDIAN CONTACT INFORMATION				
LAST:		FIRST:			LAST:		FIRST:		
E-MAIL:					E-MAIL:				
PHONE(S)	H:	W:	C:		PHONE(S)	H:	W:	C:	
Mobile Phone Carrier (Required for text notifications):									
ADDRESS:					ADDRESS:				
CITY:		ST:	ZIP:		CITY:		ST:	ZIP:	
EMERGENCY CONTACT INFORMATION									
NAME:					PHONE(S)	H:	W:	C:	

PRE-K CAMP (AGES 3-5) - 9:00AM - 12:00PM		ADVENTURE DAY CAMP (Grades 1-5) - 8:00AM - 3:00PM	
WEEK	FEE	WEEK	FEE
<input type="checkbox"/> Week 1 July 1-July 3	\$75	<input type="checkbox"/> All 6 Weeks	\$775 (\$850 AFTER 5/21)
<input type="checkbox"/> Week 2 July 8-July 11	\$100	<input type="checkbox"/> Week 1 July 1-July 3	\$105
<input type="checkbox"/> Week 3 July 15-July 18	\$100	<input type="checkbox"/> Week 2 July 8-July 12	\$180
<input type="checkbox"/> Week 4 July 22-July 25	\$100	<input type="checkbox"/> Week 3 July 15-July 19	\$180
<input type="checkbox"/> Week 5 July 29-Aug 1	\$100	<input type="checkbox"/> Week 4 July 22-July 26	\$180
<input type="checkbox"/> Week 6 Aug 5-Aug 8	\$100	<input type="checkbox"/> Week 5 July 29-Aug 2	\$180
		<input type="checkbox"/> Week 6 Aug 5-Aug 9	\$180

TEENSCAPE (Grades 6- 8)		ADVENTURE DAY CAMP AFTER CAMP - 3:00PM - 5:00PM	
SESSION	FEE	WEEK	FEE
<input type="checkbox"/> July 1 - July 11	\$435	<input type="checkbox"/> Week 1 July 1-July 3	\$30
<input type="checkbox"/> July 15 - July 25	\$485	<input type="checkbox"/> Week 2 July 8-July 12	\$50
<input type="checkbox"/> July 29 - Aug 8	\$485	<input type="checkbox"/> Week 3 July 15-July 19	\$50
		<input type="checkbox"/> Week 4 July 22-July 26	\$50
		<input type="checkbox"/> Week 5 July 29-Aug 2	\$50
		<input type="checkbox"/> Week 6 Aug 5-Aug 9	\$50

Please list any allergies (bee stings, foods, medications, etc.) \_\_\_\_\_

Are any medications or precautions necessary for the allergy? \_\_\_\_\_

Is your child required to take medication or use an inhaler during camp hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any limitations for camp activities (i.e. physical, visual, auditory, etc.) \_\_\_\_\_

Other comments: \_\_\_\_\_

I give permission for my child to participate in all camp activities including swimming and out of camp trips when scheduled. In the event that I cannot be reached and an emergency occurs, I also give permission for the camp to secure treatments for my child. The camp reserves the right to dismiss a camper at any time for improper behavior or if they pose a health risk to others. The undersigned hereby releases the Town of Southbury, its board, employees and volunteers of any liability whatsoever in connection with any damages and/or injury that the above named person may sustain as a result of his/her participation in the above named program.

Parent/Guardian Signature (required) \_\_\_\_\_ Date \_\_\_\_\_