

**EAST PENNSBORO TOWNSHIP
2017 SUMMER DAY CAMP REGISTRATION FORM**

A \$20.00 registration fee is applied to all campers at time of registration. Weekly registration per child, is \$130.00 resident and \$150.00 non-resident. Payment required at registration is the first week in full and a \$65.00 non-refundable deposit is required to hold each additional week. **Balances are due no later than June 12, 2017.** Failure to comply with the fee payment policy will result in loss of space. If you withdraw your child, for any reason, after camp begins and before the last day of camp all registration fees are forfeited and will be ineligible for next year's program. No deductions for days off because of illness, or you choose not to send your child, and no prorated fees. ***Checks are payable to East Pennsboro Township.***
Please complete this form in its entirety.

Child's Name _____
(A separate form must be completed for each child)

Address _____

Birth Date _____ T-shirt size (circle one): YS YM YL AS AM AL

Drop off time (circle one): 8:00 am 8:30 am 9:00 am **request 7:45 am

Pick up time (circle one): 4:00 pm 4:30 pm 5:00 pm

You may register for all 9 weeks. Please check off the week (s) you are requesting:

<input type="checkbox"/> Week #1 – June 12-16	<input type="checkbox"/> Week #6- July 17-21
<input type="checkbox"/> Week #2 - June 19-23	<input type="checkbox"/> Week # 7- July 24 - 28
<input type="checkbox"/> Week #3- June 26 – 30	<input type="checkbox"/> Week # 8- July 31 -August 4
<input type="checkbox"/> Week #4 –July 3 – 7 (no camp July 4)	<input type="checkbox"/> Week # 9 – August 7-11
<input type="checkbox"/> Week #5 – July 10 - 14	<input type="checkbox"/> Wait List Weeks

Father's Name (or legal guardian) _____

Address (if different from child) _____

Work Phone _____ Home Phone _____ Cell Phone: _____

E-Mail _____ Text message service: Y or N Provider: _____

Mother's Name (or legal guardian) _____

Address (if different from child) _____

Work Phone _____ Home Phone _____ Cell Phone: _____

E-Mail _____ Text message service: Y or N Provider: _____

(Please complete both sides of this form)

Health and Emergency - As a parent, you know that accidents do happen most often when you least expect them. This form will be made available to emergency personnel should your child need immediate emergency care. Treatment will not be given without your permission unless it is an emergency. All participants must provide their own medical insurance. **Person to be contacted in emergency if parent/guardian cannot be reached:**

Name _____ Relationship _____

Address _____ Phone _____

List Allergies, Medical or Dietary information, Special Needs, Chronic problems, and Medications child is presently taking:

After my child's Emergency Contact my child may only be released to the following person(s): Under no circumstances will camp staff allow a child to be released to someone other than what is designated on this camp registration form. This policy has been created for your protection as well as your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Discipline – It is very important to the staff that the children have fun while they are with the program, but we also expect the children to be respectful of our authority and cooperate with us in every way. The staff is depending on each child's parent/guardian to impress upon their child the necessity of good behavior. Camp staff will communicate with the parent/guardian of any behavior problem. If problem persists the parent/guardian will be contacted and child will be expelled from the program immediately. No refunds will be issued.

DAY CAMP AGREEMENT

I (We) understand East Pennsboro Township, the organizers, supervisors, and staff of the Day Camp Program, and the owners/providers of the facilities, assume no responsibility for accidents, injuries or losses sustained by the above child while taking part in this program, activities or trips. I (We) verify that the information provided on this form is complete and accurate, agree to abide by the rules and the fee structure for services rendered, and give consent for child to receive emergency medical care and be transported by our staff or EMS personnel in an emergency.

By checking this box, I consent that photograph's of my child taken during the program may be used for camp related materials such as announcements, advertisements, program presentations, etc.

By checking this box, I consent that my child is permitted to watch movies rated G and PG.

Signature of Parent/Guardian

Date

Sunscreen Permission

Child's Name: _____

We recognize the effects the sun can have on our children's skin, and we do everything we can to ensure they're protected throughout the summer. We ask that you help us in this effort by covering them in sunscreen prior to their arrival at camp each day. I will provide sunscreen that best suits my child and label it with my child's name. The sunscreen will be stored with my child's provided back pack (or travel bag) and will travel back and forth from home to camp with my child.

For children ages 6, 7 & 8, I understand that sunscreen may be applied to exposed skin (but not eyelids or delicate eye area) including face, tops of ears, nose, bare shoulders, arms, legs and back. I understand that swim shirts are recommended because sunscreen will not be applied to the chest area by a Day Camp staff member.

I give permission for East Pennsboro Township Recreation Day Camp Staff to apply, reapply and assist with sunscreen application to my child as needed throughout the day.

For those children ages 9-11, we assume they can apply their own sunscreen without assistance.

I give permission for my child to apply his/her own sunscreen and understand that a staff member of East Pennsboro Township Recreation Department will not apply sunscreen for my child.

Parent Signature: _____ Date: _____

Insect repellent/Bug Spray Permission

Child's Name: _____

I give permission for East Pennsboro Township Recreation Day Camp Staff to apply insect repellent to my child as needed throughout the day. I understand that I must supply the insect repellent with my child's name label on the bottle.

Parent Signature: _____ Date: _____