



SUMMER CAMP 2019

REGISTRATION

CONTACT

PHONE:
802-222-4727 ext. 310

WEBSITE:
Bradford-vt.us/

EMAIL:
Recreation@bradford-vt.us

TUITION:

AGE: Must have attended the first day of Kindergarten – 12 years as of September 1, 2019

RESIDENTS:
\$110.00 Per Week
Drop In Rate: \$25.00 Per day

NON RESIDENTS:
\$125.00 Per Week
Drop in Rate: \$30.00 Per Day

DEADLINE:
April 14th and then distributed to non residents.

REGISTRATION FEE: \$75.00 Per Camper
Non- refundable *(does not count towards Tuition)*

Campers' Spots are reserved once completed application and fee is received. This fee also guarantees your child a camp Tee.

CAMPERS SHIRT SIZE: (Youth Sizing)
XS: ___ S: ___ M: ___ L: ___ XL: ___

ADULT:
XS: ___ S: ___ M: ___ L: ___ XL: ___

-----STAFF USE ONLY-----

Registration Received:
Fee Received:
Initial:

CAMPER INFORMATION:

Full Legal Name _____
Last First Middle

Prefers to be called _____ D.O.B. _____

Gender: Female Male Grade Entering: _____

Physical Address _____
Street Apt. No.
City State Zip Code

Phone () _____
Area Code Number

Address Information *(if different from above)*

Street Apt. No.
City State Zip Code

PARENT/GUARDIAN INFORMATION:

Marital Status: Single:___ Married:___ Divorced:___ Widowed:___

Parent/Guardian's Name _____

Place of Employment _____

Occupation _____ Email _____

Work _____ Cell _____ Home _____

Preferred Method of Contact: _____

Address Information *(if different from camper)*

Street Apt. No.
City State Zip Code

Marital Status: Single:___ Married:___ Divorced:___ Widowed:___

Parent/Guardian's Name _____

Place of Employment _____

Occupation _____ Email _____

Work _____ Cell _____ Home _____

Preferred Method of Contact: _____

Address Information *(if different from camper)*

Street Apt. No.
City State Zip Code

***PLEASE EXPLAIN ANY CUSTODY/SPECIAL ARRANGEMENTS STAFF SHOULD BE AWARE OF:

SESSION/CALENDAR INFORMATION:

Session Preferred (Please Indicate all Weeks your child will be attending including drop in days)

Please see attached the Summer Calendar to better aid your decision.

- ___ Session 1 (July 24 -28)
- ___ Session 5 (July 22 - 26)
- ___ Session 2 (July 1 - 5)
- ___ Session 6 (July 29 – Aug. 2)
- ___ Session 3 (July 8 - 12)
- ___ Session 7 (Aug. 5 - 9)
- ___ Session 4 (July 15 - 19)
- ___ Session 8 (Aug. 12 - 16).

FULL WEEK: ___

DROP IN: MON: ___ TUES:___ WED:___ **Error! Bookmark not defined.**THURS: ___ FRI:___

EARLY CARE AND LATE CARE ARE \$5.00 Per Day(Each)

Early Care 7:30-7:59:___(\$5.00 Per Day) Late Care 4:31 – 5:00:___(\$5.00 Per Day)

Please indicate approximate time of Drop off:_____ Pick Up:_____

We ask this information to better ensure your child is prepared and ready when you arrive.

Time	Daily	Swimming Lessons	Field Trips
7:30-7:59	EARLY CARE		
8:00-8:30	BREAKFAST		
8:30-9:00	MORNING MEETING - PLAN	MORNING LESSON	DEPART BETWEEN 9/9:30 RETURN Bet3:30/4
9:00 -10:00	GROUP ACTIVITY		
10:00-11:00	GROUP GAME		
11:00 -11:30	SMALL GROUPS		
11:30 – 12:00	LUNCH		
12:00 – 12:30	AFTERNOON MEETING- PLAN	AFTERNOON LESSON	
12:30 – 2:30	FREE PLAY/QUIET TIME		
2:30 – 3:30	GROUP GAME		
3:30 – 4:00	GROUP ACTIVITY		
4:00 – 4:30	PARENT PICK UP		
4:31-5:00	LATE CARE		

FURTHER INFORMATION REGARDING FIELD TRIPS AND SWIMMING LESSON UPDATES WILL BE PROVIDED AS SOON AS WE ARE ABLE, PLEASE REACH OUT WITH ANYTHING QUESTIONS OR CONCERNS, SOME ACTIVITIES AND SCHEDULING WILL CHANGE ON THE NEEDS OF THE CAMPERS AND STAFF. ATTACHED IS A CALENDAR OF THE TENTATIVE FIELD TRIPS FOR THE YEAR, TRIPS ARE OFTEN CONTIGENT ON WEATHER, IN THE EVENT WE MUST CANCEL WE DO OUR BEST TO LET FAMILIES KNOW IN ADVANCE AND COME UP WITH THE BEST ALTERNATIVE.

*** Swimming Lesson's***

Are currently pending the hiring of a new Coordinator or alternative location. Please indicate if you would to sign your child up for lessons if they are provided (this is not required and may require an additional fee) ___Yes ___No

MEDICAL INFORMATION:

Special needs ___Yes ___No If yes, Please provide details below_____

Medications currently taking (Please also see rules about medication at camp in our handbook)

Allergies that Staff should be aware of (i.e. peanuts, etc.)

All fields are required

Hospital_____ Phone_____

Dentist_____ Phone_____

Day Care_____ Phone_____

I give permission for the above physicians and/or hospital to administer medical attention to my child.

Child's Name

Date Parent/Guardian

CONSENT FORMS:

If Parent/Guardian cannot be reached in case of an emergency, call
(must include two names other than parent/guardian)

1. Name_____ Relationship to Child _____

Home Phone_____ Work/Cell Phone _____

2. Name_____ Relationship to Child _____

Home Phone_____ Work/Cell Phone _____

I give permission for the following people to pick up my child from camp

Name_____	Name_____
Phone_____	Phone_____
Name_____	Name_____
Phone_____	Phone_____

Occasionally we will leave BES to go to Bradford Library, Memorial Field, Low St John Forest, Elizabeth's Park, Denny or Boch Park.

Yes, my child_____ has my permission to participate in the summer camp supervised mini Field Trips/walks.

DATE PRINTED NAME SIGNATURE

Circle one: Yes / No I authorize the Bradford Parks & Recreation to be able to photograph and use photos of myself or my child for newspaper articles, brochures, town website and other appropriate publications.

Parent/Guardian Signature Date Signed

MINOR RELEASE FORMS:

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from there negligence, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDINA SIGNATURE

DATE

FINANCIAL INFORMATION:

Are you interested in receiving financial assistance? ___Yes ___No

Would you like more information on the available scholarships? ___Yes ___No

Do you not qualify for financial assistance, but would like to set up a payment arrangement plan. ___Yes ___No

Do you have multiple children attending camp, and would like more information on sibling discounts. ___Yes ___No

No camper will be able to attend camp without either payment in full or a signed payment arrangement plan

We are now accepting online payments

Go on to Bradford-vt.us hit the "Pay my Bill Now" button and select either the "Registration Summer Camp" or "Tuition Summer Camp" to complete your transaction. While the person paying for camp's name doesn't always coincide with the camper, please indicate the camper or person the fees are intended to be credited to in the Notes portion of the payment page. Invoices will be issued for summer totals, once this form is received.

Please be advised the following fees do apply:

E-check flat rate of \$1.50

Credit cards minimum of \$3.00 per charge up to \$113.00 than a 2.65% will automatically be calculated.

Return Applications:

Mail:

Parks and Recreation

PO Box 339

Bradford, VT 05033

Or Darlene at Bradford Elementary School.

Acceptance into BPRC-Summer Camp is on a first come first serve basis (registration fee and application are considered complete).

Children that reside within Bradford, as well as full time campers will receive priority enrollment.

We Look forward to another fun filled Summer, wont you join us!