

**MONTPELIER RECREATION DEPARTMENT  
VERMONT STATE LICENSED  
DAY CAMP PROGRAM**

**PLEASE PRINT**

**CHILD'S NAME:** \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE \_\_\_\_\_

**Mailing**

**ADDRESS:** \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

WORK #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

WORK #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES:      YES:       NO:

IF YES, WHAT: \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATION?      YES:       NO:

IF YES, WHAT KIND: \_\_\_\_\_

\_\_\_\_\_

ANY OTHER EMERGENCY MEDICAL INFORMATION THAT MAY BE HELPFUL TO US AND/OR  
EMERGENCY PERSONAL. \_\_\_\_\_

\_\_\_\_\_

## **2 EMERGENCY NAMES & NUMBERS:**

(State Mandated: you must have two Names and Numbers other than parents)

1. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Montpelier Recreation Day Camp**

#### **Camper Code of Conduct**

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.) I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to help my child abide this code of conduct.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Montpelier Recreation Day Camp Disciplinary Policy**

Day Camp is meant to be a fun, educational and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below.

**1<sup>st</sup> incident:** The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

**2<sup>nd</sup> incident:** Staff will determine an appropriate consequence for the camper's actions (examples my include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.

**3<sup>rd</sup> incident:** The child will be excused from camp without a tuition refund.

# Montpelier Recreation Day Camp

## **IMMUNIZATIONS RECORDS: Fax: 223-9522**

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or families' moral or religious rights prior to admission to our program.

### **Authorization of Treatment:**

I hereby give my permission to the medical personnel selected by the Camp Director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

\_\_\_\_\_  
Initials

### **Photo Release:**

The Montpelier Recreation Department is committed to the safety and privacy of you and your children. Some of our programs and /or special events may be photographed or videotaped. Please indicate your preference for display in our brochures or local newspapers. Please Circle One:

Yes, Permission Granted

No, Please Do Not Display Pictures

### **Liability Waiver:**

I assume all risks and hazards incidental to such participant, including transportation to and from Day Camp, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Recreation Department and the Montpelier Public School System, their officers, agents officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child or myself.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Montpelier Recreation Day Camp

## Please Check One

I am applying for Subsidy \_\_\_\_\_  
 I have Subsidy \_\_\_\_\_  
 I will be sending a Check \_\_\_\_\_

### State Subsidy Information

**Please apply early for Subsidy**

**We need confirmation of your subsidy before your child starts camp**

**For Information or Application Contact:  
 The Family Center of Washington County  
 Child Care Support Services  
 383 Sherwood Drive  
 Montpelier VT 05602  
 262-3292**

**Camper's Name** \_\_\_\_\_

**No Lunch First Week of Camp  
 Please bring Lunch, Snack & Drink**

Week 1 June 16 - June 20 _____	1/2AM _____	1/2PM _____	XXXXXX
Week 2 June 23 - June 27 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 3 June 30 - July 3 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 4 July 7 - July 11 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 5 July 14 - July 18 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 6 July 21 - July 25 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 7 July 28 - August 1 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 8 August 4 - August 8 _____	1/2AM _____	1/2PM _____	Lunch _____
Week 9 August 11 - August 15 _____	1/2AM _____	1/2PM _____	Lunch _____

Montpelier Residents Fee:	Non-Montpelier Residents Fee:
\$120.00 per wk/1 <sup>st</sup> camper	\$160.00 per wk/1 <sup>st</sup> camper
\$105.00 per wk/2 <sup>nd</sup> camper	\$140.00 per wk/2 <sup>nd</sup> camper
\$ 70.00 per wk/1 <sup>st</sup> camper 5 half days	\$100.00 per wk/1 <sup>st</sup> camper 5 half days
\$ 60.00 per wk/2 <sup>nd</sup> camper 5 half days	\$ 90.00 per wk/2 <sup>nd</sup> camper 5 half days
\$30.00 per wk Lunch	\$30.00 per wk Lunch