

Montpelier Recreation Department

Vermont State Licensed

Day Camp Program

Please select one:

- I am applying for Subsidy
 I have Subsidy
 I will be sending a check

For information or an application contact:
The Family Center of Washington County
Child Care Support Services
383 Sherwood Drive
Montpelier, VT, 05602
262-3292

State Subsidy Information
Please apply early for Subsidy
We need confirmation of your
Subsidy before your child starts
camp.

Camper's Name:

February 27- March 3, 2017 Full Week Monday Tuesday Wednesday Thursday Friday

Montpelier Residents' Fee:

\$120.00 per wk/1st camper
\$105.00 per wk/2nd camper
\$ 32.00 per day/1st camper
\$ 25.00 per day/2nd camper

Montpelier Non- Residents' Fee:

\$160.00 per wk/1st camper
\$140.00 per wk/2nd camper
\$ 46.00 per day/1st camper
\$ 35.00 per day/2nd camper

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's Signature:

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

Parent/Guardian's Signature:

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:

1st 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).

2nd Incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participation in an activity). The camper's parent's will be notified of their child's behavior when they arrive for pick up.

3rd Incident: Child will be removed from camp without a tuition refund.

Please Print or Type:

First Name:

Last Name:

Age:

DOB:

Grade:

Home Phone Number:

Mailing Address:

Street Address:

City:

State:

Zip Code:

Parent/Guardian's Information:

Name:

E-mail:

Work Number:

Cell Phone Number:

Parent/Guardian's Information:

Name:

E-mail:

Work Number:

Cell Phone Number:

Emergency Contact 1

First Name:

Last Name:

Primary Number:

Secondary Number:

Emergency Contact 2

First Name:

Last Name:

Primary Number:

Secondary Number:

Medical Information

Doctor:

Doctor's phone number:

Dentist:

Dentist's phone number:

Insurance/Health Coverage

Does your child have allergies?

Yes

No

If yes, what?

Any other medical information that may be helpful to us and/or emergency personnel.

Immunization 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 family's moral or religious rights prior to admission into 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 of my child. In the event that 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.

Yes

No

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 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: