

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

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

For information or an 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 on the first week. Please bring lunch, snack, and drink.

Week 1 June 19 -June 23	Week	1/2 AM	1/2 PM	
Week 2 June 26 -June 30	Week	1/2 AM	1/2 PM	Lunch
Week 3 July 3 July5-July 7	Week	1/2 AM	1/2 PM	Lunch
Week 4 July 10 -July 14	Week	1/2 AM	1/2 PM	Lunch
Week 5 July 17 -July 21	Week	1/2 AM	1/2 PM	Lunch
Week 6 July 24 -July 28	Week	1/2 AM	1/2 PM	Lunch
Week 7 July 31 -Aug. 4	Week	1/2 AM	1/2 PM	Lunch
Week 8 Aug. 7 - Aug. 11	Week	1/2 AM	1/2 PM	Lunch
Week 9 Aug. 14 - Aug. 18	Week	1/2 AM	1/2 PM	Lunch

Montpelier Resident's Fee:
 \$120.00 per wk/1st camper
 \$105.00 per wk/2nd camper
 \$ 70.00 per wk/1st camper 5 half days
 \$ 60.00 per wk/2nd camper 5 half days
 \$ 30.00 per wk lunch

Non-Montpelier Resident's Fee:
 \$160.00 per wk/1st camper
 \$140.00 per wk/2nd camper
 \$100.00 per wk/1st camper 5 half days
 \$ 90.00 per wk/2nd camper 5 half days
 \$ 30.00 per wk lunch

Please Print

First name

Last name

M.I.

Age

Date of Birth

Grade

Home phone number:

Mailing Address:

Street address

Street address line 2

City

State

Zip code

Parent's/Guardian's Information

Parent's/Guardian's name

Email address

Work number

Cell phone number

Parent's/Guardian's Information

Parent's/Guardian's name

Email address

Work number

Cell phone number

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Medical information

Doctor

Doctor's phone number

Dentist

Dentist's phone number

Insurance/health coverage

Does your child have
any allergies?

If yes, what?

Yes

No

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

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 by 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:

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.

Montpelier Recreation Day Camp

Immunization Records: Fax: 262-6285

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.

Please select one:

Yes, permission granted

No, don't 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 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