

**WASHINGTON GROVE
2010 SUMMER IN THE PARKS ENROLLMENT**

Please fill out a separate enrollment form and permission slip for each child.

Schedule:

Dates: Weekdays, **July 7th to July 30th.**

Time: 9:00 am – 12:30 pm

Age: Children entering grades K-8

In addition, campers and families will meet at 6:00 pm on July 30th for a pot-luck dinner, entertainment, and camp-out. Each child must have a parent or another designated adult responsible for them during the evening events and the camp-out.

Child's Details:	
Child's name:	
Date of Birth (mm/dd/yyyy):	
Name of Parent/Guardian:	
Address:	
(REQUIRED) Email:	
(REQUIRED) Home Phone:	
Work Phone:	
Cell Phone:	
Please note any dates that your child will be absent from the camp:	

Persons to notify in an emergency:

Name:		Name:		Doctor:	
Address:		Address:		Address:	
Phone 1:		Phone 1:		Phone 1:	
Phone 2:		Phone 2:		Phone 2:	

Special Instructions (e.g. allergies, food issues, health issues etc.):

Other Instructions:

Will your child be escorted to and from the program? Yes ____ No ____

If yes, by whom? _____

If yes, must your child always be escorted? _____

Please add any other pertinent information that will make this experience more positive for your child:

Permission Forms:

I _____ give permission for my child _____ to participate in the Town of
[Parent's/Guardian's name] [Child's Name]
Washington Grove 'Summer in the Parks' program. I release and hold harmless the Town of Washington Grove including its officials, agents, employees, and volunteers from all liability, actions or causes of action, for damages or personal injury arising from camp attendance. I have read and execute this "Release" voluntarily and with full knowledge of its significance. I also consent to the Town's use of any photography taken or video tapes made of the program.

In the event of my child needing emergency medical care, I _____ give my permission for my
child, _____, to receive such care.
[Parent's/Guardian's name] [Child's Name]

Appropriate behavior by participants is expected at all times. The Staff will work cooperatively with parents to keep them informed of inappropriate behavior and solicit their support to resolve conflicts and encourage positive interaction. Participants who remain disruptive after consultation with the parents may be dismissed from the program. Reimbursement of fees for any reason will be at the discretion of the camp directors.

Signature of Parent or Guardian _____ Date _____

Registration Fees:

Registration Fee \$ 175.00
Additional Donation* \$ _____
Total: \$ _____

Please make checks payable to the "Town of Washington Grove."
*Additional donations are being sought by participating families to add to our supply and operating budget. If you feel you are able and willing to contribute more to make this program a more enriching experience please do so by adding your contribution amount to your registration check. Donations made payable to the Town of Washington Grove as a charitable contribution are tax deductible in most instances.

** Financial assistance is available, if needed please contact Emily Cavey at 240-632-9587 or emily.cavey@comcast.net **

Volunteer Requirements

The only way we will be able to continue the provide low Summer in the Parks enrollment fees is by asking each family to volunteer for one or more of the following:

- Chaperone field trip Volunteer at a Jamboree Event Set up for Camp 7/6 Camp Break Down 7/30 or 7/31

T-shirts Order Form:

Please indicate a size below for your child's t-shirt.

- Child 6-8 Child 10-12 Child 14-16 Child 18-20 Men's M Men's L Men's XL Men's XXL

Please submit forms to:
Emily Cavey
121 Chestnut Avenue
Washington Grove, MD 20880
emily.cavey@comcast.net
Due Date April 30th, 2010