

**WASHINGTON GROVE
2014 SUMMER IN THE PARKS ENROLLMENT
Resident**

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

SCHEDULE:

Dates: Weekdays July 1st to July 25th. No Camp on July 4th.

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 Friday, July 25th for a pot-luck dinner, entertainment, and camp-out. Each child must have a parent with 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, Address, Phone):

1.) _____

2.) _____

Name of Child's Doctor, Address and Phone: _____

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

ESCORT INFORMATION:

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

If yes, by whom? _____

If yes, must your child always be escorted? _____

CAMP OUT: JULY 25th:

Will your family be attending the campout? YES _____ NO _____

If yes, Name and phone number of adult who will be supervising your child at the campout;

PERMISSION FORM:

I _____ give permission for my child _____ to participate in the
[Parent's/Guardian's name] [Child's Name]

Town of 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
[Parent's/Guardian's name]
permission for my child, _____, to receive such care.
[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.

VOLUNTEER REQUIREMENTS:

In order to continue to provide low Summer in the Parks enrollment fees we will be asking each family to volunteer for one or more days during camp. Once your children are registered, Emily Cavey will contact you to schedule the date you will be available to volunteer.

T-SHIRT ORDER INFORMATION:

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, 2014