



Registration: Payments must be received on Friday before your child comes to camp.

NO REFUNDS will be given for days your child does not come to camp and payment was received. One week payment is due the day you register your child.

Cost of camp for resident is as follows: (per child)

Full day 8:30-3:00 \$250 wk (\$55 day)	½ day am 8:30-11:45 \$30 per day	½ day pm 11:45-3:00 \$30 per day	early care 7:30-8:30 \$40 per wk (\$8 per day)	extra care 3:00-5:00 \$80 per wk (\$16.00 per day)
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Cost of Camp for non-resident (per child)

Full day 8:30-3:00 \$275 wk (\$60 day)	½ day am 8:30-11:45 \$35 per day	½ day pm 11:45-3:00 \$35 per day	early care 7:30-8:30 \$40 per wk (\$8 per day)	extra care 3:00-5:00 \$80 per wk (\$16.00 per day)
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1. Name: _____
2. Address: _____
3. Telephone: _____
4. Age: _____
5. Mother's name or legal guardian: _____
6. Father's name or legal guardian: _____
7. Mother's work phone: _____
8. Father's work phone: _____
9. Emergency contacts (required): Prioritize who to contact in case of an emergency
Name: _____ phone#: _____
Name: _____ phone #: _____
Name: _____ phone #: _____
Email: _____
10. In an *emergency situation* where we are unable to reach you, do you give permission to have your child receive treatment at a hospital? Yes _____ No _____
11. Does your child have insurance? Yes _____ No _____
12. List your child's health care provider: _____
13. Phone number of your health care provider: _____
14. Does your child have any special needs, medical conditions or special circumstances we should know about? If yes, please describe (include allergies): _____

15. Is your child presently on medication? Yes _____ No _____
16. Is your child updated on immunizations? Yes _____ No _____
17. **Please enclose child's immunization record and current physical with registration.**
Done: _____
18. List individuals who are allowed to pick-up your child (Children will not be released to individuals not listed):
Name: _____ phone: _____

Name: _____ phone: _____

Name: _____ phone: _____

Name: _____ phone: _____

18. As the parent or guardian of _____, I understand that if my child appears to be sick, not feeling well or have an infectious condition; someone on my contact list will be called to remove my child from the program.

(Signature of parent or guardian)

19. As the parent or guardian of _____, I understand my payment fees will be due the Friday prior to the week of his/her attendance, unless already paid:
Signature: _____

20. I understand I must sign in and sign out my child each day. (Initial) _____

21. Child's name: _____

Approximate drop off time: _____

Approximate pick up time: _____

22. I hereby give permission for my child to be photographed to help promote the Auburn Recreation and Culture Department's programs. ____YES ____NO

I acknowledge that by enrolling my child in the above program, he/she has my permission to participate in all activities associated with the program. I hereby release the Town of Auburn, its representatives, agents, employees, successors and assigns from all claims, demands, suits, damages, actions, causes of actions and liabilities whatsoever of every name and nature both in law and equity on account of or in any way resulting from injuries, accidents, illnesses or loss sustained while present, or participating in, any activity at the program except in the event such injuries are sustained due to the negligence of the Town of Auburn.

(Signature of parent/guardian)

(date)

I also acknowledge that if for any reason my child becomes a threat to himself, other children or staff, I may be called immediately to remove my child from the program if inappropriate behavior cannot be corrected. (All attempts will be made to redirect the child's behavior to a more acceptable pattern and we do consider this as a last resort.)

(Signature of parent/guardian)

(date)

Week #1: June 27-July 1 Stars and Stripes

Circle the days your child will be attending or check full week:

	Full week_____		M T W TH F		Pizza: Fri \$5.00_____	
Full day	½ day am	½ day pm	early care	extra care		TOTAL DUE
8:30-3:00	8:30-11:45	11:45-3:00	7:30-8:30	3:00-5:00		

Week #2: July 5-8 let the Summer Begin -no camp on July 4

Circle the days your child will be attending or check full week:

	Full week (\$175)_____		M T W F		Pizza: Fri \$5.00_____	
Full day	½ day am	½ day pm	early care	extra care		TOTAL DUE
8:30-3:00	8:30-11:45	11:45-3:00	7:30-8:30	3:00-5:00		

Week #3 July 11-15 Performing Arts

Circle the days your child will be attending or check full week:

	Full week_____		M T W TH F		Pizza: Fri \$5.00_____	
Full day	½ day am	½ day pm	early care	extra care		TOTAL DUE
8:30-3:00	8:30-11:45	11:45-3:00	7:30-8:30	3:00-5:00		

Week #4: July 18-22 Outer space

Circle the days your child will be attending or check full week:

	Full week_____		M T W TH F		Pizza: Fri \$5.00_____	
Full day	½ day am	½ day pm	early care	extra care		TOTAL DUE
8:30-3:00	8:30-11:45	11:45-3:00	7:30-8:30	3:00-5:00		

Week #5: July 25-29 Tropical Paradise

Circle the days your child will be attending or check full week:

	Full week_____		M T W TH F		Pizza: Fri \$5.00_____	
Full day	½ day am	½ day pm	early care	extra care		TOTAL DUE
8:30-3:00	8:30-11:45	11:45-3:00	7:30-8:30	3:00-5:00		

Week #6: August 1-5 all around the world

Circle the days your child will be attending or check full week

	Full week _____	M T W TH F		Pizza: Fri \$5.00 _____	
Full Day 8:30-3:00	½ day am 8:30-11:45	½ day pm 11:45-3:00	early care 7:30-8:30	extra care 3:00-5:00	TOTAL DUE
_____	_____	_____	_____	_____	_____

Week #7: August 8-12 Our Community

Circle the days your child will be attending or check full week:

	Full week _____	M T W TH F		Pizza: Fri \$5.00 _____	
Full day 8:30-3:00	½ day am 8:30-11:45	½ day pm 11:45-3:00	early care 7:30-8:30	extra care 3:00-5:00	TOTAL DUE
_____	_____	_____	_____	_____	_____

Week #8: August 15-19 Discovering the World of Disney

Circle the days your child will be attending or check full week:

	Full week: _____	M T W TH F		Pizza: Fri \$5.00 _____	
Full day 8:30-3:00	½ day am 8:30-11:45	½ day pm 11:45-3:00	early care 7:30-8:30	extra care 3:00-5:00	TOTAL DUE
_____	_____	_____	_____	_____	_____

TOTAL DUE: _____

Will your child be attending Auburn Summer School: yes or no

Will the camp be picking him or her up at Summer School: yes or no

Please sign below to give us permission to pick up your child from Summer School Program:

Parent Signature _____

What weeks will your child be attending Auburn Summer School: (circle) 1 2 3 4

Parent Signature: _____

CHECKS ONLY! Made out to: The Town of Auburn NO REFUNDS

