

**Burlington Parks & Recreation Department
2009 Kaper Kamp Registration Form**

GENERAL INFORMATION:

Child's Name _____ Date of Birth _____
Grade (2009-2010) _____ Age _____ Sex: M F

CAMP SESSION(s)

Session 1: August 3-7 \$120 / \$140 non-residents
Session 2: August 10-14 \$120 / \$140 non-residents

Do you need early care? (add \$30 for the week) (7:45am-9:00am) YES NO

PRIMARY GUARDIAN

Name _____
Email: _____
Address _____
Employer _____
Address _____
Phone _____ (h) _____ (w)
Other phone _____

SECONDARY GUARDIAN

Name _____
Email: _____
Address _____
Employer _____
Address _____
Phone _____ (h) _____ (w)
Other phone _____

1) EMERGENCY CONTACT (need two)

Name _____ Phone _____ (h) _____ (w)
Address _____ Relation _____

2) 2nd EMERGENCY CONTACT

Name _____ Phone _____ (h) _____ (w)
Address _____ Relation _____

Child's Dentist _____ Phone _____

Child's Physician _____ Phone _____

In an emergency, do you give permission for us to contact your physician / dentist or to seek emergency medical care?

I DO / DO NOT give permission _____ (sign)

The following people have permission to pick up my child:

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

My Child MAY / MAY NOT walk home on their own _____ (sign)

Please complete this section thoroughly (use additional paper if necessary)

1) Food or other allergies: _____

2) Physical limitations (asthma, etc..) _____

3) Special dietary requirements: _____

4) Medication required: _____

5) Other special needs: _____

6) Does Your Child have an aid during school? YES NO

If Yes, please contact Dan Cahill, Recreation Coordinator at 856-7091.

FIELD TRIP PERMISSION FORM: We are planning to take several field trips this summer. A parent or guardian for each participant needs to fill out one form to cover all of these trips. Champ Camp groups will be taking walking and bus field trips throughout the greater Burlington area. At this time you may give permission for both.

PRESS RELEASE FORM: This press release form gives your permission for your child's photograph to be used in the newspaper and also gives permission for any television coverage as well.

SCHOOL CONTACT: This allows our staff to contact school personnel including principal, guidance counselor, teacher or special educator.

Permission Form

1) I do / do not _____ give permission for my child to participate in all field trips that are part of the Kaper Kamp Program.

2) I do / do not _____ give permission for my child to participate in any photo or video session that may be part of the Kaper Kamp Program.

3) I do / do not _____ give permission for the Kaper Kamp staff to contact my child's school personnel including principal, guidance counselor, teacher or special educator.

Signed _____ Date _____

THIS FORM MUST BE COMPLETED AND RETURNED TO BURLINGTON PARKS & RECREATION TO ENSURE THAT YOUR REGISTRATION IS COMPLETE.