



**REGISTRATION FORM**  
2011 CHAMP CAMP/KAPER KAMP

**THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD CAN BE ENROLLED IN THE CAMP(S).**

**GENERAL INFORMATION**

Child's Name (First, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade (Fall of 2011) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 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) \_\_\_\_\_

**CAMP SESSIONS**

<u>Camp</u>	<u>Location</u>	<u>Session</u>
<b>Champ Camp</b>	<input type="checkbox"/> CP Smith	<input type="checkbox"/> Session 1: June 27 - July 1 <input type="checkbox"/> Session 4: July 18 - July 22
	<input type="checkbox"/> Edmunds	<input type="checkbox"/> Session 2: July 5 - July 8 <input type="checkbox"/> Session 5: July 25 - July 29
	<input type="checkbox"/> Edmunds	<input type="checkbox"/> Session 3: July 11 - July 15 <input type="checkbox"/> Session 6: Aug. 1 - Aug. 5
<b>KAPER KAMP</b>	<input type="checkbox"/> Edmunds	<input type="checkbox"/> Session 1: Aug. 8 - 12 <input type="checkbox"/> Session 2: Aug. 15 - 19

**CAMP FEE**

**Burlington Residents**

Number of Sessions \_\_\_\_\_ x \$130 = \$ \_\_\_\_\_

**Non-Residents**

Number of Sessions \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_

Early Childcare (\$30/Session):  Yes     No = \$ \_\_\_\_\_

Early Childcare (\$30/Session):  Yes     No = \$ \_\_\_\_\_

*\*fee for CC Session 2=\$105 (\$129 w/Early Childcare)*

*\*fee for CC Session 2=\$125 (\$149 w/Early Childcare)*

**Total:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**Primary Guardian**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Guardian**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #1-MUST HAVE 2 CONTACTS!**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Relation: \_\_\_\_\_

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): \_\_\_\_\_

**BACKGROUND INFO.** Check boxes that apply and provide detail.

Food or other allergies: \_\_\_\_\_

Physical limitations (asthma, etc.): \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Medication required: \_\_\_\_\_

**PERMISSION FORM**

**FIELD TRIPS:** 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.

I DO/ DO NOT give permission for my child to participate in all field trips that are part of the Champ Camp Program.

I DO/ DO NOT give permission for my child to participate in any photo or video session that may be part of the Champ Camp Program.

I DO/ DO NOT give permission for the Champ Camp staff to contact my child's school personnel including principal, guidance counselor, teacher or special educator.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



For more information visit: [www.enjoyburlington.com](http://www.enjoyburlington.com) or call (802) 864-0123