

# Montpelier Recreation Department

## Vermont State Licensed

### Day Camp Program

Campers Name:

**Montpelier Capital Kids Day Camp Forms Checklist:**

- \_\_\_\_\_ Completed & Signed Forms (One for each child)
- \_\_\_\_\_ Immunization Records (A copy received in 2020)  
(We will use the Immunization records from Feb/April 2020 camp)
- \_\_\_\_\_ First week's payment and any other past due on the payment schedule on the right side of this form or subsidy certificate with co-payment if you have one.
- \_\_\_\_\_ Medication Permission form (If Applicable)
- \_\_\_\_\_ Field Trip Form

**Any Forms received without all of the above will be returned. A place will not be secured in camp until we have received everything.**

**For Subsidy Information please contact:**

The Family Center of Washington County  
383 Sherwood Drive – Montpelier, VT  
Phone 262-3292

**Payments are due on the schedule below**

**Only attending one week please submit payment with registration.**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Week 1 – Due April 30 <sup>th</sup> | Week 2 – Due May 7 <sup>th</sup>   |
| Week 3 – Due May 14 <sup>th</sup>   | Week 4 – Due May 21 <sup>st</sup>  |
| Week 5 – Due May 28 <sup>th</sup>   | Week 6 – Due June 4 <sup>th</sup>  |
| Week 7 – Due June 11 <sup>th</sup>  | Week 8 – Due June 18 <sup>th</sup> |
| Week 9 – Due June 25 <sup>th</sup>  |                                    |

**You are responsible for payment if you do not attend camp. You must cancel at least two weeks prior to the start to be refunded minus a \$20 Administrative fee. If you are a no show for camp with no cancellation for that week you are still responsible for that week's payment and your child will be removed from future weeks of camp. Attached to the back of this registration packet you will find cancellation forms. (Please remove and keep for your convenience for cancellations)**

	June 22 <sup>nd</sup> - 26 <sup>th</sup>	June 29 <sup>th</sup> – July 3 <sup>rd</sup>	July 6 <sup>th</sup> – 10 <sup>th</sup>	July 13 <sup>th</sup> – 17 <sup>th</sup>	July 20 <sup>th</sup> – 24 <sup>th</sup>	July 27 <sup>th</sup> – 31 <sup>st</sup>	August 3 <sup>rd</sup> – 7 <sup>th</sup>	August 10 <sup>th</sup> – 14 <sup>th</sup>	August 17 <sup>th</sup> – 21 <sup>st</sup>
Full Days									
*Half Days AM									
*Half Days PM									

\*Half day campers will be able to attend the field trip for the week the camper is attending at no extra cost. If your child chooses not to attend the field trip you will need to find alternative care for that day, as there are no staff at day camp during field trips.

Lunch is Provided Free for all campers that check this box

**Montpelier Resident's Fee:**

- \$130.00 per week/1<sup>st</sup> camper
- \$115.00 per week/2<sup>nd</sup> camper
- \$75.00 half day/1<sup>st</sup> camper
- \$65.00 half day/2<sup>nd</sup> camper

**Non-Montpelier Resident's Fee:**

- \$175.00 per week/1<sup>st</sup> camper
- \$155.00 per week/2<sup>nd</sup> camper
- \$107.50 half day/1<sup>st</sup> camper
- \$97.50 half day/2<sup>nd</sup> camper

**Please Print:**

First Name

Last Name

M.I.

Age

Date of Birth

Grade

**Mailing Address:**

Street Address

Street Address Line 2

City

State

Zip Code

**Parent's/Guardian's Information:**

Name

Email Address

Home Phone Number

Work Number

Cell Number

**Parent's/Guardian's Information:**

Name

Email Address

Home Phone Number

Work Number

Cell Number

**Emergency Contact 1: Other than the parent's/guardians above**

Name

Email Address

Work Number

Cell Number

**Emergency Contact 2: Other than the parent's/guardians above**

Name

Email Address

Work Number

Cell Number

**Medical Information:**

Doctor

Doctor's Phone Number

Dentist

Dentist Phone Number

Insurance/Health Coverage

Does your child have allergies?

Yes    No

If Yes, What?

Any other medical information that may be helpful to us and/or emergency personnel.

**Camper Code of Conduct:**

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items etc) I will respect counselors, directors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature

Date

I agree to help my child abide by this code of conduct

Parent/Guardian Signature

Date

### **Montpelier Recreation Day Camp Disciplinary Policy:**

Day Camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below:

**1st Incident:** The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

**2nd Incident:** Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participation in an activity). The camper's parents will be notified of their child's behavior when they arrive for pick up.

**3rd Incident:** Child will be removed from camp without a tuition refund

#### **Immunization Records:**

We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program.

**Authorization of Treatment:** I hereby give my permission to the medical personnel selected by the Camp Director to order treatment and necessary transportation of my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

Initials

**Photo Release:** The Montpelier Recreation Department is committed to the safety and privacy of you and your children. Some of our programs and/or special events may be photographed or videotaped. Please indicate your preference for display in our brochures or local newspapers.

- Yes, permission granted
- No, don't display pictures

**Liability Waiver:**

I assume all risks and hazards incidental to such participant, including transportation to and from Day Camp, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Recreation Department and the Montpelier Public School System, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

Parent/Guardian Signature

Date

**Medication Permission Form**

I \_\_\_\_\_ , give my permission to the Capital Kids Day Camp staff to provide my Child \_\_\_\_\_ , with the following medication in process stated below.

Medication 1

Type of Medication: \_\_\_\_\_

Amount: \_\_\_\_\_

Date(s)/Time(s): \_\_\_\_\_

Medication 2

Type of Medication: \_\_\_\_\_

Amount: \_\_\_\_\_

Date(s)/Time(s): \_\_\_\_\_

Medication 3

Type of Medication: \_\_\_\_\_

Amount: \_\_\_\_\_

Date(s)/Time(s): \_\_\_\_\_

Signature \_\_\_\_\_

# Montpelier Capital Kids Field Trip Permission Form

Please sign below each week that applies to your child. Each week a reminder handout with trip details will be sent home upon pick up early that week. Children not attending a trip cannot attend camp the day of the trip. Trips are subject to change with updates being sent to parents

## Trip Information

## Parent/Guardian Signature

- Week 1 Trip to Whales Tale Thurs June 25th \_\_\_\_\_  
Depart camp at 8:00am Return to camp around 4:30
- Week 2 Family Fun Day Performance by Marko the Magician July 3rd
- Week 3 Trip to VINS Thurs July 9th \_\_\_\_\_  
Depart camp 9:15am Return to camp around 3:30pm
- Week 4 Performance by Jason Tardy 9:30am Thurs July 16<sup>th</sup>
- Week 5 Trip to Boulder Beach Thursday July 23<sup>th</sup> \_\_\_\_\_  
Depart camp 9:15am Return to camp around 3:30pm
- Week 6** TBD
- Week 7 Performance by Alex the Jester 1pm
- Week 8 Trip to Lake Elmore August 13th \_\_\_\_\_  
Depart camp 9:15am Return to camp around 3:30pm
- Week 9 Trip to Whales Tale Thurs. August 20th \_\_\_\_\_  
Depart camp 8:00am Return around 4:30

## Montpelier Recreation Department's Cancellation and Refund Request

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

**Participant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**Reason for Cancellation/Refund:**

\_\_\_\_\_  
\_\_\_\_\_

**Person Requesting Refund:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street or P.O. Box Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please Check One: Credit on Household Account: \_\_\_\_\_ Check by mail \_\_\_\_\_ Credit Card \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature (Person Requesting Refund)**

**Date**

\_\_\_\_\_

### Office Use Only

Program Cost: \_\_\_\_\_ Surcharge Amount: \_\_\_\_\_ Amount Refunded: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Family Called? Y \_\_\_ N \_\_\_

Approved by:

Programmer's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Submitted to: Accounts Payable \_\_\_ Yes \_\_\_ No

Charge Account # List amount to be refunded

\$ \_\_\_\_\_ (Account Number) \_\_\_\_\_

\$ \_\_\_\_\_ (Account Number) \_\_\_\_\_

\$ \_\_\_\_\_ (Account Number) \_\_\_\_\_