



**BURLINGTON
PARKS
RECREATION
WATERFRONT**

Licensed Day Care CAMP REGISTRATION FORM

*Please submit completed form with payment for first week or Child Care Resource certificate to:
Burlington Parks, Recreation & Waterfront
Miller Community Recreation Center
130 Gosse Court BURLINGTON, VT 05401*

GENERAL INFORMATION

Child's Name: _____ Date of Birth: _____

Grade (fall of 2016): _____ Age: _____ Gender: _____

Primary Guardian

Name: _____ Email: _____

Address: _____

Phone: (H): _____ (W): _____ (C): _____

Secondary Guardian

Name: _____ Email: _____

Phone: (H): _____ (W): _____ (C): _____

Camp Name

Date

Camp Name	Date

Champ Camp Extended Care Yes No

Payment of Fees: Please check off your payment plan.

* I will be contacting my subsidy specialist and have a full day payment certificate in place at my camp site to apply to the camp fee____

* Applying for a partial scholarship thru Burlington Parks, Recreation & Waterfront to apply to camp____

* I will be paying the camp fee_____

BACKGROUND INFORMATION Check boxes that apply and please provide detail.

Please fill out the attached medication administration form for medicine to be administered during camp for over the counter and prescription.

- Food or other allergies: _____
- Physical limitations: _____
- Special dietary requirements: _____
- Medication required: _____
- Other special needs: _____
- Child has an aid during school: **Please contact Department Staff – 802-864-0123**

EMERGENCY INFORMATION

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 gives 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): _____

Emergency Contact #1

Name: _____ Phone : (H) _____ (W) _____

Address: _____ Relation: _____

Emergency Contact #2

Name: _____ Phone : (H) _____ (W) _____

Address: _____ Relation: _____

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. Camp groups may be taking walking and bus field trips throughout the greater Burlington area. At this time you may give permission for both.

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

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

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

I DO/ DO NOT give permission to obtain your child's immunization records.

I DO/ DO NOT give permission for my child to participate in swimming activities.

IDO/DO NOT give permission for staff to apply sunscreen during the camp day.

Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for your child to view a PG movie. I Do/Do Not give permission for my child _____ to watch a PG movie that may be part of an activity.

Additionally, all staff members of Burlington Parks, Recreation and Waterfront are mandatory reporters. I understand that Vermont law mandates that all Burlington Parks Recreation and Waterfront staff report any suspected child abuse or neglect to the Department for Children and Families.

YES, I understand _____ *(please initial to indicate your understanding)*

SIGN: _____ DATE: _____

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