



**BURLINGTON  
PARKS  
RECREATION  
WATERFRONT**

**April Vacation Camp  
Registration Form 2016**

**General Information**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Grade (2015-2016) \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

I would like to sign up for the Spring Vacation Camp at: \_\_\_\_\_ Champlain \_\_\_\_\_ CP Smith

Days I need care: Please check: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

I will also need early care: Yes \_\_\_ No \_\_\_

I plan on covering tuition for the week by: \_\_\_\_\_ Paying the tuition fee, or, \_\_\_\_\_ I currently receive childcare subsidy, or, \_\_\_\_\_ applying for a Burlington Parks, Recreation & Waterfront Scholarship

**Guardian**

**Second Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(work) \_\_\_\_\_

(other) \_\_\_\_\_

(other) \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

**Two contacts OTHER THAN PARENTS/GUARDIANS are required for our childcare license.**

**Emergency Contact #1**

**Emergency Contact #2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (home)

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(work) \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION** Check boxes that apply and please provide detail.

- 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**  
(Other) \_\_\_\_\_ (other) \_\_\_\_\_

**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) \_\_\_\_\_**

**Do you give permission the Camp staff to dispense medication that you provide?**

**(Circle one) Yes No**

**Please fill out the attached Medication Administration Packet. This must be filled out to dispense medication during camp.**

**Pick-Up Information**

My child may (please circle or describe): **WALK / BIKE HOME** or **WAIT for PICK-UP**

My child may go home with (please write in name of adults/siblings):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Permission Form

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

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/ON 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*)

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Name*