

**East Windsor Parks and Recreation  
2014 Summer Fun Camp  
(Ages 6 -12, Monday – Thursday)**

**General Information:** This year the camp will be open for 8 weeks beginning Monday, June 30<sup>th</sup>. Camp will run from Monday – Thursday each week. In the morning, campers will be offered various sports activities, arts & crafts and a group activity. In the afternoon, swimming will be available. Each week of camp one field trip will be offered. All campers are required to attend field trips or will not be able to attend camp on the day of the trip.

**Camp Location:** East Windsor Park – Office Number: (860)627-6662  
27 Reservoir Avenue, Broad Brook, CT

**Camp Fees and Hours:** Regular Camp Hours 9:00 – 3:30  
**Residents: \$95**  
**Non-Residents: \$105**

Extended Hours 7:30 – 5:00  
**Residents: \$105**  
**Non-Residents: \$115**

**Dates of Camp:**     6/30                       7/7                       7/14                       7/21  
                                  7/28                       8/4                       8/11                       8/18

**Registration:** Registration is done on a first come, first served basis. We accept registrations on an in-person basis during normal office hours. Registrations are also accepted through the mail-in process or you may use one of our convenient drop boxes located at all East Windsor Town Buildings and Schools. You can also register online via our Webster Bank Payment Link.

**Payment Options:** Cash and check payments are accepted for Summer Camp. At the time of registration, a \$10 deposit is required for each week of camp, as well as the first week's balance. All remaining payments must be received by Thursday prior to the next week of camp. A spreadsheet will be provided to each family indicating payment amounts that have been received, as well as the balance and due date of the next payment. If the payment is not made by Monday morning, your camper will not be allowed to attend camp until payment is made. ***All CASH PAYMENTS are to be made at the Parks & Recreation Office during normal business hours. Camp Counselors will not accept CASH PAYMENTS at camp.***

**Refund Policy:** ***Once a registration form has been accepted and processed, parents will be held responsible for payment for all weeks chosen whether the child attends or not. If an extenuating circumstance prevents your child from attending, it will be at the discretion of the Director of P&R to issue a refund.***

**Parent/Guardian Signature:** \_\_\_\_\_

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

**EAST WINDSOR PARK & RECREATION**  
**2014 SUMMER FUN CAMP REGISTRATION FORM**  
 (AGES 6 - 12, Monday - Thursday\*)

CAMPER'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE in fall 2014: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY (other than parent/guardian):

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

SHIRT SIZE: (check one): \_\_\_ Youth-Med \_\_\_ Youth-Lrg \_\_\_ Adult-Sm \_\_\_ Adult-Med \_\_\_ Adult-Lg \_\_\_ Adult-XL

**PLEASE CHECK SESSIONS DESIRED:**

**Regular Hours:** 9:00 a.m. to 3:30 p.m. - \$95/week Residents, \$105/week Non-Resident

**Extended Hours:** 7:30 a.m. to 5:00 p.m. - \$105/week Residents, \$115/week Non-Resident.

**Regular Hours:**

**Extended Hours:**

___ Week 1: June 30-Jul 3	9:00-3:30 (\$ )	___ Week 1: June 30-Jul 3	7:30-5:00 (\$ )
___ Week 2: July 7-10	9:00-3:30 (\$ )	___ Week 2: July 7-10	7:30-5:00 (\$ )
___ Week 3: July 14-17	9:00-3:30 (\$ )	___ Week 3: July 14-17	7:30-5:00 (\$ )
___ Week 4: July 21-24	9:00-3:30 (\$ )	___ Week 4: July 21-24	7:30-5:00 (\$ )
___ Week 5: July 28-31	9:00-3:30 (\$ )	___ Week 5: July 28-31	7:30-5:00 (\$ )
___ Week 6: August 4-7	9:00-3:30 (\$ )	___ Week 6: August 4-7	7:30-5:00 (\$ )
___ Week 7: August 11-14	9:00-3:30 (\$ )	___ Week 7: August 11-14	7:30-5:00 (\$ )
___ Week 8: August 18-21	9:00-3:30 (\$ )	___ Week 8: August 18-21	7:30-5:00 (\$ )

\*\*\*\*Price of each session can be reduced by \$5 per week per each additional child enrolled\*\*\*\*

TOTAL CAMP AMOUNT DUE \$ \_\_\_\_\_

Amt Pd: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Balance: \_\_\_\_\_

**CAMP REFUND POLICY:** Once a registration form has been accepted and processed, parents are responsible for payment for all weeks chosen whether the child attends or not. If an extenuating circumstance prevents your child from attending, it will be at the discretion of the Director of P&R to issue a refund.

\*\*Registration will close 2 weeks prior to each session\*\*

Upon registration, a **NON-REFUNDABLE** \$10 per child/per week deposit is required.

**PAYMENT OF THE WEEKLY BALANCE MUST BE PAID IN FULL BY THURSDAY PRIOR TO THE BEGINNING OF EACH SESSION OR YOUR CHILD WILL NOT BE ABLE TO ATTEND UNTIL PAYMENT IS MADE.**

Camp Field Trips, priced between \$6-\$10 per child/per trip, are charged in addition to session price.

**ALL CAMPER'S ARE REQUIRED TO ATTEND FIELD TRIPS, OR MUST NOT ATTEND CAMP ON THE DAY OF THE TRIP.**

**MEDICAL INFORMATION**

Is your child allergic to anything? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, to what? \_\_\_\_\_

Does your child take any medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what medications and are there any side effects the staff should be aware of? \_\_\_\_\_

Any medical conditions or special needs staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail. \_\_\_\_\_

Does your child have any other special considerations related to behavioral needs which are not mentioned above and that our staff should know about to help your child have a positive experience at camp?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain in detail \_\_\_\_\_

**\*NOTE:** The Recreation Department is not certified or authorized to administer prescription or over-the-counter medications to campers. Any child requiring medication during camp hours must have a parent or legal guardian come to camp to administer their medication. Children are not allowed to self-administer their own medications or bring medications to camp. (Two exceptions to this rule are epi-pens and asthma medications. In this case, please attach a note completed by your doctor before camp begins.)

**RELEASE AND WAIVER**

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of East Windsor, I hereby waive and release the Town of East Windsor, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I, or my child, is in good physical and mental health and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date