

EASTON PARKS & REC. TOTH PARK SUNSHINE DAY CAMP



Camper 1: _____ Age: _____ Grade Entering: _____

Camper 2: _____ Age: _____ Grade Entering: _____

Address: _____ Phone: _____

E-mail Address: _____ Birth date: _____ Gender: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

T-SHIRT SIZE: (please circle one)	YS	YM	YL	AS	AM	AL
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Who is responsible for picking up your child? _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: (we contact parents first)

Name/relationship: _____ Phone(s): _____

Physician's Name: _____ Phone(s): _____

Medical Problems/Allergies: _____

Special Needs: _____

****PLEASE NOTE: DAY CAMP RUNS MONDAYS THROUGH FRIDAYS 9am-2pm/Treehouse Gang 2-5pm
TRIPS ARE SUBJECT TO CHANGE**

Session Dates
Session 1: June 28-July 2
Session 2: July 5-July 9
Session 3: July 12-July 16
Session 4: July 19-July 23
Session 5: July 26-July 30
Session 6: August 2-August 6
Session 7: August 9-August 13

Field Trips*
Session 1: Bowling
Session 2: Maritime Center
Session 3: Fun For Kids
Session 4: NO TRIP-Campardy
Session 5: Movies (Rated G)
Session 6: NO TRIP-Carnival Week
Session 7: Wolfe Park



2010 Day Camp Fees--Please circle selections

	1 st Child	2 nd Child	3+Child	Field Trip	Tree House Gang After Care	Lunch Bunch
___ Session 1:	\$90	\$84	\$72	\$20	\$55	\$15
___ Session 2:	\$90	\$84	\$72	\$20	\$55	\$15
___ Session 3:	\$90	\$84	\$72	\$20	\$55	\$15
___ Session 4:	\$115	\$109	\$97	n/a	\$55	\$20
___ Session 5:	\$90	\$84	\$72	\$20	\$55	\$15
___ Session 6:	\$115	\$109	\$97	n/a	\$55	\$20
___ Session 7:	\$90	\$84	\$72	\$20	\$55	\$15

Total Fee Paid: _____ Ck# _____

PLEASE NOTE* THERE WILL BE NO REFUNDS FOR DAY CAMP-NO EXCEPTIONS

While enrolled in the above activities sponsored by the Easton Parks and Recreation Commission, the Town of Easton and the Parks and Recreation Director and staff are not responsible for any injuries which may occur while participating in or traveling to or from any of these activities. In the event of an injury, permission is also granted to see to it that proper first aid and medical attention is given. By signing, I have also read and understood Easton Parks and Recreation's program policies including the refund and withdrawal policies. I also give me permission and consent to the above named participant to all photographs to be taken and consent that they may be used or published as Park and Recreation deems appropriate.

Signature: _____ Date: _____