KIDZ KAMP 2019

One Registration form per child. **Please print clearly.** **This form may be duplicated if needed.**

Camper: _____ Age: ___ DOB: _____ Rising Grade: __ Gender: _____
(Last) (First) (Grades 1-6)

Address: _____

Parent 1: _____ **Parent 2:** _____

Phone: _____ Phone: _____ Phone: _____ Phone: _____

Email: _____ Email: _____

Emergency Contact Name: _____ Phone: _____
(Other than parent)

Allergies, medications, medical conditions: _____

_____

Please circle the session and activities your child will attend
(*Non-residents pay $20 more per session*):

		Before Care 7:30 - 9	Kidz Kamp 9 - 4	After Care 4 - 6	Hot Lunch Option	Field Trip	
Week 1:	**Jun 17 - Jun 21**	$15	$100 res /$120nr	$20	$20	Rockin' Jump	$30 _____
Week 2:	**Jun 24 - Jun 28**	$15	$100 res /$120nr	$20	$20	Dave & Buster's	$30 _____
Week 3:	**July 1 - July 5**	$15	$90 res /$110nr	$20	$20	Movies & Bowling	$30 _____
Week 4:	**July 8 - July 12**	$15	$100 res /$120nr	$20	$20	Beardsley Zoo	$30 _____
Week 5:	**July 15 - July 19**	$15	$100 res /$120nr	$20	$20	Hartford Yardgoats	$30 _____
Week 6:	**July 22 - July 26**	$15	$100 res /$120nr	$20	$20	Pirate Cruise	$30 _____
Week 7:	**July 29 - Aug 2**	$15	$120 res /$140nr	$20	$20	POCO - price included in fee	
Week 8:	**Aug 5 - Aug 9**	$15	$100 res /$120nr	$20	$20	Quassy	$30 _____
Week 9:	**Aug 12 - Aug 16**	$15	$100 res /$120nr	$20	$20	No Trip — At camp party	

Please list anyone, including yourself, that will have permission to pick up your child(ren) from Kamp

1.
2.
3.
4.
5.

T-SHIRT SIZE (Circle One) **YS** **YM** **YL** **AS**

I give permission for my child to participate in the Recreation Department's Kidz Kamp program under the Direction of the Town of North Branford. I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of North Branford, its directors, agents, employees, volunteers and any person transporting my child to or from any activities, for any claim arising out of any injury(s) to my child. I give permission to have photographs of my child or children taken during this program used for publicity purposes of the NB Recreation Department.

_____ _____
Parent/Guardian Signature Date

Kamp Week Totals	$_____
B/A Care Totals	$_____
Kamp Trip Totals	$_____
Lunch Totals	$_____
Sibling Discount	$_____
TOTAL FEE DUE	$_____