

# KIDZ KAMP 2018

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

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	
<b>Week 1:</b>	<b>Jun 18 - Jun 22</b>	\$15	\$95/\$115	\$20	\$20	Dave & Buster's	\$30 _____
<b>Week 2:</b>	<b>Jun 25 - Jun 29</b>	\$15	\$95/\$115	\$20	\$20	SkyZone	\$30 _____
<b>Week 3:</b>	<b>July 2 - July 6</b>	\$15	\$80/\$100	\$20	\$20	Movies & Bowling	\$30 _____
<b>Week 4:</b>	<b>July 9 - July 13</b>	\$15	\$95/\$115	\$20	\$20	Sports Center of CT	\$30 _____
<b>Week 5:</b>	<b>July 16 - July 20</b>	\$15	\$95/\$115	\$20	\$20	Nomad's Adventure	\$30 _____
<b>Week 6:</b>	<b>July 23 - July 27</b>	\$15	\$95/\$115	\$20	\$20	Quassy	\$30 _____
<b>Week 7:</b>	<b>July 30 - Aug 3</b>	\$15	\$115/\$135	\$20	\$20	<u>POCO - price included in fee</u>	
<b>Week 8:</b>	<b>Aug 6 - Aug 10</b>	\$15	\$95/\$115	\$20	\$20	Discovery Museum	\$30 _____
<b>Week 9:</b>	<b>Aug 13 - Aug 17</b>	\$15	\$95/\$115	\$20	\$20	<u>No Trip — At camp party</u>	

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 AM AL**

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	\$ _____
<b>TOTAL FEE DUE</b>	<b>\$ _____</b>