

BRUNSWICK PARKS & RECREATION



Junior Camper Division - Entering Grade 1-3
Senior Camper Division - Entering Grade 4-6
(Grade as of fall of 2019)

Held At Harriet Beecher Stowe School!

Session I: June 24th –July 19th
9am - 4pm *\$360Res/\$479 Non-Residents
*\$15 Discount for **additional** siblings per session
(discount not available for online registrations; please register at our office for discount)
Before Care 7:30am-9am
\$75 per session Res/\$99 Non-Resident
After Care 4pm-5:30pm
\$75 per session Res/\$99 Non-Resident

Session II: July 22nd - August 15th (Thursday)
9am- 4pm *\$360Res/\$479 Non-Residents
Before Care 7:30am-9am
\$75 per session Res/\$99 Non-Resident
After Care 4pm-5:30pm
\$75 per session Res/\$99 Non-Resident

***WEBTRAC ONLINE
REGISTRATION NOW AVAILABLE!!**

TWO 4-WEEK
SESSIONS WITH
BEFORE & AFTER
CARE! SIGN UP FOR
1 SESSION OR
BOTH!

Parents are welcome to join the children during lunch on the playground. Children are encouraged to wear sneakers and dress appropriately for the weather, as well as sports and craft activities.



This summer's special trips/activities include:

Aquaboggan and Splash Town Water Parks, Coffin Pond, Maine Wildlife Park, Yankee Lanes, Boothbay Railway Village, Happy Wheels, York Animal Kingdom, Carnival Day, State Park Days (Sebago Lake, Bradbury Mountain, Reid State Park & Wolf's Neck Woods) and more!

Camp visits from: Brunswick Police & Fire Departments.
(Trips are subject to change based on availability and weather.
Check our camp website for calendar of proposed trip dates)



* **Lunch Program**-The Mid Coast Hunger Prevention Program (MCHPP) is offering a **Summer Feeding Program** for those children who qualified for free or reduced lunch during the 2018/2019 school year. This would provide a daily snack & lunch option for children who meet certain eligibility requirements. Please check the box on the reverse side if you would like to participate. For more detailed information contact Mary Turner at MCHPP at 725-2716, ext. 306.

Please complete form on reverse side and return with fee, to the Recreation Center, 220 Neptune Drive. Registrations **will not be accepted** at the Harriet Beecher Stowe School. Office hours are Monday - Friday, 8:00 a.m. to 4:30 p.m.

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact us at 725-6656.

For a copy of our refund policy, please visit our website at www.brunswickme.org/parkrec.

**BRUNSWICK PARKS & RECREATION SUMMER VACATION DAY CAMP SUMMER 2019
FOR GRADES 1-6 (grade as of fall 2019)**

FOR OFFICE USE
Date _____
Amt\$ _____
<input type="checkbox"/> Computer
#123001

Please check appropriate boxes: **WEBTRAC ONLINE REGISTRATION NOW AVAILABLE!!**

- SESSION 1: June 24th – July 19th, 9am - 4pm \$360* Resident/\$479 Non-Resident**
 *\$15 Discount for **additional siblings** per session (discount not available for online registrations; please register at our office for discount)
- BEFORE CARE - 7:30am - 9am \$75 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)**
- AFTER CARE - 4pm – 5:30pm \$75 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)**

- SESSION 2: July 22nd – August 15th, 9am - 4pm \$360* Resident/\$479 Non-Resident**
 *\$15 Discount for **additional siblings** per session (discount not available for online registrations; please register at our office for discount)
- BEFORE CARE - 7:30am - 9am \$75 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)**
- AFTER CARE - 4pm – 5:30pm \$75 Resident/\$99 Non-Resident (PER 4-WEEK SESSION)**

*Did your child participate in the free/reduced Lunch Program for the 2018/2019 school year? If so, would you like to take part in the Summer Feeding Program offered by Mid Coast Hunger Prevention? Yes No (We will confirm eligibility with the school department.)

Please Print

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ MALE FEMALE

STREET ADDRESS _____ TOWN _____ ZIP _____

TOWN OF RESIDENCE _____ SCHOOL _____ GRADE, in fall 2019 _____

Parent/Guardian #1 _____ EMAIL _____

Parent/Guardian #1 Home Phone _____ Parent/Guardian #1 Work Phone _____ Parent/Guardian #1 Cell _____

Parent/Guardian #2 _____ EMAIL _____

Parent/Guardian #2 Home Phone _____ Parent/Guardian #2 Work Phone _____ Parent/Guardian #2 Cell _____

IN CASE OF ACCIDENT OR EMERGENCY, we will first attempt to contact a parent. However, in the event we are unsuccessful, please provide another person (grandparent, neighbor, trusted friend) whom we might reach:

NAME _____ RELATIONSHIP _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ ADDRESS _____

PHYSICIAN'S NAME _____ PHONE _____

***ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS:** _____

PHYSICAL OR BEHAVIORAL CONCERNS OF WHICH YOU WANT US TO BE AWARE: _____

ARE THERE ANY SITUATIONS THAT MAY TRIGGER THIS CONCERN IN YOUR CHILD? _____

**WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?*

YES NO

PARENTS RECOMMENDATIONS FOR US TO HELP YOUR CHILD: _____

PEOPLE (i.e., PARENTS, BABYSITTER, NEIGHBOR, GRANDPARENTS, ETC.) WHO WILL BE PICKING UP YOUR CHILD DURING THE CAMP. ANYONE NOT LISTED BELOW WILL BE PROHIBITED FROM PICKING UP YOUR CHILD UNLESS THE CAMP SUPERVISOR IS OTHERWISE NOTIFIED IN WRITING. PLEASE LIST RELATIONSHIP TO CHILD. _____

MY CHILD WILL BE WALKING HOME AFTER CAMP

As a parent, I give my child permission to participate in the Brunswick Parks and Recreation Department Summer Vacation Camp and all field trips. I understand that photographs taken of Parks and Recreation Programs may be used by the Parks and Recreation Department for promoting programs, classes or events to include brochures, posters or web page postings.

Signature of Parent/Guardian _____



Names of Parents/Guardians _____

(PLEASE PRINT)