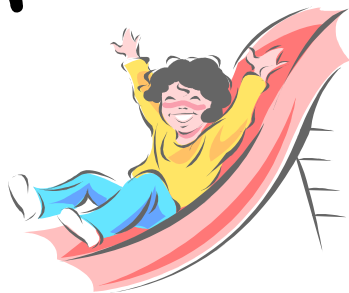


PRESCHOOL SUMMER MINI-CAMP



SESSION I: June 30 to July 16 FEE: Brunswick Residents \$105.00 Per Session
SESSION II: July 21 to August 6 Non-Residents - \$140.00 Per Session

Children may attend one or both sessions.

The Brunswick Parks and Recreation Department is offering a summer "Mini-Camp" for preschool age children at Longfellow School and Jordan Acres School. Each site is staffed with a caring, enthusiastic adult teacher and student aide.

Preschool Mini-Camp is for children **ages 3 to 5**. A valid **birth certificate** is required to verify child's age. Activities will include arts and crafts, songs, games, playground, stories, nature activities, etc. Two sessions will be held. Each session will run for **three weeks on Tuesday, Wednesday and Thursday, from 9:00-11:30 a.m.** There is a limit of 15 children per class. This program fills quick!!



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

PLEASE COMPLETE FORM ON REVERSE SIDE AND RETURN WITH FEE AND A COPY OF YOUR CHILD'S BIRTH CERTIFICATE TO 30 FEDERAL STREET. REGISTRATIONS WILL NOT BE ACCEPTED AT THE MINI CAMP SITES.

OFFICE HOURS ARE MONDAY - FRIDAY, 8:00 a.m. to 4:30 p.m.

Visit us online at www.brunswickme.org/parkrec to see a complete list of our current programs and obtain registration forms. Check back often for updates!

BRUNSWICK PARKS & REC DEPT FEE: Brunswick Residents \$105.00 per Session
PRE-SCHOOL MINI-CAMP Non-Residents \$140.00 per Session
Summer 2009
 Please Print



FOR OFFICE USE	
Date	_____
Amt\$	_____
Rec.#	_____
	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Computer

NAME _____ BOY GIRL AGE _____
 STREET ADDRESS _____ TOWN _____
 ZIP _____ TOWN OF RESIDENCE _____
 HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____
 SCHOOL _____ GRADE, fall 2009 _____ DATE of BIRTH _____
 EMAIL _____
 EMERGENCY CONTACT (other than parent): _____ Relationship _____
 DAY PHONE _____ CELL _____
 *ALLERGIES/PHYSICAL or EMOTIONAL LIMITATIONS _____

**WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?* YES NO

PLEASE CHECK (✓) SESSION/LOCATION:

SESSION I: June 30 - July 16

- Longfellow 113026-L1
- Jordan Acres 113026-A1

SESSION II: July 21 - August 6

- Longfellow 113026-L2
- Jordan Acres 113026-A2



I give permission for my, above named, child to participate in the Preschool Summer Mini-Camp program, including field trips.

Signature of Parent/Guardian _____ DATE _____

PARENT/GUARDIAN NAME (S) Please Print _____

