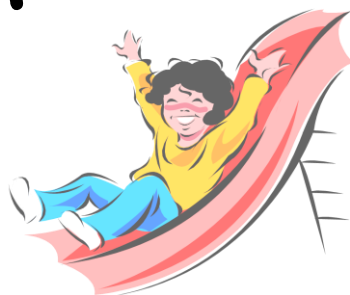
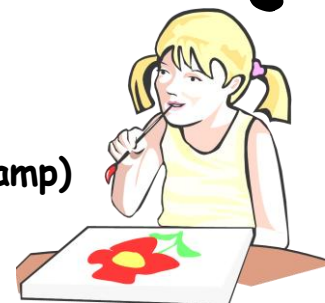


PRESCHOOL SUMMER



MINI-CAMP

Ages 3 to 5 (by the start of camp)



SESSION I: June 21 to July 7 **FEE:** Brunswick Residents \$120.00 Per Session
SESSION II: July 12 to July 28 Non-Residents - \$160.00 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 by the start of camp** (your child must be toilet trained). 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, obtain registration forms, and see our refund policy. Check back often!

**BRUNSWICK PARKS & REC DEPT FEE: Brunswick Residents \$120.00 per Session
 PRESCHOOL MINI-CAMP Non-Residents \$160.00 per Session
 Summer 2011**



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

Please Print

NAME _____ BOY GIRL

STREET ADDRESS _____ TOWN _____

ZIP _____ TOWN OF RESIDENCE _____

HOME PHONE _____ WORK PHONE _____ CELL/PAGER _____

SCHOOL _____ GRADE ____ AGE, by start of camp ____ 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 21 - July 7

- Longfellow 113026-L1
- Jordan Acres 113026-A1

SESSION II: July 12 - July 28

- Longfellow 113026-L2
- Jordan Acres 113026-A2



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

Signature of Parent/Guardian _____ DATE _____

PARENT/GUARDIAN NAME (S) *Please Print* _____