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!

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)

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)

______ EMAIL _____________________________________________

FOR OFFICE USE

Date___

Amt$_______________

□ Computer

#123001