

Town of Clinton Recreation Department  
2018 Summer Camp Registration

Week 1                      July 9 – July 13        \_\_\_\_\_  
Week 2                      July 16 – July 20        \_\_\_\_\_  
Week 3                      Aug 6 – Aug 10         \_\_\_\_\_  
Week 4                      Aug 13– Aug 17         \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Grade for 2018/2019 school year \_\_\_\_\_

**ONLY CHILDREN ENTERING K-5 FOR THE 2018/2019 SCHOOL YEAR CAN  
ATTEND CAMP - NO EXCEPTIONS**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

-

City \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

This camp is \$75.00 per week for Town of Clinton residents. To others there is a cost of \$225.00 per week. Please enclose payment with your registration. Places cannot be held without payment. Proof of residency is required to register. Thank you!

Date Rec'vd \_\_\_\_\_

Payment Rec'vd \_\_\_\_\_

**IMMUNIZATION RECORD NEEDS TO BE ATTACHED TO EACH CAMPER'S  
REGISTRATION FORM – Parent or Legal Guardian Must Initial Here \_\_\_\_\_**

EMERGENCY CONTACTS: It is necessary that we have TWO persons to call that are available during the 9-4pm camp time period.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If your child has any special needs or special requirements please list here:

\_\_\_\_\_

If there is an existing Order of Protection, Custody Order or other Court Order pertaining to the custody of your child please indicate below and submit a copy of such Order with this application: \_\_\_\_\_

Please list siblings/grades also in camp:

\_\_\_\_\_

### MEDICAL QUESTIONS

1. Does your child have a vision, hearing, or other physical disability which requires special attention or would limit participation in camp activities? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc. \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does your child have allergies \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

In the space below, please list any additional information you wish we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consent for camp staff to apply sunscreen as needed \_\_\_\_\_

Parent or Legal Guardian  
signature/date