

**Craven County Recreation & Parks Department**

**Summer Day Camp-2010  
Registration Form**

**Registrant Information** (please print clearly)

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name Child Goes By: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Other \_\_\_\_\_

Please list the persons authorized to pick-up your child from camp: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Please mark beside each session your child will attend:**

\_\_\_\_\_ **Session 1: June 21 – July 2**

**\*\*No camp week of July 5 – July 9\*\***

\_\_\_\_\_ **Session 2: July 12 – July 23**

\_\_\_\_\_ **Session 3: July 26 – August 6th**

The Day Camp will operate from 8 am-5 pm Monday through Friday. The cost is \$95 per 2-week sessions. Campers age 6-11 will enjoy games, arts & crafts, and several field trips during each of the 2-week sessions. Campers will need to bring a bag lunch and drink each day.

**PLEASE NOTE THAT A \$1 PER MINUTE FEE WILL BE CHARGED AFTER 5:00 PM AND YOUR CHILD WILL NOT BE ABLE TO RETURN TO CAMP UNTIL THE FEE IS PAID.**

Pre-registration is required for all camps. Since Ben Quinn operates on 2-week session schedules, pre-registration is required for each session. All registration is done on a first-come, first-serve basis and enrollment is limited. Payment confirms enrollment.

**\*\*Sorry, no refunds will be given.**

*Make checks payable to:* CRAVEN COUNTY RECREATION & PARKS DEPARTMENT

*Return form to:* Craven County Recreation & Parks Dept.  
Attn: Day Camp Director  
406 Craven Street  
New Bern, NC 28560

(OVER)

**Emergency Information** (need at least one, and can not be parent/guardian)

Person to contact in case of emergency

Relationship

Telephone Number

Person to contact in case of emergency

Relationship

Telephone Number

**Medical Information**

Please list all medications child is currently taking and reason the medication is being administered.

Does the child have any allergies?      YES      NO      If yes, please list below:

Please list below anything else medically that we should know about your child.

**PLEASE NOTE: If your child takes medication during the school year for behavior and/or health reasons, he/she is required to continue taking it while attending our day camp.**

**Craven County Recreation & Parks Department Release Form**

I/we, the undersigned parent(s)/guardian of \_\_\_\_\_, do hereby certify to the Craven County Recreation & Parks Department, further known as "CCR&PD" that the above named participant is in good health and is physically able to participate in the Summer Day Camp Program. I/We, the undersigned parent(s)/guardian of the above named participant, will not hold the CCR&PD , its staff or instructors responsible for any accident to me/my child going to and from Brinson Summer Day Camp or during the Day Camp hours specified. I/we, the undersigned parent(s)/guardian of the above named participant, authorize the CCR&PD/personnel, paid or volunteer, to take my child to a doctor or the emergency room of a hospital in the event deemed necessary. I/we, the undersigned parent(s)/guardian, agree to pay any and all medical expenses incurred. I/we, the undersigned parent(s)/guardian of the above named participant, understand that the CCR&PD staff is not responsible for my child **before or after** camp hours.

Parent/Guardian Signature

Date

Office use only

	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>
<b>Amount Paid:</b> \$	_____	_____	_____
<b>Date Paid:</b>	_____	_____	_____
	cash / check#	cash / check#	cash / check#