

<u>OFFICE USE ONLY</u>	
• Member	Staff Initial _____
• Registered	Date _____



Belgrade Community Center for All Seasons



Phone: 207-495-3481

1 Center Dr.

Belgrade, ME 04917

E-mail: communitycenter@belgrademaine.com

Visit: www.belgrademaine.com

CAMP GOLDEN POND

Registration Form

2009

Child's Name _____ Birth date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

School Name _____ Teacher's Name _____ Grade _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

With whom does the child live with _____

Emergency Contact (other than parent) _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

RESIDENTS: \$60/ WEEK

NON RESIDENTS: \$75 / WEEK

____ Yes, I am registering early (March 23-March 27) I will receive \$5 off per week!

PLEASE CIRCLE WHICH WEEK YOU ARE REGISTERING FOR:

Session	Dates	Amount paid	Check #/Cash?
WEEK 1	June 22-26	_____	_____
WEEK 2	June 29- July 2	_____	_____
WEEK 3	July 6-10	_____	_____
WEEK 4	July 13-17	_____	_____
WEEK 5	July 20-24	_____	_____
WEEK 6	July 27-31	_____	_____
WEEK 7	August 3-7	_____	_____
WEEK 8	August 10-14	_____	_____

Total Due: _____

(Checks payable to: Town of Belgrade)

Mission: To inspire and enable all young people and their families, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens.

MEDICAL INFORMATION

Has your child ever been hospitalized? _____ If yes, please describe: _____

Is your child taking medication? If yes, what medication and what dosage: _____

Allergies? (Hay fever, bee stings, asthma, etc.) _____

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot ____/____/____.

In case of an emergency, my child may be treated at: _____Maine General Medical Center _____Inland Hospital.

Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of: _____

IMPORTANT!! Medications can only be administered to a child in the prescription bottle with the physicians name, exact dosage, etc. A form (provided by the Director) must be filled out before we will distribute any medication.

Emergency Procedures

In case of emergency, illness, or accident to your child while in attendance at the Golden Pond Summer Camp, please state your preference for the procedures we take.

Place number the order in which you wish us to proceed:

() Contact the mother/guardian at: _____ tel# _____

() Contact father/guardian at: _____ tel# _____

() Contact the family doctor: _____ tel# _____

() Use discretion and seek medical attention if I cannot be found. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.

() Please list any other instruction you wish: _____

Consent:

In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the Camp Golden Pond Staff at the Belgrade Community Center for all Seasons to follow the above order of procedure. My permission continues until I revoke it by notifying the Director in writing.

Signature

Date

TRANSPORTATION RELEASE

_____ YES, I give the Belgrade Community Center for All Seasons and its staff permission to transport my child to and from all Golden Pond Summer Camp Field Trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child.

_____ NO, I do not give the Belgrade Community Center for All Seasons and its staff permission to transport my child on field trips.

PICK - UP POLICY

The Golden Pond Summer Camp closes *promptly* at 4:00pm!! Unless you have signed up for after camp care, participants are expected to be picked up no later than 4:15pm. The after care fee will be paid at the Belgrade Community Center for All Seasons upon arrival.

Initial

PHOTO RELEASE

_____ YES, I give the Alford Youth Center & Belgrade Community Center for All Seasons permission to use photos or videos taken of my child for public relations purposes.

_____ NO, I would NOT like my child's picture taken or used for promotional purposes.

LOST AND FOUND

I understand the Belgrade Community Center for All Seasons is not responsible for lost or stolen items. _____
Initial

DISCIPLINE ACTION

I understand that the staff at Camp Golden Pond will take necessary discipline actions regarding all inappropriate behavior and will strictly follow the discipline policy.

Initial

WATER ACTIVITIES

My child has permission to swim, kayak or canoe in the lake, with staff supervision.

Initial

My child is allowed to swim in the public pool.

Initial

AGREEMENT TO TERMS

I, _____, hereby enroll my child _____ in Camp Golden Pond at the Belgrade Community Center for All Seasons. I have read the program agreement and understand and accept these terms.

Parent/Guardian Signature _____ Date _____ / _____ / _____

PICK-UP AUTHORIZATION

I, _____, give permission for the following people to pick up my child(ren), _____, from Camp Golden Pond at the Belgrade Community Center for All Seasons. I will notify the Summer Camp Director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick up my child(ren) from Camp Golden Pond are:

1. _____ Phone #: _____

2. _____ Phone #: _____

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SUMMER TIME!

2009

It's just around the corner!

RESERVE YOUR SPOT FOR SUMMER CAMP!

Register for Camp Golden Pond before March 27TH and receive a \$5 per week discount!

Fill out the registration form (on back) and send with payment to:

Belgrade Community Center for All Seasons

1 Center Drive

Belgrade ME 04917

REGULAR REGISTRATION WILL BEGIN APRIL 27

Only the first 75 campers will be accepted!

Call Jessica Moore at 495-3481 with any questions.



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