

Town of Orange, Park & Recreation

525 Orange Center Road, Orange, CT



APRIL VACATION CAMP!

Join The Adventure



Start: April 10
End: April 14
9:00am-4:00pm

Activities:
Field Trips
Stem Activities
Swimming
Brown Bag Bingo
and more

For more information, call (203) 891-4790

Vacation Camp Registration Form

Grades K-6

1. NO REFUNDS (except documented medical reasons) or CREDITS will be issued once camp has begun. A fee of \$25.00 will be charged per registration for any of the following reasons:
medical refunds or cancellation prior to the start of camp.
2. **Forms of payment: check (payable to Treasurer, Town of Orange) Visa, MC or exact cash.**

**April Vacation Camp
ACTIVITY # 614000-Section A
\$300.00 Residents/\$350.00 Non-Residents
Monday, April 10th-Friday, April 14th
9:00am-4:00pm
(No Early or Late Stay Being Offered)
REGISTRATION BEGINS ON FEBRUARY 13th
Registration Deadline is Monday, April 3rd**

Name _____ Male / Female

Date of Birth _____ Grade _____

Address _____

Town/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Phone _____ Relationship _____

If your camper has any allergies in which medications is needed, please list them and speak to Stephanie.

A camp newsletter listing all activities will be emailed the Monday before camp starts. Lunches and snacks will be kept in their backpacks, so pack accordingly. Drop off and pick up will be at the front doors. When dropping off we will help your child out of the car and direct them to their assigned group. When picking up, your child will be called from their group to your car when you are at the front of the line. After your children are safely secured in the car, you will exit. Drop off will start at 9:00am and pick up at 3:45pm. Late camper pick up is subject to a \$5.00 per minute charge.

Emergency Medical/Surgical Treatment Permission Waiver

In the event of an emergency, accident or other mishap, I authorize that my child,

_____ be taken to _____
(child's name) (hospital of first choice)

for emergency medical/or surgical treatment which a physician or dentist may determine is necessary for my child's health and well being. I authorize the Park and Recreation Department to seek emergency medical treatment for my child, including, but not limited to, surgical and possible life saving measures as may be necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Signature _____ Date _____
Parent/Legal Guardian