Montpelier Recreation Department
Vermont State Licensed
Capital Kids Summer Day Camp

Montpelier Capital Kids Day Camp Forms Checklist:

- Completed & Signed Form
- Check/Payment
- Immunization Records
- Medication Permission Form (If Applicable)
- Subsidy Information (If Applicable)

For Subsidy information or applications contact:
The Family Center of Washington County Child Support Services
383 Sherwood Drive
Montpelier VT, 05602
802-262-3292

Must return complete packet with payment to Montpelier Recreation Department to be placed into camp.

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<tr>
<th>Week</th>
<th>Full Day</th>
<th>Half Day AM</th>
<th>Half Day PM</th>
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<td>Week 1 June 14-18</td>
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<td>Week 2 June 21-25</td>
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<td>Week 3 June 28-July 1</td>
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<td>Week 4 July 5-July 9</td>
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<td>Week 5 July 12-July 16</td>
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<td>Week 6 July 19-July 23</td>
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<td>Week 7 July 26-July 30</td>
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<td>Week 8 Aug 2-Aug 6</td>
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<td>Week 9 Aug 9-Aug 13</td>
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<td>Week 10 Aug 16-Aug 20</td>
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Montpelier Resident’s Fee:
$130.00 per week/1st camper
$115.00 per week/2nd camper
$ 75.00 per week/1st camper 5 half days
$ 65.00 per week/2nd camper 5 half days

Non-Montpelier Resident’s Fee:
$175.00 per week/1st camper
$155.00 per week/2nd camper
$108.00 per week/1st camper 5 half days
$ 98.00 per week/2nd camper 5 half days

NOTE: Lunch Program for 2021 is still TBA, we will inform registrants of any changes.
Capital Kids Summer Day Camp REGISTRATION FORM- 2021

Please submit completed form with payment or Child Care Resource certificate to:

Montpelier Recreation Department
58 Barre St, Montpelier, VT 05602

GENERAL INFORMATION
Child’s Name: ____________________________________________ Date of Birth: ________________
Grade (fall of 2020): ______________ Age: _______ Gender: ______

Parent/Guardian
Name: ____________________________________________ Email: ____________________________
Address: __________________________________________________________________________
Phone: (H): ___________________ (W): _______________ (C): ________

________________________________

Parent/Guardian
Name: ____________________________________________ Email: ____________________________
Phone: (H): ___________________ (W): _______________ (C): ________

________________________________

BACKGROUND INFORMATION Check boxes that apply and please provide detail.

Please fill out the attached medication administration form for medicine to be administered
during camp for over the counter and prescription.

☐ Food or other allergies: ____________________________________________________________

☐ Physical limitations: __________________________________________________________________

☐ Special dietary requirements: _________________________________________________________

☐ Medication required: ________________________________________________________________

☐ Other special needs: __________________________________________________________________
**EMERGENCY INFORMATION**

Child’s Dentist: ___________________________ Phone: ___________________________

Child’s Physician: _________________________ Phone: _________________________

In an emergency, do you give permission for us to contact your physician/dentist or to seek emergency medical care?

I DO / DO NOT gives permission (sign) ____________________________

Please circle below:

PAYMENT: SUBSIDY CERTIFICATE PARTIAL SUBSIDY PAYING FULL FEE

The following people have permission to pick up my child:

Name: ___________________________ Relation: ___________________________ Phone: ___________________________

Name: ___________________________ Relation: ___________________________ Phone: ___________________________

Name: ___________________________ Relation: ___________________________ Phone: ___________________________

Emergency Contact #1

Name: ___________________________ Phone: (H) ___________________________ (W) ___________________________

Address: ___________________________ Relation: ___________________________

Emergency Contact #2

Name: ___________________________ Phone: (H) ___________________________ (W) ___________________________

Address: ___________________________ Relation: ___________________________

**PERMISSION FORM**

FIELD TRIPS: There are no field trips scheduled this year.

I DO/ DO NOT give permission for my child to participate in all field trips that are part of the Camp Program.

I DO/ DO NOT give permission for my child to participate in any photo or video session that may be part of the Camp Program.

I DO/ DO NOT give permission for the Camp staff to contact my child’s school personnel including principal, guidance counselor, teacher or special educator.

I DO/ DO NOT give permission for my child to participate in swimming activities.

I DO/DO NOT give permission for staff to apply sunscreen during the camp day.

Occasionally, an activity may include showing a movie. Licensing regulations require permission from parents for students to view a PG movie. This section gives your permission for your child to view a PG movie.
I DO/DO NOT give permission for my child ______________ to watch a PG movie that may be part of an activity.

Additionally, all staff members of Montpelier Recreation Department are mandatory reporters. I understand that Vermont law mandates that all Montpelier Recreation Department staff report any suspected child abuse or neglect to the Department for Children and Families.

**YES**, I understand ______ (please initial to indicate your understanding)

SIGN: _________________________________________________________________________  DATE: _________________________________________________________________________

For more information visit: https://www.montpelier-vt.org/838/Montpelier-Recreation or call (802)-225-8699

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**Camper Code of Conduct:**

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items etc.) I will respect counselors, directors, and other campers by not using foul language, name calling, or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature _________________________________________________________________________ Date _________________________________________________________________________

I agree to help my child abide by this code of conduct

Parent/Guardian Signature _________________________________________________________________________ Date _________________________________________________________________________

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**Montpelier Recreation Day Camp Disciplinary Policy:**

Day Camp is meant to be a fun, educational, and recreational activity. For the benefit of all campers, it is important that children behave appropriately within the day camp. If it becomes necessary to take disciplinary action against a student the steps that will be followed are outlined below:

**1st Incident:** The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting removed from other campers).

**2nd Incident:** Staff will determine an appropriate consequence for the camper’s actions (examples may include a “time out” or exclusion from participation in an activity). The camper’s parents/guardians will be notified of their child’s behavior when they arrive for pick up.

**3rd Incident:** Child will be removed from camp without a tuition refund

**Immunization Records:** Fax: 262-6285
We need a copy of your child's immunization records on file or a signed statement that your child is not immunized because of the child or family's moral or religious rights prior to admission into our program.

**Authorization of Treatment:** I hereby give my permission to the medical personnel selected by the Camp Director to order treatment and necessary transportation of my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment for my child.

Initials

**Liability Waiver:**

I assume all risks and hazards incidental to such participant, including transportation to and from the After School Program, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Montpelier, the Montpelier Recreation Department and the Montpelier Public School System, their officials, employees, and volunteers, the organizers, sponsors, supervisors, and participants for any claim arising out of an injury to my child or myself.

Parent/Guardian Signature  Date

You are responsible for payment if you do not attend program. You must cancel at least two weeks prior to the start to be refunded minus a $20 Administrative fee. If you are a no show for the program with no cancellation for that week you are still responsible for that week’s payment and your child will be removed from future weeks. Attached to the back of this registration packet you will find cancellation forms. (Please remove and keep for your convenience for cancellations)
Capital Kids Summer Camp 2021 Medication Administration Packet

Authorization to Give Medication

Childs Information

Name of Program____________________________________          Todays Date _______________
Name of Child (First and Last) ______________________________ Date of Birth______________
Name of Medication_________________________________
Reason Medication is needed during program hours______________________________________
Dose_________________________________ Route___________________________________
Time of administration of the medicine______________________________________________
Does the medicine need to refrigerated___________?

Additional instructions_____________________________________________________________________________________
____________________________________________________________________________________
Date to start medicine____/____/____                                              Stop date______/_____/_____
Known side effects of medicine_______________________________________________________
Plan of management of side effects____________________________________________________
Child allergies____________________________________________________

Prescriber’s Information

Prescribing Health Professionals Name__________________________
Prescriber’s signature___________________________
Phone Number_______________________________
Name of Pharmacy___________________
Pharmacy number________________________
Permission to Give Medicine

I hereby give permission for the camp program to administer medicine as prescribed above: I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

Parent or Guardian Name (Print) ____________________________

Parent or Guardian Signature____________________________________

Address_____________________________

Home Phone____________________ Cell____________________ Work______________________

- Please note that medication cannot be administered until the above information is filled out
Montpelier Recreation Department’s Cancellation and Refund Request

Program Name: ________________________ Program Date: __________

Participant Information:
First Name: _______________ Last Name: ____________________________
Date Requested: ______________
Reason for Cancellation/Refund:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Person Requesting Refund:
First Name: _______________ Last Name: ____________________________
Street or P.O. Box Address: ____________________________________________
City: ________________________ State: ________ Zip Code: ________
Phone (H) _______________ (W) _______________ (C) _______________

Please Check One: Credit on Household Account: _____ Check by mail _____ Credit Card_______
______________________________________________________________________________

Signature (Person Requesting Refund) ___________________________ Date __________

Office Use Only
Program Cost: _______ Surcharge Amount: _______ Amount Refunded: __________
Date Processed: ___________ Family Called? Y___ N___
Approved by:
Programmer’s Name: ________________________ Signature ________________________
Submitted to: Accounts Payable ____Yes ____No
Charge Account # List amount to be refunded
$_________ (Account Number) ____________________________________________
$_________ (Account Number) ____________________________________________
$_________ (Account Number) ____________________________________________

City of Montpelier
Recreation