



CAPITAL KIDS SUMMER DAY CAMP 2023 REGISTRATION PACKET

Montpelier Capital Kids Day Camp Forms Checklist:

CHILD'S NAME: _____

_____ Completed & Signed Forms

Registration Form, Emergency Contacts & Medical/Liability Releases
Behavior Agreement, Swimming Information & Sunscreen Constant

_____ 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 Phone: (802)262-3292

Camp Rates for 2023

Montpelier Resident's Fee:

\$140.00 per week / 1st camper
\$125.00 per week / 2nd camper
\$ 80.00 per week / 1st camper 5 half days
\$ 70.00 per week / 2nd camper 5 half days

Non-Montpelier Resident's Fee:

\$190.00 per week / 1st camper
\$175.00 per week / 2nd camper
\$115.00 per week / 1st camper 5 half days
\$105.00 per week / 2nd camper 5 half days

Payments:

If you are registering for two weeks or fewer, your balance must be paid in full at registration.

If you are registering for more than two weeks, the equivalent of two weeks of fees per camper must be paid at registration. The remaining balance will be broken up into two payments. Half of the balance must be paid by April 28th and the full balance by June 1st.

Cancellations/Refunds: You must cancel at least two weeks prior to the first day of camp to be refunded minus a \$25 Administrative fee. Attached to the back of this registration packet you will find cancellation forms. Please remove and keep these for future use should you need to cancel enrollment.

You are responsible for payment covering your child's unplanned absences. 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.



Capital Kids Summer Day Camp REGISTRATION FORM- 2023

GENERAL INFORMATION

Parent Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (H): _____ (W): _____ (C): _____

Primary Email: _____ Secondary Email: _____

Participant Name: _____ Date of Birth: _____

Grade (fall of 2023): _____ Age: _____ T-Shirt Size: YS YM YL AS AM AL

Gender: Check One: Female Male Non-Binary Transgender Other: _____

Preferred Pronouns: _____

Check Weeks Attending Camp:

#1301	Week 1: June 26 – June 30	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1302	Week 2: July 5 – 7 (3 days)	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1303	Week 3: July 10 - 14	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1304	Week 4: July 17 - 21	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1305	Week 5: July 24 - 28	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1306	Week 6: July 31 – Aug. 4	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1307	Week 7: Aug. 7 - 11	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM
#1308	Week 8: Aug. 14 - 18	<input type="checkbox"/> (A) Full Day	<input type="checkbox"/> (B) Half Day AM	<input type="checkbox"/> (C) Half Day PM

Immunization Records:

I have attached a copy of the most recent immunization records.

Prior to admission into our program you must provide either a copy of your child's immunization records or a signed statement that your child is not immunized because of the child or family's moral or religious rights. Email: harias@montpelier-vt.org or Fax: (802) 262-6285

CAPITAL KIDS DAY CAMP 2023 – CITY OF MONTPELIER
Emergency Contact, Release of Liability & Medical Release Form

Participant Name: _____ Date of Birth: _____

Parent/Guardian

Name: _____ Email: _____

Phone: (H): _____ (W): _____ (C): _____

Parent/Guardian

Name: _____ Email: _____

Phone: (H): _____ (W): _____ (C): _____

Emergency Contact #1 (Not in the household)

Name: _____ Phone: _____ Relation: _____

Emergency Contact #2 (Not in the household)

Name: _____ Phone: _____ Relation: _____

The following people have permission to pick up my child:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HEALTH INFORMATION *Check boxes that apply and please provide detail.*

Food or other allergies: _____

Physical limitations: _____

Special dietary requirements: _____

Other special needs: _____

Medication required: _____

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

MEDICAL CONTACTS

Primary Dentist: _____

Phone: _____

Primary Doctor: _____

Phone: _____

Health Care Carrier: _____

Policy #: _____

Release of Liability & Medical Release:

I assume all risks and hazards incidental to the participant, including transportation to and from the Summer Day Camp 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.

I agree to be financially responsible for any damage of property my child caused during camp activities.

In case of emergency, 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.

Parent/Guardian Signature

Date

Walking Field Trips, Away Field Trips & Special Events: Summer Day camp activities will take place at the Recreation area as well as various community locations including, but not limited to parks & trails, swimming pool, and walking trips around the City of Montpelier. Parents/Guardians will be notified of weekly trips and schedule changes will be posted on the front door of the pool building. Pre-scheduled away field trips may include Whales Tales, Get Air, and local State Parks.

Initials:

Media Release: I hereby give Montpelier Recreation Department permission to publish and or/use my child's photographic portraits or pictures, in whole or in part, for the purpose of advertising, summer programs in City Montpelier publications, social media, city websites and/or in local newspapers

Initials:

Mandatory Reporters: All staff members of the 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.

Initials:

CAPITAL KIDS DAY CAMP 2023 – CITY OF MONTPELIER
Swimming Information, Sunscreen Consent, Movies Consent, Hobbies & Interest

Participant Name: _____

Date of Birth: _____

Swimming Information: Please put a check mark beside the answer that best fits your child.

Swimming Ability: A swim test will be conducted every Monday or first day of camp for the week.

____ (Level 1 or 2): Little swimming ability. Needs to stay in the shallow end of the pool and/or where they can “touch the bottom” of the pool.

____ (Level 3 or 4): Average swimming skill. Can swim comfortably in the deep end of the pool. Can safely dive and swim in water 12 feet deep.

____ (Level 5 or 6): Advanced swimming skill. They have strong skills in various swimming strokes. Skilled diver and strong swimming ability at all water depths.

Sunscreen Consent: As the parent/guardian, I give permission for the City of Montpelier summer staff to apply sunscreen to my child prior to outdoor play according to the criteria below. I further understand that sunscreen will be applied to exposed skin, including the face, ears, nose, shoulder, arms, and legs.

- Staff may apply sunscreen to my child as described above.
- I have provided sunscreen for my child, to be applied as described above by the staff. I have labeled the bottle with my child’s first and last name.
- No. Staff may not apply sunscreen to my child. I have provided sunscreen that is labeled with my child’s name. My child will apply their own sunscreen before heading outdoors.
- No. For medical reasons, do not apply sunscreen to my child for any reason.

On-Site Movies: 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 give permission for my child to watch a PG movie that may be part of an activity.
- I do not give permission for my child to watch a PG movie at camp.

Hobbies & Interest: Please list some of your child’s favorite hobbies and interests. This information will help staff plan fun camp activities that campers will enjoy!

CAPITAL KIDS DAY CAMP 2023 – CITY OF MONTPELIER

SUMMER CAMP BEHAVIOR AGREEMENT 2023

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by checking off the box. This form must be returned with all other forms to complete the registration process.

- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselors and fellow campers towards creating an environment that is safe and welcoming for each of us.
- I understand that doing intentional harm or bullying another camper, either physically or emotionally is grounds for dismissal from camp
- I understand that although I may be able to solve some conflicts on my own, the counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
- I will remain with my counselor and partake in the activities of my session as required.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will leave my cell phone and other electronic devices at home. I understand that if there is an emergency the camp staff will be happy to allow me to use the phone and will pass on any urgent messages from home.
- I will be respectful of the property and personal space of other campers and camp staff.
- I will not possess smoking materials, lighters, matches, illegal drugs, alcohol, or weapons of any kind on town property.

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 participant, the steps that will be followed are outlined below:

Montpelier Recreation operates on a three-strike policy. The first infraction of the behavior management will result in a verbal warning between staff and camper(s) and notification to the parent at the end of the camp day. The second infraction will result in being sent home for the day and a conference with the camper(s), parent(s), and Camp Director and Assistant Recreation Director. A third infraction will result in a conference between the camper(s), parent(s), and the Director of Recreation. This third infraction will include a behavior contract and can result in the removal from the camp program if contract is broken by camper.

Refunds are not given for any camper who is sent home/removed from the program for disciplinary reasons. A zero-tolerance policy is enforced regarding Physical Aggression. Any camper who commits an act of physical aggression against another camper, staff member, or anyone else will be removed from camp. As a parent, you will be responsible for picking-up your camper within one hour of the decision to dismiss your child from camp. Depending on the act of aggression, your child may not be able to return to camp for the remainder of the camp program.

Camper Print Name:

Signature:

Date

Parent/Guardian Name:

Signature:

Date