

# Destination Paris

## 2022 Summer Camp Registration Form



	<input checked="" type="radio"/> M <input checked="" type="radio"/> F	/   /	
Child's Name	Gender	Date of Birth	Grade in Fall

1 <sup>st</sup> Parent/Guardian's Name *	Cell Phone	Work Phone
2 <sup>nd</sup> Parent/Guardian's Name	Cell Phone	Work Phone

\*This individual will be financially responsible for the account

Street Address	City	State	Zip
Emergency Contact Name	Cell Phone	Other Phone	

Parent/Guardian Email Address: \*Required to send Statements.

Please List any allergies, medical conditions or special needs of this child:

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Please list any medications this child takes:

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Please indicate who is authorized to pick-up child:

Name.	Relation
_____.	_____
_____.	_____
_____.	_____

Indicate the days or week that your child will attend.  
**Tuition is charged based on the days you schedule your child to attend.**  
 No refunds for unattended days.

Week 1 <input type="checkbox"/>	June 27 – June 30	M T W TH
Week 2 <input type="checkbox"/>	July 5 – July 7	<b>T W TH.</b> <span style="background-color: yellow;">(3-day week)</span>
Week 3 <input type="checkbox"/>	July 11 - 14	M T W TH
Week 4 <input type="checkbox"/>	July 18 - 21	M T W TH
Week 5 <input type="checkbox"/>	July 25 - 28	M T W TH
Week 6 <input type="checkbox"/>	Aug 1 - 4	M T W TH
Week 7 <input type="checkbox"/>	Aug 8 -11	M T W TH

***We are closed the 2 weeks before school and plan to open again on August 31st, the first day of school.***

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<b>Child's medical insurance coverage</b>	
Insurance company name	Member/Policy number
Policy holders name	Employers name
<b>Consent to medical care and treatment of minor children</b>	
<p>I give permission that my child, _____, may be given first aid/emergency treatment by a child care licensee and/or qualified staff member at Destination Paris, 4 Hathaway Rd South Paris, Maine.</p> <p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital are attendant when deemed necessary or advisable by the physician or care aid to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p>	
Parent/guardian Signature	Date
<b>Consent to photograph</b>	
<p>I give my consent for photographs or videotaping in which my son/daughter/ward may appear, to be used in any way Destination Paris may care to use them as long as it is consistent with SAD#17's mission.</p>	
Parent/guardian signature	Date
<b>Transportation Waiver</b>	
<p>I authorize Destination Paris to transport my minor child in a company Bus or Van, driven by an individual authorized by Destination Paris. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.</p>	
Parents Signature	

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## **Cost:**

Weekly fee is \$125.00 or daily \$35.00 per child ***due on the Monday starting each week. There is a 2-day minimum.*** Please refer to the payment schedule sheet/contract included in the paperwork to ensure you are paid in advance. You will receive one bill for the summer and it is expected that you will pay on it weekly.

## **Hours of Operation:**

The summer program will run Monday – Thursday and will open no earlier than 7:00am and close no later than 5:30pm. Our facility will be closed on the 4<sup>th</sup> of July and we will be open for 3 days that week.

## **Who can attend?**

Your child can attend if they are 4-12 years old or entering Pre-K -6<sup>th</sup> grade.

## **Personal Items:**

Please do not allow your child to bring in any high value items to the camp (i.e. Cell phones, video games, excess money, etc.) DP will not be responsible for lost, stolen or damaged property.

## **Dress Code:**

Please dress your child appropriately for a mix of daily activities. Youth will not be allowed to stay if dressed in short shorts, halter tops or ***flip flops***. *We highly recommend closed toe sandals and sneakers.*

## **Meals:**

We will be providing your child with a lunch and snack each day. **Please notify staff of any food allergies!** If you decide to provide a lunch for your child please ensure that it is clearly marked with their name. No sugary beverages or candy are allowed.

## **Field Trips:**

There is a separate charge for field trips. (TBD) If your child cannot follow camp rules he/she will lose their field trip privileges. Transportation will be on the DP bus.

## **Pickup:**

Your child must be picked up no later than 5:30pm. A late fee will be assessed for any child picked up past 5:30pm.