



HENRY COUNTY PARKS & RECREATION DAY CAMP REGISTRATION FORM

Please check the appropriate location:

Fairview (Fairview Rec)
 Hampton (Bear Creek Rec)
 Locust Grove (Locust Grove Rec)
 McDonough (Heritage)
 Stockbridge (J.P. Moseley Rec)

Must be a minimum of 10 campers at the location you choose in order to have camp
There will be an additional charge of \$10.00 per child if registering after camp week has begun.

Participant's Name _____ Phone _____

Age _____ Date of Birth ____/____/____ E-mail _____

Male / Female (Circle One) County Resident Yes / No (Circle One)

T-Shirt Size (Circle One): Youth: S (6/8) M (10/12) L (14/16) Adult: S M L XL XXL

_____ HCPRD **will not** be able to exchange T-shirts from the sizes stated on registration form.

Campers must be ages 5 – 12 by June 1, 2019 please check the appropriate box(s)

Session Dates	Camp \$110.00/week 7:30am – 6:00pm	\$10.00 Late Registration Fee will be applied after date below
May 28 – 31		May 24, 2019
June 3 – 7		May 31, 2019
June 10 – 14		June 7, 2019
June 17 – 21		June 14, 2019
June 24 – 28		June 21, 2019
JULY 1 – 5 CAMP IS CLOSED!!!		
July 8 – 12		July 5, 2019
July 15 – 19		July 12, 2019
July 22 - 26		July 19, 2019
July 29 – 31		July 26, 2019

Please initial these Payment Plan Policies if applicable:

- _____ I understand that \$20.00 of the Camp Fee is **Non-Refundable/Non-Transferable**.
- _____ I understand that I must give a written notice 3 business days prior to start of camp week if my child or children **cannot** attend camp.
- _____ I understand that no refunds will be issued after the camp week has begun.
- _____ **I understand the balance payment must be made by the close of the business day on their respective deadline payment date or my child will be removed from camp for that week.**

Mother's Name _____ Father's Name _____

Contact Name **During** Camp Hours _____ Number _____

Address _____

City _____ Zip _____

E-mail Address _____

Emergency Contact _____ Phone _____

Insurance Company _____

INCLUSION STATEMENT

HCPRD believes in making every effort to offer complete inclusion within our Summer Day Camp Program. Our camp is open to all children, regardless of disability or perceived limitations. Please help us to create the most accommodating and fun environment possible by listing any special accommodations that your child needs. This will help to make our staff more aware of your child's specific needs.

Please list all information and comments below. Once notes have been reviewed the Therapeutic Recreation Coordinator will contact you to discuss additional information and specific needs.

Child's Special Needs:

EXEMPTION NOTICE

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

PARTICIPANT RELEASE:

(Persons Authorized to pick up your child in addition to Parents/Guardians already listed)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Signature (Participant/Parent/Guardian) _____ Date _____

FOR OFFICE USE ONLY	
Amount Paid _____	
Cash _____	Check # _____
Receipt # _____	Credit Card Type _____
	Staff _____