

**T-shirt size: Youth: S M L  
Adult: S M L XL**

**Camp you are registering for (circle):**

**KINDER CAMP - entering K in fall 2019/  
children entering 1<sup>st</sup> grade in fall 2019**

Week 1: 6/17-6/21 _____	Week 6: 7/22-7/26 _____
Week 2: 6/24-6/28 _____	Week 7: 7/29-8/2 _____
Week 3: 7/1-7/5 _____	Week 8: 8/5-8/9 _____
Week 4: 7/8- 7/12 _____	Week 9: 8/12-8/16 _____
Week 5: 7/15-7/19 _____	***Week 10: 8/19-8/23 _____

**You are responsible for payment for each week selected  
\*\*\*Limited Enrollment available**

**\*SUMMER DAY CAMP – children completed grades 1-5**

**Start Date:** \_\_\_\_\_

**\$125 / per week – Augusta Residents / \$112.50 2<sup>nd</sup> child / \$100 – 3<sup>rd</sup> child**

**\$135 / per week – Non - residents**

Child's name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's name \_\_\_\_\_ Sex: M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOSTER Guardian:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**FOSTER Guardian:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**EMERGENCY NUMBERS:** Please give the name, address and phone number of two people that may be notified in case of emergency or illness, when parents or guardians are not available. These people should live in the Augusta area. Please provide a telephone number where these people may be reached during program hours.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Can pick up Child (ren) Y \_\_\_ N \_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ can pick up Child (ren) Y \_\_\_ N \_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:** *Any changes in this list must be in writing.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

**Other Agencies or Therapists allowed to interact with Child(ren) while at care:**

Agency: \_\_\_\_\_ Name of Person(s) approved: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special needs that would keep him/her from participating in activities with a group of children? If so, what would your child need to enable him/her to participate? Please **contact the Camp Director/Childcare Director to discuss further.**

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Is your child currently on a Behavior Plan School? Yes/No:  
If YES, please explain and bring in a copy of the plan. Please **contact the Camp Director/Childcare Director to discuss further.**

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What level swimmer is your child (ren)?  Beginner  Intermediate  Very Good

**As per childcare licensing, children age 8 and under who have not taken swim lessons and/or are at a beginner level will need their own Coast Guard approved flotation device, properly fitted for age and weight.**

Does your child have a flotation device? Yes or No

**Financial Agreement:**

I agree to pay \_\_\_\_\_ per week/per child in order to participate in the Summer Childcare Program. I understand payment is due Friday before the week of care starts. I understand IF I sign my child up for a week and they do not attend I am still responsible for paying for that week.

**Signature of Foster/Guardian:** \_\_\_\_\_

**Signature of Case Manager/DHHS Representative:** \_\_\_\_\_

Case Manager work phone: \_\_\_\_\_ After-hours contact number: \_\_\_\_\_

**If Childcare is being paid by another agency please check the below information:**

DHHS foster care  Other

**\*\* Until proof of the assistance is provided to the City of Augusta Childcare Bureau, parents are expected to pay the full weekly fee. It is the parent's responsibility to provide all needed information regarding co-pays and payment amounts to the Childcare Office. \*\***

## Identification Process

Please be advised that all persons picking up your child are subject to having to show a photo ID in order for us to release your child to them.

Also, any person appearing to pick up your child **MUST** be on the pick up list **OR** you must have made prior arrangement for this person to pick up your child.

Any person **NOT** appearing on the pick up list or whom you have not made prior arrangements to pick up your child will **NOT** be allowed to take your child from the childcare site.

***This is a precautionary measure to ensure the safety of your child***

## Permission to photograph

\_\_\_\_\_ **NO, I do not** give my permission for my child to be photographed per State of Maine mandate.

### Emergency Medical Release:

**If emergency medical care is deemed necessary and I cannot be contacted, I authorize the City of Augusta Childcare Staff to act in my behalf in granting permission for my child to receive emergency treatment.**

\_\_\_\_\_  
**Signature of DHHS Representative**

I have received a copy of the parent handbook \_\_\_\_\_