

CLAYTON PARKS & RECREATION'S 2019 SUMMER PLAYGROUND PROGRAM



Please fill out one per child, front and back.

Child's Name _____
(LAST) (FIRST) (Name they go by, if different)

Grade (as of August 2019) _____ Gender _____ Home Phone # _____

Email _____

Cell Phone # _____ Provider* _____

*Our registration software has a feature that allows us to text reminders to parents. (i.e. "Tomorrow is Water Day, so wear a bathing suit!") The software REQUIRES us to enter your cell phone provider (i.e. Verizon, Sprint, T-mobile) to send texts.

EMERGENCY CONTACTS: In the event of a health/behavior issue, a parent/guardian must be reachable within 60 minutes. Please list the contacts in order of best availability for response:

(GUARDIAN 1 NAME) PHONE #

(GUARDIAN 2 NAME) PHONE #

Name & phone of emergency contact if those above can't be reached _____

Does your child have any health concerns or special needs, including allergies, physical or behavioral modifications? YES NO

If yes, please explain

Prices are per child/per week. There is no discount for siblings.

Pay in Full: Residents/Annual Family Members: \$60/per week; Non-Residents: \$120/per week

50% Deposits: Residents/Annual Family Members: \$30/per week; Non-Residents: \$60/per week

Please check the weeks your child will be attending:

	Due at Time of Registration	Balance Due:	Last day to request refund
Non-Refundable Registration Fee	\$25		
___ Week 1 June 3-7	50%	May 10	May 20
___ Week 2 June 10-14	50%	May 10	May 27
___ Week 3 June 17-21	50%	May 10	June 3
___ Week 4 June 24-28	50%	May 10	June 10
___ Week 5 July 1-5 *NO camp July 4th	50%	May 10	June 17
___ Week 6 July 8-12	50%	May 10	June 24
___ Week 7 July 15-19	50%	June 28	July 1
___ Week 8 July 22-26	50%	June 28	July 8
___ Week 9 July 29-August 2	50%	June 28	July 15
___ Week 10 August 5-9	50%	June 28	July 22
___ Week 11 August 12-16	50%	June 28	July 29

The Clayton Community Center does **NOT** offer a Summer Playground Program **August 19-23.**

Refunds or transfers must be received **in an email** fourteen (14) calendar days before the first affected day. Any requests received less than 14 days before the first affected day will not be granted.

Email requests must be sent to Amy Shearin at ashearin@TownofClaytonNC.org

The following people have permission to pick up your child at the Clayton Community Center. All individuals will need proof of identification in order to pick up your child. **Guardians/parents listed on Page 1 of this application will be automatically given permission to pick up your child.**

Name:

Relationship:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I, the undersigned, hereby release and agree to hold harmless the Town of Clayton Parks and Recreation Department, its employees, agents and its administrators from any and all claims for damages, injury, or illness which may arise as a result of my (or my child's) participation in this program. I understand there are risks when transportation is involved and hereby assume responsibility for all risks and hazards incidental to this program. I give permission for my child to participate in all activities associated with the Summer Playground Program. I also grant the Town of Clayton permission to use take photographs, videos, or other recordings of my child or myself participating and share publicly to positively reflect your family's participation in our program. I have read and understand the discipline policy and refund policy. I understand that if my balance is not paid by the due dates listed above, I will lose my child's spot in the program. I fully understand that parents/guardians **MUST** provide a lunch, snack & beverage for each child every day and that the Clayton Community Center is not equipped to provide food to campers.

Parent's Signature

Date