



2012 Longmont Summer Day Camp • Registration Form

Please Print • One form per child • Fill out both pages.
Longmont Recreation Services, 700 Longs Peak Avenue, 303-651-8404

Child's Name _____ Registration Date _____
Birth Date _____ Age at Start of Camp _____ Grade entering in Fall _____ Gender _____
Child's Primary Address _____
City _____ Zip _____ Home Phone _____
Please circle: Can your child swim? Yes No Shirt Size: YM YL AS AM AL AXL
Camp t-shirts are included in fee and must be worn on Thursdays.

Mother/Guardian #1's Information:

Name _____
Address _____
Home Phone _____
Cell Phone _____
Employer _____
Employer Address _____
Work Times _____
Work Phone _____
E-mail Address _____

Father/Guardian #2's Information:

Name _____
Address _____
Home Phone _____
Cell Phone _____
Employer _____
Employer Address _____
Work Times _____
Work Phone _____
E-mail Address _____

Special instructions on how parents/guardians can be reached (i.e. cell phone etc.):

TWO EMERGENCY CONTACTS (other than parents -- we will attempt to contact parents first)

1. Name _____ day phone _____
Address _____ night phone _____
2. Name _____ day phone _____
Address _____ night phone _____

Name(s) of person(s) and telephone who child MAY BE released to: (up to 4 only please)

1. _____ 3. _____
2. _____ 4. _____

Name(s) and telephone of person(s) who child MAY NOT BE released to:

HEALTH RECORD

Please Note: An entire Enrollment Packet MUST be completed PRIOR to campers first day at camp

Family Doctor _____ Doctor's Phone _____
Family Dentist _____ Dentist's Phone _____
Health Insurance Company: _____ of (Circle one) Mother/Father employer

Please refer me to St Vrain Healthy Kids to be screened for free or low-cost health insurance for my child.

List allergies to drugs, animals, food, hay fever etc. _____

Any special needs, medical or special conditions we should be aware of? No/ Yes: please explain

Please note additional forms may be required for campers with special needs

Special Medication(s) _____

Are you sending the above medicine(s) to camp? Yes / No



2012 Summer Day Camp Options

For weekly options, please check the week(s) desired

2012 Dates	Weekly Option	8 Wk Opt 1	8 Wk Opt 2	8 Wk Opt 3	10 Wk	
Pre-camp*: (no 5/28) May 29- June 1		n/a	n/a	n/a	n/a	
Wk 1: June 4-8		June 4 - July 27	n/a	n/a	June 4 - Aug 10	
Wk 2: June 11-15			June 11 - Aug 3	n/a		
Wk 3: June 18-22				June 18 - Aug 10		
Wk 4: June 25-29						
Wk 5*: July 2-6 (no 7/4)						
Wk 6: July 9-13						
Wk 7: July 16-20						
Wk 8: July 23-27						
Wk 9: July 30-Aug 3		n/a				
Wk 10: Aug 6-10		n/a	n/a			

Daily & Part Time Options:

Circle the dates your child will be attending.
Any changes to the dates below must be provided at least 24 hours in advance and will be accepted on a space available basis only.
Hours Available: 7am - 6pm M-F

June 2012						
S	M	T	W	Th	F	S
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2012						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

Summer Day Camp Options:

Ages 5 (completed K)-12, Monday-Friday, 7am-6pm

___ **8 weeks FT** (up to 55 hrs/wk) \$1,386 resident/ \$1732 non-resident

___ **8 week PT** (up to 25 hrs/wk) \$975 resident/ \$1219 non-resident

___ Option 1: June 4-July 27

___ Option 2: June 11-Aug 3

___ Option 3: June 18-Aug 10

___ **10 weeks FT** (up to 55 hrs/wk) \$1,536 resident/ \$1,920 non-resident

___ **10 weeks PT** (up to 25 hrs/wk) \$1,164 resident/ \$1,455 non-resident

___ **Weekly Options*** (up to 55 hrs/wk) \$209 week/ \$261 non-resident

*pre-camp and Wk 5 pricing: \$167 week/ \$209 non-resident

wks _____ x \$209 / \$261 = _____

*wks pre- or 5 _____ x \$167/ \$209 = _____

___ **Daily Options** (up to 11 hrs/day) \$55 day/ \$69 non-resident

days _____ x \$55/ \$69 = _____

2nd Child discount*: <\$65> FT/PT only - 2nd child discount one time discount only

Registration Total: _____ Payment Total: _____

CC/Check/Cash/Auto Pay Date Received: _____

___ **Half Payment: second half payment due May 25.**

Auto Pay: charged 2nd day of month ___ Auto payment form complete

___ 8 wk FT \$278/mo res or \$347/mo non-resident March-July (5 payments)

___ 8 wk PT \$195/mo res or \$244/mo non-resident March-July (5 payments)

___ 10 wk FT \$256/mo res or \$325/mo non-resident March-Aug (6 payments)

___ 10 wk PT \$194/mo res or \$243/mo non-resident March-Aug (6 payments)

Notes/Clarifications/Times I anticipate my child attending camp (i.e. 9am-4:30pm, M/W/Th):

Special Needs Teen Camp Options:

Ages 13 - 17, Monday-Friday, 9am-4pm

___ **8 weeks FT** (June 4-July 27 ONLY)

\$ 1155 resident/
\$ 1444 non-resident

___ **Weekly Options** (9am-4pm only)

Select weeks in chart above-left
Weeks 1-4, 6-8: \$150 wk/
\$188 non-res

Week 5: \$120 wk/ \$150 non-res

wks _____ x \$150/\$188 = _____
wk# 5 x \$120/\$150 = _____

___ auto pay: \$231/mo res or \$289/mo non-res
5 payments (March-July) 8FT only