

# SOMERS RECREATION SUMMER DAY CAMP 2011

"A Day Camp for children ages 5 - 13"

Field Road Park, Somers ~ 8:30am - 2:30 pm weekdays

1<sup>st</sup> child \$100/wk - each additional sibling \$75/week

Out-of-town campers - please add \$25/week

After Care: 2:30 - 4:30pm daily for an additional \$35/week payable in advance only

## PLEASE CIRCLE WEEKS REGISTERING FOR:

Week #1 July 5 - July 8

Week #4 July 25 - July 29

Week #2 July 11 - July 15

Week #5 August 1 - August 5

Week #3 July 18 - July 22

Week #6 August 8 - August 12

Week #7 August 15 - August 19

\* Week # 1 is a 4-day week. \$80 1<sup>st</sup> child, \$60 additional siblings

No Field trips weeks 1 & 7

Field Trips are NOW INCLUDED IN CAMP TUITION COST

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ DOB: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK#: \_\_\_\_\_

DESIGNATED PICK UP PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DR: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY SPECIAL

MEDICAL INFO: \_\_\_\_\_

I give my child permission to attend the Somers Recreation Day Camp and to receive medical treatment @ the nearest hospital in case of emergency.

Signature of parent or guardian

Date

Recreation Office use only

# of FULL weeks @ \$100: \_\_\_\_\_ wks pd. in full: \_\_\_\_\_ \*Sibling discount: Y N # of wks pd: \_\_\_\_\_

\*Out of town add \$25/wk Total: \_\_\_\_\_ # of weeks unpaid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Total Amount paid: \_\_\_\_\_ CK#: \_\_\_\_\_ Date Pd: \_\_\_\_\_