

<u>OFFICE USE ONLY</u>	
• Allergies	Staff Initial _____
• Pictures	Date _____

# *Belgrade Community Center for All Seasons*

Phone: 207-495-3481

1 Center Dr.

Belgrade, ME 04917

E-mail: [communitycenter@townofbelgrade.com](mailto:communitycenter@townofbelgrade.com)

## **Belgrade Recreation Programs Registration Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Names \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Number to call in an emergency \_\_\_\_\_

With whom does the child live with \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt size for camp: Youth: XS S M L Adult: S M L

### **MEDICAL INFORMATION**

Has your child ever been hospitalized? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is your child taking medication? If yes, what medication and what dosage: \_\_\_\_\_

Allergies? (Hay fever, bee stings, asthma, etc.) \_\_\_\_\_

Is your child allergic or sensitive to any medication? \_\_\_\_\_

Date of child's last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_.

In case of an emergency, my child may be treated at: \_\_\_\_\_ Maine General Medical Center \_\_\_\_\_ Inland Hospital.

Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of: \_\_\_\_\_

**IMPORTANT!!** Medications can only be administered to a child in the prescription bottle with the physicians name, exact dosage, etc. All medications must be brought to the director and kept in their office. Children will NOT be permitted to have any medication without parent's consent.

## Emergency Procedures

In case of emergency, illness, or accident to your child while in attendance at Belgrade Recreation Programs, please state your preference for the procedures we take.

Place number the order in which you wish us to proceed:

( ) Contact the mother/guardian at: \_\_\_\_\_ tel# \_\_\_\_\_

( ) Contact father/guardian at: \_\_\_\_\_ tel# \_\_\_\_\_

( ) Contact the family doctor: \_\_\_\_\_ tel# \_\_\_\_\_

( ) Use discretion and seek medical attention if I cannot be found. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation. \_\_\_\_\_ initials

( ) Please list any other instruction you wish: \_\_\_\_\_  
\_\_\_\_\_

### Consent:

In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the Belgrade Recreation Programs Staff at the Belgrade Community Center for all Seasons to follow the above order of procedure. My permission continues until I revoke it by notifying the Director in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TRANSPORTATION RELEASE

\_\_\_\_\_ YES, I give the Belgrade Community Center for All Seasons and its staff permission to transport my child to and from all Belgrade Recreation Field Trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child.

\_\_\_\_\_ NO, I do not give the Belgrade Community Center for All Seasons and its staff permission to transport my child on field trips.

### PHOTO RELEASE

\_\_\_\_\_ YES, I give the Belgrade Community Center for All Seasons permission to use photos or videos taken of my child for public relations purposes.

\_\_\_\_\_ NO, I would NOT like my child's picture taken or used for promotional purposes.

### LOST AND FOUND

I understand the Belgrade Community Center for All Seasons is not responsible for lost or stolen items. \_\_\_\_\_  
Initial

### DISCIPLINE ACTION

I understand that the staff at The Belgrade Recreation Programs will take necessary discipline actions regarding all inappropriate behavior and will strictly follow the discipline policy.

\_\_\_\_\_  
Initial

**WATER ACTIVITIES**

My child has permission to swim, kayak or canoe in the lake, with staff supervision.

\_\_\_\_\_ Initial

My child is allowed to swim in the public pool.

\_\_\_\_\_ Initial

**AGREEMENT TO TERMS**

I, \_\_\_\_\_, hereby enroll my child \_\_\_\_\_ in Belgrade Recreation Programs at the Belgrade Community Center for All Seasons. I have read the program agreement and understand and accept these terms.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PICK - UP POLICY**

Camp Gold Pond and Camp Loon for Teens close *promptly* at 4:00pm!! Unless you have signed up for after camp care, participants are expected to be picked up no later than 4:15pm. Camp aftercare ends at 5:00pm. Without prior notification, a late fee of \$5.00 per 15 minute interval will be charged for any child who is picked up after this time. The fee will be paid at the Belgrade Community Center for All Seasons upon arrival.

ASEP and Kidzone close *promptly* at 5:30pm!! Without prior notification, a late fee of \$5.00 per 15 minute interval will be charged for any child who is picked up after this time. The fee will be paid at the Belgrade Community Center for All Seasons upon arrival. Your child may not return until this fee is paid.

\_\_\_\_\_ Initials

**PICK-UP AUTHORIZATION**

I, \_\_\_\_\_, give permission for the following people to pick up my child(ren), \_\_\_\_\_, from Belgrade Recreation Programs at the Belgrade Community Center for All Seasons. I will notify the Summer Camp Director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick up my child(ren) from Camp Golden Pond are:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

4. \_\_\_\_\_ Phone #: \_\_\_\_\_

**FEES for Camp Golden Pond**

Residents: \*\$85/WEEK (\$25 daily rate)  
 Non Residents: \*\$135/WEEK (\$35 daily rate)

*\*Full Time Resident or Taxpayer – any individual or family who lives in Belgrade year-round or is a Belgrade taxpayer.*

*\*Immediate Family – includes parents or legal guardians, siblings, stepchildren and/or adopted child.*

**FEES for Camp Loon for Teens**

Residents: \*\$110/WEEK (\$40 daily rate)  
 Non-Residents: \*\$160/WEEK (\$50 daily rate)

**PLEASE CIRCLE WHICH WEEK/S IN 2017 YOU ARE REGISTERING FOR:**

Session	Dates	Amount paid	Check #/Cash?
Week 1	June 26 - June 30	_____	_____
Week 2	July 3 - July 7(Closed July 4 <sup>th</sup> )	_____	_____
Week 3	July 10 - July 14	_____	_____
Week 4	July 17- July 21	_____	_____
Week 5	July 24 - July 28	_____	_____
Week 6	July 31 – Aug 4	_____	_____
Week 7	Aug 7 - Aug 11	_____	_____
Week 8 (No Camp Loon)	Aug 14 - Aug 18	_____	_____
	<i>Total Due:</i>	_____	_____

(Checks payable to: Town of Belgrade)

**Fees for After School Enrichment Program and Kidzone (Rate per day)**

<u>ASEP (3:30-5:30)</u>	<u>1/2 Day Kidzone (1:30-5:30)</u>	<u>Kidzone (Full Day 7:30-5:30)</u>
<b>Resident</b> \$10.00	1 child~ \$12.00, 2/\$21.00, 3/\$32.00	1 child~ \$18.00, 2/\$29.00, 3/\$46.00
<b>Non-Res</b> \$12.00	1 child~ \$15.00, 2/\$26.00, 3/\$38.00	1 child~ \$20.00, 2/\$34.00, 3/\$52.00

**Please circle the days that you intend your child to come to the A.S.E.P.:** M T W Th F

Please let us know if this will be changing. We want to be sure that your child is here when he/she is supposed to be. If we expect your child and they do not get off the bus, we will call you immediately.

**AGREEMENT TO TERMS**

I, \_\_\_\_\_, hereby enroll my child \_\_\_\_\_ in Belgrade Recreation Programs at the Belgrade Community Center for All Seasons. I have read the program agreement and understand and accept these terms.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_