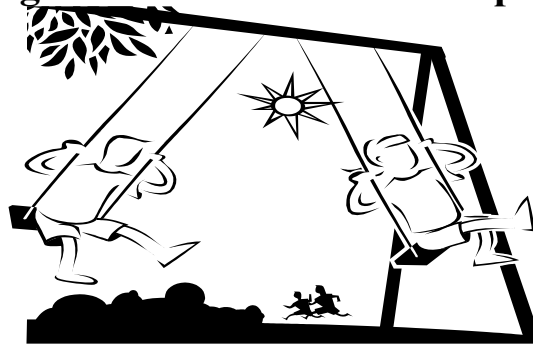


Redding Park and Recreation Department



April Vacation Camp 2017

DROP THIS FORM OFF AT P & R WITH PAYMENT OR FAX TO 938-1071

Child's Name: _____ Grade: _____ Home Phone: _____

Parents' names and daytime phones: _____

Persons authorized to pick up child besides parents: _____

Allergies and/or medications: _____

Is there any special information that you would like to share that would enable us to serve your child better?

No Yes*

* The appropriate person from the department will call you or you may attach a note to this form.

*****PLEASE NOTE: WE MUST HAVE AT LEAST 10 PARTICIPANTS TO RUN VACATION CAMP*****

I understand that the Town of Redding does not have accident insurance and that costs incurred due to injury for the student listed above are my responsibility. Up to April 3, 2017 a 50% refund will be given. On and after April 3, 2017 NO REFUND WILL BE GIVEN. Park and Recreation is NOT open on Fridays. I understand that I must pick up by 5:00 pm or pay a late pickup fee of \$20 for every 15 minutes or part of 15 minutes that I am late. I understand photos may be used by the department for promotional materials or advertising unless I notify the department in writing.

Parent's Signature: _____ Date _____

Circle prices for appropriate days & times. Fill-in totals in right-hand columns.

Activity #	42200-	4/10	4/11	4/12	4/13	4/14	Totals
		1	2	3	4	5	
	Time	Mon	Tues	Wed	Thur	Fri	
<i>Early Drop</i> off in Extended Day room	8:00 am - 9:00 am	\$4.00	\$4.00	\$4.00	\$4.00	X	
<i>Regular Day</i> drop off & pick up in Extended Day room	9:00 am - 3:30 pm	\$36.00	\$36.00	\$36.00	\$36.00	X	
<i>After hours</i> pick up in Extended Day room	<u>until 5:00</u> pm	\$6.00	\$6.00	\$6.00	\$6.00	X	
Grand Total							

I authorize use of this credit card- Circle one- Mastercard Visa

Account number # _____ Exp. Date _____

Parent's Signature: _____