

MOUNT GILEAD SUMMER PARKS PROGRAM 2016

A MONTGOMERY COUNTY ELEMENTARY SUMMER CAMP WEST LOCATION

Complete registration form and submit to
Town Hall or mail to Mount Gilead
PO BOX 325
Mount Gilead NC 27316
(Contact 910-439-5111)

Montgomery County and The Town of Mount Gilead are gearing up to offer an action packed summer camp program. This year Mount Gilead is teaming up with Montgomery County to offer the entire program at \$10 per child. The West Side Summer camp is limited to the first 80 students so please sign up today.

MEALS:

Lunch Provided Monday –Thursday at no cost.

For Montgomery County School Students

Snack provided on Fridays.

REGISTRATION INFORMATION

DUE JUNE 13th

AGES:

Rising k— 5th Graders

LOCATION:

Stanback Park, Mount Gilead

DATES:

June 20th—August 5th

Closed the week of

July 4th— July 7th

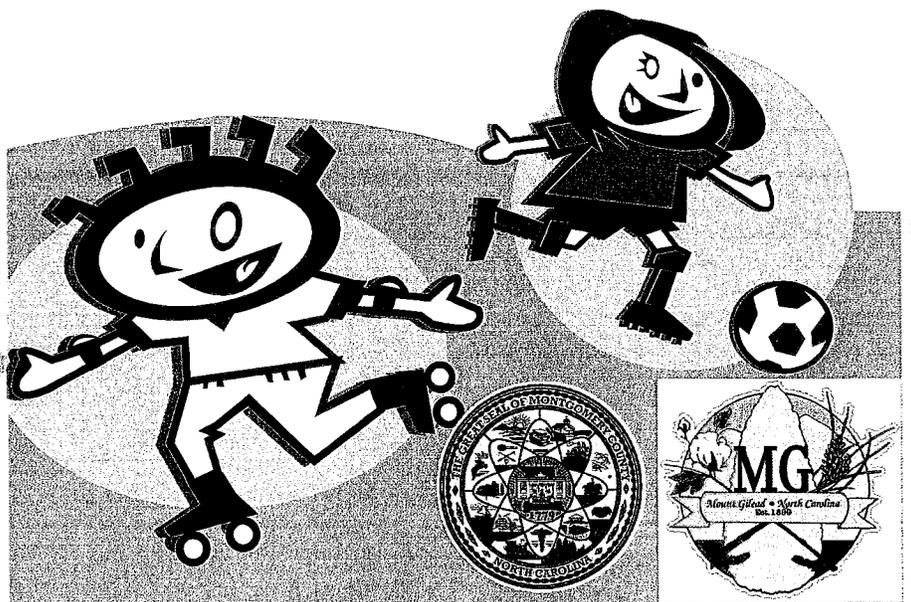
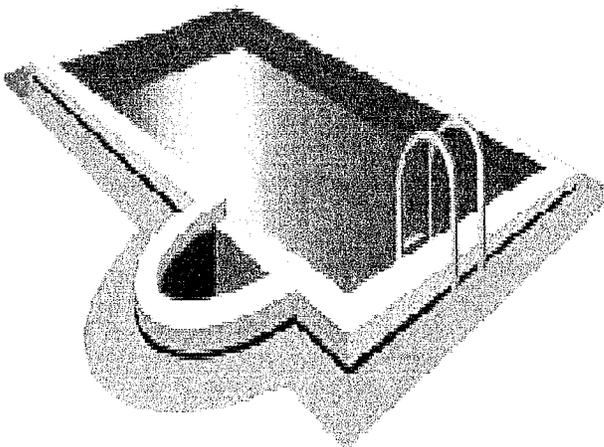
TIMES:

8:15 AM student drop off

8:30 AM—12:30 PM

COST:

\$10 for each child



Name of child: _____ Age: _____

Upcoming grade for 2016/2017 school year _____

Parents/ Guardians Name: _____

Address: _____

Telephone: _____ (home) _____ (work)

List three persons and their phone numbers that we can contact in case of an emergency:

1) _____

2) _____

3) _____

Is your child allergic to anything? _____ if yes, please indicate what the child is allergic to:

List treatment for allergy. _____

Is your child on any medication? _____ Please list any medications for emergency

purposes only _____

If your child takes Ritalin at school, then your child should take Ritalin during the Park Program. The staff is first Aid and CPR trained which enables them to dispense medications if needed. Please list any additional information you may feel we need to know about your child.

- Each day your child will need to bring a towel and undergarments so that he/she can change after swimming.
- Your child will need to wear tennis shoes so that he/she can run and play. Please no dress shoes, flip flops or sandals. We don't want scrubbed toes.
- For any behavior problems (fighting, profanity, or disrespect) there will be a one-day dismissal from the Park Program. If there is a problem with the child again he/she will not be allowed to return to the Park Program for the remainder of the summer. This is for the safety and well-being of all others attending.

I have read and understand the above general rules and hereby give my child _____ permission to attend the Mt. Gilead Park Program. I release the Town of Mt. Gilead, all Park Program staff, and the Recreation Committee of any liabilities concerning my child while he/she is involved in the Park Program. I understand that my child is to be dropped off at the park no earlier than _____ 8:15 (no supervision will be available before that time) and is to be picked up no later than 12:30 pm. I also give my permission for my child to participate in walking field trips around Mt. Gilead _____ initial.

The Park Program has permission to use photo likenesses of my child to promote the program in the local newspaper and on the town web site _____ initial.

Parent signature

Date