

STANBACK PARK - 127 E Allenton St

mtgileadnc.com

The Town of Mount Gilead is gearing up to offer an action-packed summer camp program. Each day, your child will engage in arts and crafts, water fun, outdoor sports, special events, field trips, and all sorts of other kid-friendly activities. Don't wait—spots are limited to 60 children and are available on a first-come, first-served basis. The deadline to register is June 12th.

MOUNT GILEAD SUMMER PARK PROGRAM

COST: \$20 per child

**June 16th — Aug 1st
8:30 AM — 12:30 PM
8:00 AM child drop-off**

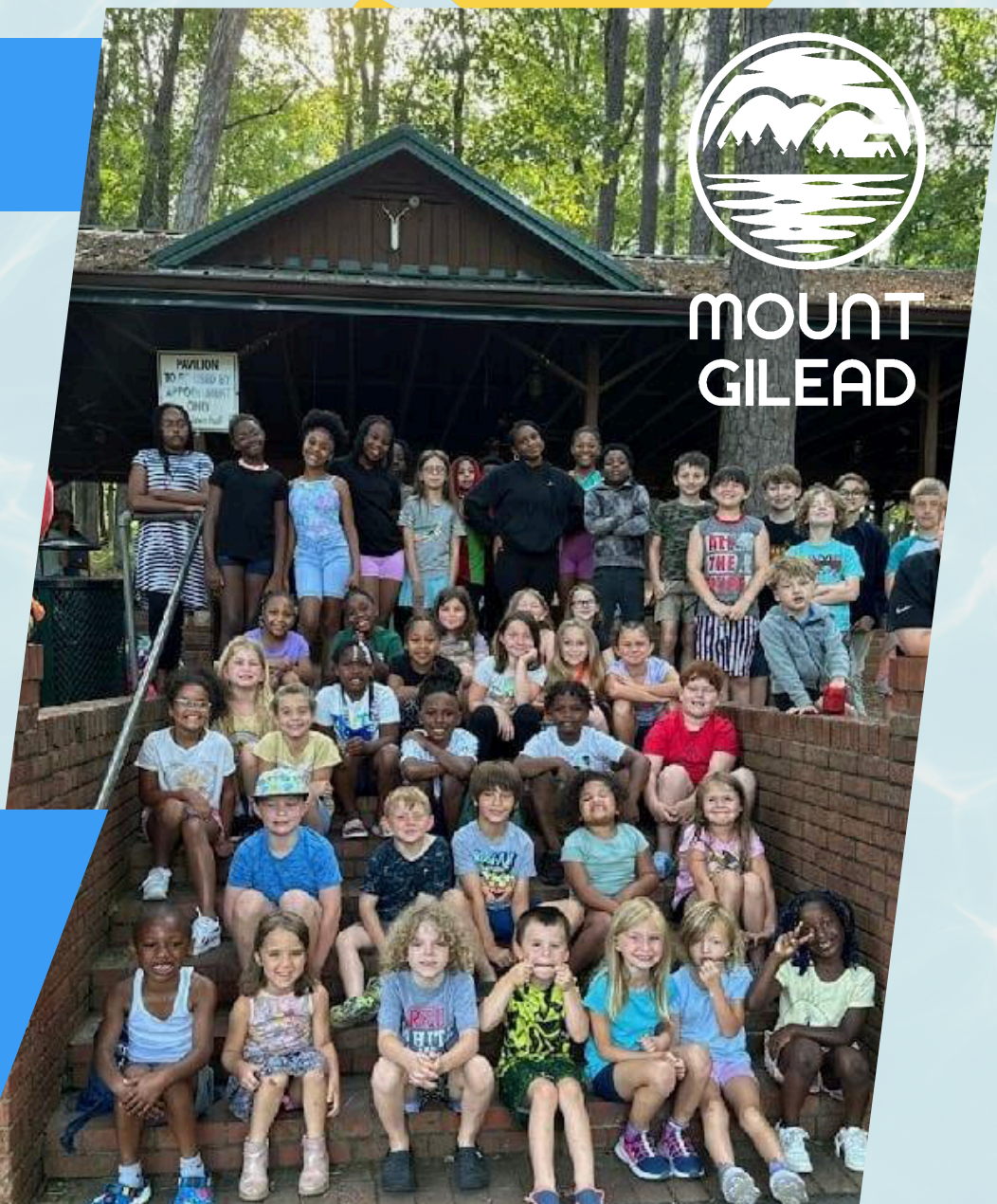
**AGES:
Rising Kindergarten
Through 5th Grade**

**LOCATION:
Stanback Park, Mt. Gilead**

**DEADLINE TO REGISTER
JUNE 12th
Closed the week of
June 30th — July 4th**

**CHILDREN IN SUMMER
SCHOOL MAY START
WHEN SCHOOL ENDS**

**MOUNT GILEAD SUMMER
PARK PROGRAM IS AN
ELEMENTARY SUMMER
PROGRAM DESIGNED TO
ENRICH CHILDREN WITH
OUTDOOR SPORTS,
NATURE, CRAFTS, AND
ADVENTURE.**



**MOUNT
GILEAD**

**Complete the registration form (attached) and return to Town Hall or mail to:
Town of Mt. Gilead PO BOX 325 Mount Gilead, NC 27306 Please Include Payment**

2025 SUMMER PARK PROGRAM REGISTRATION

June 16 – August 1st

(Must have completed Pre-K and have not started 6th grade)



**MOUNT
GILEAD**

Name of Child: _____

Age on June 12: _____ Upcoming Grade for 25/26 School year: _____

Parent/Guardian's Name: _____

Street Address: _____

Phone: _____ Alt Phone: _____

List 3 contacts and their phone numbers that can be contacted in case of an emergency:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

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

Is your child on any medication? _____ If so, please list medications for emergency purposes only.

NOTE: If your child takes prescribed behavioral medication during the school year (such as Ritalin, Adderall, etc.), we kindly ask that they continue their medication routine while attending the Park Program. Our staff is not authorized to administer medication. To ensure a safe and positive experience for all participants, we ask that children be able to engage in activities without significant behavioral disruptions. If a child's behavior becomes unsafe, disruptive, or distressing to others, a parent or guardian may be contacted to pick up the child.

Please list any additional information that staff may need to know about your child.

(continued on back)

PARK PROGRAM GUIDELINES

- **Your child will need to bring (or wear) a bathing suit, bring a towel, and a change of undergarments to change into after swimming each day.**
- Your child will need to wear closed-toed tennis shoes so that they can run and play. Please don't wear dress shoes, flip-flops, or sandals. We don't want scrubbed toes or hurt feet.
- **Bullying, fighting, profanity, or disrespect to staff or other children will NOT be tolerated.** The first offense will result in a one-day dismissal from the Park Program. If the problem repeats, the child will not be allowed to return for the remainder of the summer.
This no-tolerance policy is for the safety and well-being of all others attending.



PARENT/GUARDIAN CONSENT FORM:

I have read and understand the general Park Program rules.

I give my child _____ permission to attend the 2025 Mount Gilead Summer Park Program. I release the Town of Mount Gilead, all Park Program staff, and the Parks and 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 8:00 (no supervision will be available before that time) and is to be picked up no later than 12:30 pm.
_____ (initials)
- I give permission for my child to participate in supervised walking field trips around Mt. Gilead
_____ (initials)
- I give Park Program permission to use photo likenesses of my child to help promote the program in the local newspaper(s), the Park/Pool/Town Facebook page(s), and on the town website.
_____ (initials)
- I agree to notify staff in a timely manner about any signs of sickness, fever, positive COVID-19, or other confirmed communicable illness tests, and will keep my child at home for the recommended quarantine time.
_____ (initials)

Parent/Guardian Signature

Date

(end)