

# ENFIELD RECREATION CAMP INITIAL APPLICATION

Please complete all information requested and return this application to the Enfield Town Office. You may also e-mail this application to [mvalleyrec@gmail.com](mailto:mvalleyrec@gmail.com). After your application and down payment are received, a complete registration packet will be emailed to you or will be available for pick-up at the Enfield Town Office.

Child's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Gender: male or female

Parent or Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Circle One: Morning – 9:00am – 12:00pm \$55/week

Full Day – 9:00am – 4:30pm \$125/week (additional fees for optional field trips)

Checks should be made payable to "Enfield Recreation"

Circle the weeks you would like your child to attend:

7/2 - 7/6

7/9 – 7/13

7/16 – 7/20

7/23 – 7/27

7/30 – 8/3

(no camp on 7/4))

(\*8/3 is AM only)

Approx. time of parent/guardian drop-off: \_\_\_\_\_ (extra fee prior to 9am)

Approx. time of parent/guardian pick-up: \_\_\_\_\_ (extra fee after 4:30pm)

Please list any concerns for your child. This information is important for our camp staff to help ensure your child has an enjoyable time at camp! (include: social, sensory, behavioral, dietary, speech, health)

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I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby agree to his/her participation in the Enfield Recreation Camp (ERC) and hereby agree to hold ERC staff, administrators and volunteers and the Town of Enfield harmless for any and all injury, loss or damage suffered by the above named participant and her/his immediate family as a result of his/her participation in ERC program. I understand that Enfield Recreation Camp is a separate organization from the Mascoma School District and that ERC is not affiliated with the Mascoma School District.

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