



Cheri Anthony
Recreation Director
 Pickens Recreation Center
 545 Sangamo Road
 Pickens, SC 29671

2016 SUMMER DAY CAMP REGISTRATION

Ages 6 – 12 (completed 5K kindergarten – rising 7th grade)

Camper's Name: _____ Nickname: _____ DOB: _____ Age: _____

Gender: Male / Female Mailing Address: _____ City: _____ Zip: _____

E-mail Address: _____ Specific Requests: _____

Camper lives with: both parents mother father other (specify) _____

Are there restrictions regarding parental contact? No Yes (If yes, please attach note) T-Shirt Size: _____

Parent/Guardian Information:

Father/Guardian's Name: _____ Home Phone: _____ Cell #: _____

Address (if different): _____ Employer: _____ Business #: _____

Mother/Guardian's Name: _____ Home Phone: _____ Cell #: _____

Address (if different): _____ Employer: _____ Business #: _____

Information About Your Child:

Does your child have any known allergies or required medications: No Yes
 Explain: _____

Please give any information concerning your child that may be helpful in his day camp experience (special fears, likes or dislikes, etc.) _____

Emergency Care Information:

Name of child's doctor: _____ Office Phone #: _____

Name of child's dentist: _____ Office Phone #: _____

Hospital preference: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

I understand that the Pickens Recreation Dept. assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in any activities. I agree that the Camp Director may authorize the physician/emergency service of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I understand that the Pickens Recreation Dept. does not carry accident or medical insurance on campers.

 (Signature of Parent)

 (Date)

Emergency Contacts: Please include relationship (someone other than parents/guardians):

(1): _____ Phone #: _____ (2): _____ Phone #: _____

Authorized Person(s) picking up camper: (1) _____, (2) _____, (3) _____

Please list anyone NOT authorized to pick up camper: _____

Registration fees are due the preceding Friday of each session. Please indicate below the weeks that you would like to reserve a spot in camp for your child. Please be aware that if for some reason your child does not attend a week that is marked below, you will be charged half the registration fee which is \$35.00. Fees for the first week of camp, which is June 6-10, need to be paid by June 3. Outstanding balances must be paid in full before your child may return to camp.

- June 6 – 10
 - June 13 – 17
 - June 20 – 24
 - June 27 – July 1
 - July 11 – 15
 - July 18 - 22
 - July 25 - 29
 - August 1 - 5
 - August 8 – 12
- **There is no camp July 4-July 8 (the facility is closed).

Camp Rates:

A \$25.00 registration fee that is non-refundable is due by May 20 (includes a camp t-shirt).
Late registration fee will be \$35.00 after May 20.

One Child per Week	\$70.00
Multi-Child Discount	\$10.00 per child
Example: 2 children	\$130.00 per week
3 children	\$180.00 per week

Fees for each session are still due one week in advance. *We reserve the right to refuse any child once maximum day camp capacity is filled.*

Children who are not pre-registered will not be accepted.

Make checks payable to: City of Pickens Recreation Department, PO Box 485, Pickens, SC 29671

Late Fees:

The Pickens Recreation Summer Day Camp opens at 7:30 a.m. and closes each day at 5:30 p.m. There will be a late fee of \$1.00 per 5 (five) minutes for any child picked up after 5:30 p.m.

The second time the child is picked up after 5:30 p.m., there will be a late fee of \$2.00 per 5 (five) minutes.

When a child is picked up late 2 (two) times within a two-week period, parents will be warned that a third late pick-up will result in the child being dismissed from the Pickens Recreation Summer Day Camp.