

Lunch & Snack

ARTS & CRAFTS

SPORTS

Swimming

FRIENDSHIPS

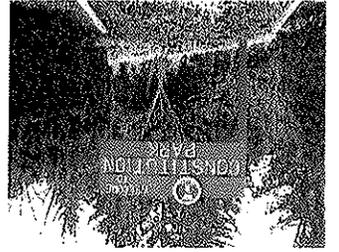
Fun

Registration and payments can be made at the camp office beginning June 17, 2019.

57 N Liberty St. Cumberland MD 21502

Cumberland Parks & Recreation Department

Fill out the form and send or drop off, with payment, to:



CITY OF CUMBERLAND PARKS AND RECREATION

2019

DAY CAMP

SUMMER

CONSTITUTION PARK

The Constitution Park Summer Day Camp program is sponsored by the City of Cumberland Parks and Recreation Department. The camp is open to children ages 5 to 12 years old and includes outdoor activities, organized games, arts and crafts, tennis, swimming lessons, and educational experiences.

Lunch and snack is provided daily, made possible by the Summer Food Service Program for Children, Sponsored by the US Department of Agriculture, Food and Nutrition Service. The free lunch program is made available to all children without regard to race, color, national origin, sex, age or disabilities. Any person who believes that he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC 20250

Parents are responsible for providing transportation for participants for this program. Regular hours of operation are Monday-Friday, 9 a.m.-4 p.m. Extended hours are offered for an additional fee of \$10/week per child for Day Camp. If you choose to use the extended hours program, please be aware that no supervision will be provided before 8 a.m. or after 5 p.m. If your child arrives before 9 a.m. or leaves after 4 p.m. regularly, you will be charged for the extended hour program. If your child must arrive late or leave early, please notify the camp director.

This is imperative so all necessary arrangements can be made.

If you have questions please contact the Parks and Recreation Department at 301-759-6636 or diane.johnson@cumberlandmd.gov

The weekly cost of each child attending depends upon the number of children within each family attending camp and your residency.

In-City Resident		Non-City Resident	
\$40.00	1st Child in family	\$60.00	
\$38.00	2nd Child in family	\$56.00	
\$35.00	3rd Child & more	\$50.00	

****Extended hours are an additional \$10.00/week per child.**

Please make checks payable to: Mayor and City Council

ATTENTION: CHECK POLICY, other forms must be completed with check payment

These materials are neither sponsored nor endorsed by the Board of Education of Allegany County, the superintendent or this school.

2019 Constitution Park Day Camp Registration

Cumberland Parks and Recreation Department

June 17 – August 9

(One Child per application please)

Child's Name: _____

Address: _____

Age: _____ Phone: _____

Birthdate: ____/____/____ School _____ Grade Completed _____

Participant is a:(Circle One) Non-Swimmer Beginner Swimmer Intermediate Swimmer

Parent/Guardian: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I, the parent of the named child, give my permission for him/her to participate in the City of Cumberland Parks and Recreation Dept.'s Day Camp Program. I assume all risks and hazards incidental to such participation including transportation to and from site. I do hereby waive, release, and hold harmless the sponsor of this activity and the City of Cumberland from any claim arising out of injury during this activity.

Signature of Parent/Legal Guardian

To be completed by staff only.

This child is one of _____ children from the **SAME** household attending the Constitution Park Day Camp during the 2019 summer season.

Circle one: In-City Resident Non-City Resident

Cost per week for this child: _____

Wk 1 (June 17-21) _____ cash or check _____ Wk 2 (June 24-28) _____ cash or check _____

Wk 3 (July 1-5)** _____ cash or check _____ Wk 4 (July 8-12) _____ cash or check _____

Wk 5 (July 15-19) _____ cash or check _____ Wk 6 (July 22-26) _____ cash or check _____

Wk 7 (July 29-Aug.2) _____ cash or check _____ Wk 8 (Aug.5-9) _____ cash or check _____

Notes:

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? YES NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature _____

Date _____

*****Health History Form MUST be returned with Registration Form and Fees*****