

# FUN IN THE SUN SUMMER 2019

## BEACON FALLS PLAYGROUND CAMP

Join us Summer Mornings at Pent Recreation Park!



**JULY 8<sup>th</sup> – AUGUST 9<sup>TH</sup>, 2019**

**Monday thru Friday, 9:00am – 12:00 Noon**

Join us for crafts, sports, water slides, sprinklers, ice cream, games and more!

- Camp is open to Beacon Fall Children ENTERING grades 1-6.
- Children must have completed kindergarten. Pre-K readiness not eligible.
- \$95 per child. \$190 for 2 or more children per immediate family.
- Return registration with (cash or check made out to the **Town of Beacon Falls**) to Laurel Ledge School. We also accept (**Visa, Mastercard, Discover, or American Express**) at the First Selectman's or Finance Office, or you may use the link below to pay from home and mail your application to Town Hall, 10 Maple Ave. Beacon Falls, CT. 06403

<https://client.pointandpay.net/web/BeaconFallsP&R>

Registrations need to be in by June 24, 2019.

- We use Remind for daily updates: Enter the number 81010, text @bfrec, then hit send to sign up!

**Child's Name** \_\_\_\_\_

Grade Completed \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

**\*Date of Last DPT shot (required)** \_\_\_\_\_

Medications \_\_\_\_\_

Medical Concerns \_\_\_\_\_

**Parent's Phone Numbers:**

Mother Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail(s): \_\_\_\_\_

**Two Names and Emergency Numbers if parents can't be reached:**

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**If there are specific individuals who CANNOT pick up your child, please contact director, or see on first day of camp.**

**EMERGENCY MEDICAL AUTHORIZATION FORM**

I give permission to the Town of Beacon Falls Park and Recreation Summer Camp to make whatever emergency, (e.g. first aide, disaster evacuation) measures as judges necessary for the care and protection of my child under the supervision of the camp in case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, Rescue Squad) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent or guardian, child's physician, and or other adults acting on the parents/guardian's behalf.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_