

Glen Farm April Camp Application

Child's Name: _____

Date of Birth: _____ Grade: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact info:

Parent/Parents Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contacts in addition to parents /name & phone:

Those authorized to pick up child/name & phone. Please have those authorized bring a valid ID. WE WILL NOT RELEASE YOUR CHILD TO ANYONE NOT ON THIS LIST OR TO THOSE ON THE LIST W/O A VALID ID.

Camp Hours 8:00am-4:30pm

Requested camp days:

_____Monday

_____Tuesday

_____Wednesday

_____Thursday

_____Friday

Behavior Policy

The recreation department expects good behavior from all campers. Campers who display negative behaviors will be required to meet with the Recreation Director, with their parents, to discuss and address behaviors.

Permission to treat

All activities involve risks. By signing the application, you give us permission to treat your child in an emergency with the information below. Furthermore, you agree to not hold the Town of Portsmouth, its employees or agents liable for any incidents that may arise from your child’s participation in the Glen Farm Camp.

Medical Information:

Allergies or medical conditions:-----

Doctor and phone:

Health Insurance Co and policy number:

Other important information: -----

I have read and understood and understood the above policies and rules.

Signature: _____

Date: _____

The cost of camp is \$200 per week or \$45 per day.

Please make checks payable to:

The Town of Portsmouth

Mail payment to:

Town of Portsmouth

2200 East Main Road

Portsmouth, RI 02871

Attention: Director of Recreation

For more detailed information, please contact:

Wendy Bulk @ wbulk@portsmouthri.com

(401)787-0281