

2024 Roethke Day Camp Registration

Thomas Township Parks & Recreation

Child's Name

Child's Age

2nd Childs Name (If applicable)

2nd Childs Age (If applicable)

Address

City

State

Zip

Township

Phone Number

Email Address

If purchasing a Camp shirt, please circle size below. Camp shirt is same design for all summer camps.

Youth Small (6/8) Youth Medium (10/12) Youth Large (12/14) Small Medium Large XLarge

Please check box to indicate your Day Camp choices. Add across each row and total down the last column to get a total cost.

Cash or Check ONLY - Checks payable to Thomas Township General Fund and return to 249 N. Miller Rd. Saginaw, MI 48609

Week/Theme	Resident	Resident 2nd Child Same Week	Non-Resident	Non-Resident 2nd Child Same Week	Before/ After Care	Camp Shirt: Circle size above	Total	Paid Office Use Only
June 10-14 Outdoor Adventure	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
June 17—21 Blast Off	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
June 24—28 Water Wonders	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
July 8 - 12 Animal Kingdom	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> 30	<input type="checkbox"/> \$10		
July 15 - 19 Going Green	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
July 22 - 26 Nature Unleashed	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
July 29 - Aug 2 Survivor *Additional Fees may Apply	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
Aug 5 - 9 The Amazing Race *Additional Fees may Apply	<input type="checkbox"/> \$125	<input type="checkbox"/> \$195	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
Aug 12 - 16 Summer Send off	<input type="checkbox"/> \$125	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135	<input type="checkbox"/> \$105	<input type="checkbox"/> \$30	<input type="checkbox"/> \$10		
						Total (add up last column)		

Signature

Date

Child Information Record/Parent Consent & Agreement

Child's Name _____

Date: _____

2nd Childs Name (If applicable) _____

2nd Childs Age (If applicable) _____

Phone: _____

Email: _____

Please PRINT all information

PARENT INFORMATION - Please List Each Parent/Guardian Separately

Childs Mother

Name: _____

First

Last

Phone: _____

Email: _____

Childs Father

Name: _____

First

Last

Phone: _____

Email: _____

Please PRINT all Information

EMERGENCY CONTACTS (Other than Parent/Guardian)

Note: Students will only be released to a parent, guardian, or emergency contact person listed

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List any allergies: _____

Does your child know how to handle their allergies? _____

List any pertinent health information (medical conditions, etc.): _____

Current Medications: _____

Does your child know when medications are needed? _____

****The following information is necessary to have on file in case of an emergency:****

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

TRANSPORTATION AGREEMENT:

☐ Thomas Township and the Parks and Recreation Staff have my permission to transport my child from the Roethke Park Day Camp, to any and all off site activities. By signing this form, I am acknowledging that I understand that my child will be off site for activities during Day Camp Week.

VIDEO TAPING AND PICTURE TAKING:

☐ I understand and give my permission to Thomas Township and the Parks and Recreation Staff to videotape, capture on camera, and use my child's image on the website or in brochures for the use of Thomas Township's Parks and Recreation advertising.

INFORMATION CHANGES

☐ I understand that it is my responsibility to notify summer staff of any changes in family and/or emergency information notated on the child information form. Children will not be released to someone not listed.

LATE PICK UP POLICY

☐ I understand that day camp closes each day at 5:30 pm and a late pick will incur a late fee of \$10 after 5:45 pm.

MEDICAL AGREEMENT:

☐ Thomas Township and the Parks and Recreation Staff have my permission to seek medical treatment for my child, in the event that I cannot be reached for a medical emergency. I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child as named on page 1 of the Day Camp Registration Form.

CREDITS / REFUNDS / ABSENCES

☐ I understand that the weekly fee that is paid is based upon enrollment, not attendance. There are no refunds for absences/non-attendance. Credits may be given for weeks paid but not attended. No credits will be given for days not attended during the week.

SCHEDULES & PAYMENTS

☐ I understand that paper schedules /payments are due each week no later than 5 pm each Thursday. Paper schedules & payments turned in after 5 pm on Thursday will incur a \$25 late fee.

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this Day Camp Program. I waive and release Thomas Township, its employees and volunteers, from any and all claims. I have read all of the above permissions and by signing below I agree to all of the items checked.

Parent/Guardian signature

Date