



Bexley Recreation & Parks

2016-17 School's Off- Camp's On Registration Form



Please register for one of the following grade groups by checking the appropriate box:

<input type="checkbox"/> K – 3 rd Grade Located at Maryland Elementary	<input type="checkbox"/> 4 th – 6 th Grade Located at Maryland Elementary
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Please print clearly in all sections.

Child's Name _____ DOB ____/____/____ Age ____ Sex ____ Grade (2016-17) ____

Parent/Guardian's Name _____ Address _____

Email _____ Phone: Home _____ Work _____ Cell _____

Other parent/guardian (if different than above)

Parent/Guardian's Name _____ Address _____

Email _____ Phone: Home _____ Work _____ Cell _____

REGISTRATION / PAYMENT POLICY

Payment for individual school days must be made in full at the time of registration. Payment for camp weeks (i.e. Winter Break, Spring Break) must be made in full by the Wednesday prior to the start of that week. Credit Card must be put on file to make payments as well as cancellation charges.

CANCELLATION POLICY

There will be **NO** cancellation fee for cancellation of days/weeks made at or prior to the first day of school on Wednesday, August 17th. Cancellations made after the first day of school will include a \$10 cancellation fee for each day of cancellation. Cancellations for camp weeks (i.e. Winter Break, Spring Break) must be made two weeks prior to the week of attendance and will incur a \$25 cancellation fee. Any cancellation made inside of two weeks will result in a full charge for the week. Parents must notify in writing to the Camp Administrator of withdrawal by two weeks prior to the week/day being changed. Failure to give notification at least two weeks prior to the changed week will result in having to pay the full camp fee.

<u>(Yes / No)</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>	<u>T-Shirt Size</u>
<input type="checkbox"/> Day 1	Oct. 3 (Rosh Hashanah)	Schools	7am – 6pm	\$35	Youth:
<input type="checkbox"/> Day 2	Oct. 12 (Yom Kippur)	Schools	7am – 6pm	\$35	S: <input type="checkbox"/>
<input type="checkbox"/> Day 3	Oct. 21 (Conferences)	Schools	7am – 6pm	\$35	M: <input type="checkbox"/>
<input type="checkbox"/> Day 4	Nov. 7 (Staff In-Service)	Schools	7am – 6pm	\$35	L: <input type="checkbox"/>
<input type="checkbox"/> Day 5	Nov. 8 (Staff In-Service)	Schools	7am – 6pm	\$35	
<input type="checkbox"/> Day 6	Nov. 23 (Conferences)	Schools	7am – 6pm	\$35	Adult:
<input type="checkbox"/> Day 7	Dec. 22 (Winter Break)	Schools	7am – 6pm	\$35	S: <input type="checkbox"/>
<input type="checkbox"/> Day 8	Dec. 23 (Winter Break)	Schools	7am – 6pm	\$35	M: <input type="checkbox"/>
<input type="checkbox"/> Day 9	Jan. 2 (Winter Break)	Schools	7am – 6pm	\$35	L: <input type="checkbox"/>
<input type="checkbox"/> Day 10	Jan. 16 (M.L. King, Jr. Day)	Jeffrey Mansion	7am – 6pm	\$35	XL: <input type="checkbox"/>
<input type="checkbox"/> Day 11	Feb. 20 (Presidents' Day)	Jeffrey Mansion	7am – 6pm	\$35	
<input type="checkbox"/> Day 12	April 14 (Good Friday)	Schools	7am – 6pm	\$35	
<input type="checkbox"/> Full Day Package*	(All 12 Days listed above)			\$350 (\$70 Savings)	

*Purchase of the Full Day Package gives you 12 days at the price of 10 days

<u>Weeks</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
<input type="checkbox"/> Winter Break	Dec. 26 – Dec. 30	Schools	7am – 6pm	\$165
<input type="checkbox"/> Spring Break	March 20 – March 24	Schools	7am – 6pm	\$165
<input type="checkbox"/> Complete Year Coverage**				\$650 (\$100 Savings)

**This option provides coverage for all 12 days as well as Winter Break and Spring Break

If the child registered on this form was a 2016 Jeffrey Summer Camp Program (JSCP) or School Before/After Care Program participant, by checking this box, you give us permission to use the 2016 JSCP forms (Permission/Photo Release, Dismissal, & Medical Forms) as the official School's Off – Camp's On Forms. The only other form you would need to fill out is the payment form.

I give permission for my child to participate in swim time while at camp. Yes No If No, Please Explain: _____

RELEASE / PERMISSION

I, as parent or legal guardian representing this minor, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and / or damage to my / our person or property that may arise out of my child's participation in or at the listed activity / activities. I / we are aware that participating in activities or use of facilities involves certain risk of injury despite safety precautions. I give permission for my child to take part in all camp activities, including trips away from camp. In the event of an accident or emergency, if my child's physician is not available, I grant permission to call another licensed physician. I authorize the camp staff to act for me according to their best judgment.

I have read the Summer Camp/School Days Off-Camp is On policies and payment terms and accept full responsibility for 100% payment of all camp fees.

Signature of Parent, Custodian, or Guardian

Date