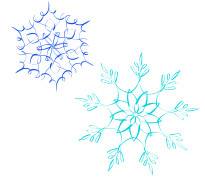
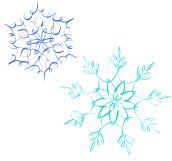


Redding Park & Recreation DECEMBER VACATION CAMP



Child's Name: _____ Grade: _____ Home Phone: _____

Parent's Daytime phone numbers/names: _____

Comments / Allergies: _____

I understand that the Town of Redding does not have accident insurance and that costs incurred due to injury for the student listed above are my responsibility. Up to December 20th a 50% refund will be given. On December 21st and there after no refund will be given. The Park and Recreation Office is CLOSED on Friday. No camp on Mon.12/26. I understand that I must pick up by 3:30pm or pay a late pickup fee of \$10 for every 15 minutes or part of 15 minutes that I am late. The same policy applies to the after hours program.

Parent's Signature: _____

Is there any special information that you would like to share that would enable us to serve your child better?

No Yes* The Appropriate person from the department will call you or you may attach a note to this form.

This camp is for children in grades K-6

Circle prices for appropriate days & times. Fill-in totals in right-hand columns.

Activity #	Time	12/26	12/27	12/28	12/29	12/30	Total
	12200-		2	3	4	5	
		MON	TUES	WEDS	THURS	FRI	
Early Drop off in the lobby by Extended Day	8:00 am - 9:00 am	XXXX	\$4.00	\$4.00	\$4.00	\$4.00	
Regular Day drop off & pick up In lobby by E.D.	9:00am - 3:30 pm	XXXX	\$32.00	\$32.00	\$32.00	\$32.00	
After hours pick up in the E.D. Room	<u>Until 5:00 pm</u>	XXXX	\$6.00	\$6.00	\$6.00	\$6.00	

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa

Signature _____

Credit Card Number _____ Expiration Date _____

[Click here](#) to register online