

**2019 ROCK HILL SUMMER DAY CAMP
REGISTRATION INFORMATION**

It's time to get ready for the 2019 Rock Hill Summer program. The camp is for children ages 6-12. This year the camp will be held at **HUDSON SCHOOL**. The camp will meet **MONDAY-FRIDAY, 9:00 AM-3:00 PM FROM JUNE 3-JULY 11. CAMP WILL NOT BE HELD ON THURSDAY, JULY 4.**

The fee for the 6 week camp is \$260.00 for Rock Hill children and \$340.00 for non- resident children. For those wishing to register for less than the full six weeks, or those paying weekly, the fees are \$50.00/week for resident children and \$75.00/week for non-resident children. A \$50.00 non-refundable deposit for each resident child and \$75.00 for each non-resident child is required when registering. This deposit will be applied to your camp fees. Balances are due the first day the child attends camp. **CAMP IS LIMITED TO 40 CHILDREN PER WEEK.**

Also enclosed with this registration form are other camp forms including medical/emergency information, permission slips, and our pick up policy. These forms must be completed and turned in for each child by their first day of camp.

To register for the Rock Hill Day Camp, complete the form below and return it with your payment to **ROCK HILL CITY HALL, 827 N. Rock Hill Road, ROCK HILL, MO 63119**. Please contact the Rock Hill Parks and Recreation Department at 314 561-4304 if you have any questions.

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Return these completed forms to Rock Hill City Hall
827 N. Rock Hill Road
Rock Hill, MO 63119

Child's name	Address	
Age as of 6/3/19	City	Zip Code
Dates attending	Amount paid	Date
Parent/Guardian Signature	Phone Number	Staff Signature

Rock Hill Day Camp Permission Slips

This form requires your signature in three places, so please read carefully. We need only one form completed for each family.

I give my permission for my child or children to attend all bus and walking trips with the City of Rock Hill Parks and Recreation Department's Summer Day Camp.

Parent/Guardian signature

Date

1st child

2nd child

3rd child

I give my permission for my child or children to walk home or ride a bike home when camp is dismissed at 3:00 p.m. daily.

Parent/Guardian signature

Date

1st child

2nd child

3rd child

I give my permission for the following individuals to pick up my child from camp.

1. _____

2. _____

3. _____

4. _____

Parent/Guardian signature

Date

1st child

2nd child

3rd child

Medical and Emergency Information Rock Hill Day Camp

Please complete and return to your child's counselor

Child's Name _____

Child's doctor & phone # _____

Preferred hospital _____

Mother's name, phone(s) _____

Father's name, phone(s) _____

Other emergency contacts _____

Special medical information/instructions _____

Rock Hill Day Camp Pick Up Policy

*Please complete the top portion of this notice and return it to your child's counselor.
Keep the bottom portion for your information.*

I have read and understand the late fee policy regarding pick up of my child or children from the Rock Hill Day Camp and agree to comply with this policy.

Parent/Guardian signature

Date

1st child

2nd child

3rd child

All children who are picked up from day camp must be picked up promptly at 3:00 p.m. daily. (The school is locked at 3:00 p.m.) A late fee will be charged to parents/guardians who are late unless prior arrangements have been made. The fees are as follows:

Less than 10 minutes	no charge
10 minutes	\$5.00
11-15 minutes	\$10.00
More than 15 minutes	\$20.00

Late fees must be paid within two business days of each late pick up. Failure to do so may result in the dismissal of your child from day camp. This policy will be strictly enforced. Thank you for your cooperation. Please sign the acknowledgement below and return it to your child's counselor. Please keep this portion as your reminder of the fee structure.

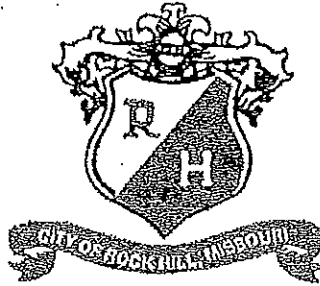


Photo Release Form

I give the City of Rock Hill permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the City with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Minor's name _____

Your name (parent or guardian only) _____

Your signature _____

Date _____