

# SUMMER CAMP ☆ REGISTRATION FORM

2025

★ PLEASE FILL OUT FOR EACH CHILD ★

Please fill out the following contract for your child's summer schedule. Check off each time slot that applies to what you will be using. Check off 9-4 **ONLY** if before or after care is **NOT** needed. **Any time checked off will be considered contracted.** A deposit of \$10 per day is required at time of sign up along with a registration fee (\$40 per child) and T-shirt payment (\$15). No registration will be taken without payment.

Child's Name: \_\_\_\_\_ Age/Grade Entering \_\_\_\_\_ Parent's Name \_\_\_\_\_

WEEK #1	9-4	JUNE 30- JULY 3	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 6/30		SPORTS HUB					\$60
Tues 7/01		ON-SITE					\$55
Weds 7/02		ON-SITE					\$55
Thurs 7/03		NEW CASTLE					\$60

WEEK #5	9-4	JULY 28-31	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 7/28		DON BALL PK					\$60
Tues 7/29		ON-SITE					\$55
Weds 7/30		ON-SITE					\$55
Thurs 7/31		OOB					\$60

WEEK #2	9-4	JULY 7-10	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 7/07		SKY ZONE					\$65
Tues 7/08		ONSITE					\$55
Weds 7/09		ONSITE					\$55
Thurs 7/10		IN THE GAME					\$65

WEEK #6	9-4	AUG 4-7	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 8/04		FENWAY PARK					\$70
Tues 8/05		ONSITE					\$55
Weds 8/06		ONSITE					\$55
Thurs 8/07		WHITE LAKE					\$60

WEEK #3	9-4	JULY 14-17	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 7/14		WATER CTRY					\$70
Tues 7/15		ON-SITE					\$55
Weds 7/16		ON-SITE					\$55
Thurs 7/17		MINI GOLF					\$60

WEEK #7	9-4	AUG 11-14	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 8/11		AQUABOGGIN					\$70
Tues 8/12		ON-SITE					\$55
Weds 8/13		ON-SITE					\$55
Thurs 8/14		FORT FOSTER					\$60

WEEK #4	9-4	JULY 21-24	7-9AM	8-9AM	4-5PM	4-5:30PM	DEPOSIT
Mon 7/21		YORK BEACH					\$60
Tues 7/22		ON-SITE					\$55
Weds 7/23		ON-SITE					\$55
Thurs 7/24		SACO RIVER					\$70

Based on the above information, I have enclosed my deposit, registration and t-shirt fee. I understand that I will be billed for any contracted time even if my child does not attend.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# 2025 SUMMER CAMP

## T-SHIRT ORDER FORM

**\$ 15.00 EACH**

CHILD'S NAME \_\_\_\_\_

YOUTH	QUANTITY	TOTAL \$
SMALL		
MEDIUM		
LARGE		

ADULT	QUANTITY	TOTAL \$
SMALL		
MEDIUM		
LARGE		
X-LARGE		

TOTAL DUE \_\_\_\_\_



# ACKNOWLEDGEMENT OF RECEIVING AND AGREEMENT TO FOLLOW ALL POLICIES IN THE CLUBHOUSE KIDS HANDBOOK 2025

I \_\_\_\_\_ have read, understand and agree to follow and  
(Parent's Name)  
have reviewed with my child \_\_\_\_\_ the Clubhouse Kids Summer Camp Handbook  
(Child's Name)  
that includes: Participant Expectations, Behavior Policy, Parent Expectations, Drop off and Pick up  
Policy, Sick Child Policy, Payment Policy, Discharge Policy and Sunscreen Policy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **Photo/Video Release**

Periodically, during the course of activities, photographs and videos may be taken and used for promotion. These may appear in newspapers, social media and/or television. I authorize that without receipt of any compensation.

\_\_\_\_\_  
Initials

## **Medical Release**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, I understand that CHK may walk to local sites and in the event that my child must require immediate medical treatment, I give Clubhouse Kids staff permission to make sure my child gets to the nearest medical facility.

\_\_\_\_\_  
Initials

## **Local Walks**

I understand that although Clubhouse Kids operates at Central School daily, Clubhouse Kids staff will occasionally take local walks with the children, including mine.

\_\_\_\_\_  
Initials

## **Water Activities**

Throughout the summer CHK will participate in swimming activities. Days in which swimming activities are planned, are marked on our calendar. All locations where swimming is part of the planned activity, a lifeguard will be present. By signing below, I grant my child to participate in swimming activities.

\_\_\_\_\_  
Initials

## **Sunscreen**

I give the staff permission to apply sunscreen to my child as needed at any time during the 2025 Summer Camp Program.

\_\_\_\_\_  
Initials



# SWIMMING SKILLS

Name: \_\_\_\_\_

Please fill out the following information so that we can be aware of your child's swimming abilities. Please check the level that BEST describes your child's swimming ability.

- \_\_\_\_\_ Level 1:      Uncomfortable in or around water.  
Non-swimmer with limited or no swim lesson experience.
- \_\_\_\_\_ Level 2:      My child likes the water, but does not have any swimming skills yet.  
Knows basic water safety rules. (Will be covered at camp as well)  
Can submerge mouth, nose, and eyes.  
Can exhale under water (blow bubbles).
- \_\_\_\_\_ Level 3:      Comfortable in the water and has some swim skills.  
Can swim on front using doggie paddle, short distances.  
Can submerge entire head.  
Can float on back for short periods of time.
- \_\_\_\_\_ Level 4:      Can swim on front and back, min. width of standard pool.  
Able to swim under the water  
Able to swim in the deep end of pool safely  
Can tread water using arm and leg motions

**\*If your child does not have any swimming skills yet, they will not be allowed to enter the water over their knees.**

**All children will be supervised at all times during any water activity, regardless of swim level. We only utilize beaches for swim related activities that have lifeguards on duty. All Clubhouse Kids staff have completed water safety training.**



Date Enrolled \_\_\_\_\_

Date Terminated \_\_\_\_\_

### Clubhouse Kids Emergency Form

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Physical Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Physical Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In an emergency if neither parent can be reached, an alternate person to contact:**

Contact #1 \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact #2 \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Name of persons who are permitted to remove your child from Clubhouse Kids:**

\_\_\_\_\_  
\_\_\_\_\_

**Child's Physician** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Hospital Choice** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance** \_\_\_\_\_ ID# \_\_\_\_\_

Name of Child \_\_\_\_\_ Parent \_\_\_\_\_

My child has the following special conditions, disabilities, allergies or medical emergency information-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a parent or legal guardian, I hereby give my consent to have my child receive first aid by Clubhouse Kids employees and to be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed on my child's form to act on my child's behalf until I am available. I agree to update this information whenever a change occurs.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date