

# DPS Intersession Track Out Camps 2018-2019

## We Offer.....

- ✓ **Low staff to camper ratios to ensure individual care and attention.**
- ✓ **Outstanding experienced camp staff with current CPR and First Aid certification.**
- ✓ **Exciting learning themes are combined with games, crafts, sports, field trips, computer, and other fun-filled choices.**
- ✓ **A unique mix of educational and recreational programming and activities.**
- ✓ **Fun, hands-on enrichment activities with traditional recreational opportunities.**

### Register Early!

Registration forms are accepted on space availability—first come, first served. Payments must be made in full by printed deadlines in order to participate in the intersession program. No payments will be accepted after 5:00 pm on the printed deadline date, either by mail or in person.

*Weekly fees must be paid by the Wednesday prior to each weekly session.*

### Deadlines:

<b>Fall</b>	<b>September 17, 2018</b>	<b>(Week 1)</b>
<b>Holt ONLY</b>	<b>September 24, 2018</b>	<b>(Week 2)</b>
	<b>October 1, 2018</b>	<b>(Week 3)</b>

*\*Pearsonstown closed due to construction\**

<b>Spring</b>	<b>March 12, 2018</b>	<b>(Week 1)</b>
<b>Pearsonstown</b>	<b>March 19, 2018</b>	<b>(Week 2)</b>
<b>Easley</b>		

### Fees:

Registration Fee (per year):	\$35
Fall Fees (per week):	
September 24 – October 12 (7am– 6pm)	\$140
Additional children (per child/ per week)	\$130

Spring Fees (per week):	
March 18 – March 22 (7am– 6pm)	\$140
Additional children (per child/ per week)	\$130

DPS Spring Break-No intersession camp March 25 - March 29

April 1– April 5 (7am– 6pm)	\$140
Additional children (per child/ per week)	\$130

### To Register:

Complete the registration form and return it to the Community Education Office with the appropriate fees and full payment for the first intersession program. For example, if you are sending one child to the Fall program you must send \$175 if you are not currently enrolled in before or after school (\$35 registration fee and \$140 for each week) or \$140 if currently enrolled in our programs.

### Payments for additional Intersession must be received by the printed deadline for each program.

If payment is not received, registration will be voided. Please be sure to fill out each section completely to avoid delays in processing your program choices. We cannot accept registrations from families with overdue Community Education accounts.

### Cancellation:

A one-week written notification is required for a refund if your child(ren) does/do not attend intersession.

### Field Trips:

Students participate in field trips during Intersession at no additional charge.

Lunches and Snacks:

**Breakfast, lunch, and an afternoon snack will be provided at no cost.**



The Durham Public Schools does not discriminate on the basis of sex, color, religion, national origin, age, or disability in any of its educational or employment



Durham Public Schools  
Community Education  
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# 2018 -19 Intersession / Track Out Registration Form

Enroll my child in the following intersession Camps:

- September 24 – 28       HOLT ONLY  
 October 1-5  
 October 8-12

- March 18 -22       Pearsonstown  
 April 1-5       Easley

Office Use Only  
 Start Date: \_\_\_\_\_  
 Amt. Pd: \_\_\_\_\_  
 CK#: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(Aug '18) \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade(Aug '18) \_\_\_\_\_

**(Person Responsible for billing) PLEASE PRINT!**

Parent/Guardian's Name #1: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name #2: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**AUTHORIZED PICK-UP:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals as authorized by the person who signs this application.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT: (Must be filled out):** In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**HEALTHCARENEEDS:** For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is the medical action plan attached?  Yes  No

List any allergies and the symptoms and type of response required for allergic reactions: \_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs of concerns. \_\_\_\_\_

Please explain any physical, emotional or behavioral needs. \_\_\_\_\_

Does your child(ren) have any fears or receives special services during the school day?  Yes  No

Please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

- Is there a separation, divorce or custody concern of which our staff should be aware?  No  Yes (If yes, please attach an explanation and the order).
- If a medical emergency arises, the program staff will attempt to contact me. If the emergency is such that immediate hospital attention is necessary, an ambulance may take my child to the hospital.
- I agree to the before, afterschool and camp programs contract and stated policies and procedures of the Durham Public Schools-Community Education. I certify that I have received (hardcopy/online) at [www.dpsnc.net/afterschool](http://www.dpsnc.net/afterschool) of the parent handbook which includes the behavior management guidelines and a summary of the NC Child Care Laws.
- I give my permission for my child(ren) to participate fully in before, afterschool and camp activities including field trips and swimming under the supervision of staff. No Yes
- I give permission and consent to Durham Public Schools/Community Education (and agencies within) to use photographs of my child for any advertising and publicity purposes.  
 No  Yes
- I understand that I will receive billing and account information by email.

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

Date \_\_\_\_\_

