

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:

Fall	September 17, 2018	(Week 1)
Holt ONLY	September 24, 2018	(Week 2)
	October 1, 2018	(Week 3)

Pearsonstown closed due to construction

Spring	March 12, 2018	(Week 1)
Pearsonstown	March 19, 2018	(Week 2)
Easley		

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
P.O. Box 1967
Durham, NC 27702

In Person: Please visit our office at 2107 Hillendale Rd. at the Staff Development Center or call 919-560-9488.

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) _____

2nd 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 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 _____

