

# Parks and Recreation Camp Registration Form

RESIDENTS may register beginning 8:30 a.m. Feb. 5  
 NON-RESIDENTS may register beginning 8:30 a.m. Feb. 12

Receipt # \_\_\_\_\_

NO WALK-IN REGISTRATION AT THE P&R ADMINISTRATION OFFICE ON MON. FEB. 5  
 Walk-in registration will ONLY be accepted at the Chapel Hill Community Center, Hargraves Center and Homestead Aquatic Center on Mon. Feb. 5.

## Parent/Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent/Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (other than parent) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Registration Information												
	First Name	Last Name	Birth Date	Grade	School	Age	Sex	Camp Name	Activity #	Session	Dates	Fee
1												
2												
3												
4												
Second choice if program on line _____ above is filled.												
Second choice if program on line _____ above is filled.												
											<b>TOTAL</b>	

- Chapel Hill resident       Carrboro resident  
 Orange County resident       Non-resident

Will staff need to give your child medication?  no  yes  
 Does your child have a developmental disability that might merit inclusion support? Please describe:  no  yes

## Payment is required at the time of registration.

Mail to 200 Plant Road, Chapel Hill, NC 27514

Check # \_\_\_\_\_ Make check payable to Town of Chapel Hill  
 Visa       Mastercard       American Express  
 Account #: \_\_\_\_\_  
 Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MINIMUM PAYMENT per child, per session: for FULL DAY CAMP, pay \$10 per child** to hold your space in day camp. Balances must be paid in full by the Camp Balance Due Date or your child's name will be removed from the roster.

**Photo Policy:** Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.

**Policy of Non-Discrimination:** The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities.

**REFUNDS:** Camp Refund Requests must be made in writing (parksrec@townofchapelhill.org) at least 14 days prior to the first day of camp and a \$10 processing fee, per child, per session will be charged.

**Parent/guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_