

2018 SUMMER DAY CAMP

Reserve your spot today!!!



Register your child for Bays Mountain Park's Summer Day Camp! Tuition for camp is **only \$60.00 per child**; a current Family Membership is **required** to register your child or grandchild. Family Memberships cost only \$35.00 and allows you and your family to get free park entry for one vehicle and up to six free passes per program (planetarium show, barge ride and nature program), every time you visit the Park for one full year!!! If you're not already a Park member, this means you get both your child/grandchild's day camp registration AND Family Membership for only \$95.00! (\$60.00 for each additional child). *If you're already a Park member, only the cost of tuition is required per attendee.*

Day Camp offers attendees a week full of fun and learning! Each week is filled with outdoor, nature-oriented activities and adventures. Sessions are limited to 30 campers per week, so hurry and secure your spot today!

Day camp hours are Monday thru Friday, 10:00 a.m. to 3:00 p.m. Campers should bring a bag lunch with drink daily. Parents or grandparents should plan to stay on the first morning for a short orientation of the week's activities and expectations.

Transportation is the guardian's responsibility. We look forward to seeing you at summer day camp!!!

**Session dates for students entering
1st, 2nd, and 3rd in Fall 2018:**

June 4—8 July 16—20
June 18—22 July 23—27
July 2—6

**Session dates for students entering
4th, 5th, and 6th in Fall 2018:**

June 11—15 June 25—29
July 9—13

If enrolling more than one child, please make copies of the application

Summer Day Camp Application

Session Date _____ Grade Camper will enter this Fall _____

Camper's Name _____
Please PRINT as he/she wants it to appear on certificate

Address _____

City/State/Zip _____

Parent/Guardian Name (PRINT) _____
FIRST LAST

Phone # _____ Emergency Phone # _____

Parent/Guardian Email: _____

Dr.'s Name _____ Dr.'s Phone # _____

Association Membership card # _____ Association Expiration Date _____

Visa/MasterCard/Discover # _____ Expiration date _____

Signature of card holder _____

My child has no physical condition which will limit his/her ability in day camp activities. In case of emergency, you have my permission to take my child to the hospital.

Please attach a description of any allergies to medications, food, stings or insect bites your child has including medication that must be administered.

Signature of Parent or Guardian: _____ Date: _____

Please return application with payment. Make check(s) payable to "Bays Mountain Park Association."
Enrollment is limited to 30 per week. Refunds will be given up to two weeks before the session.
After that, refunds will be given only if the slot can be filled.