

**WICOMICO COUNTY DEPARTMENT OF
RECREATION & PARKS**

Kids Klub Summer Escape 2019

Monday – Friday
7:00AM – 5:30PM
Age: 5-12
\$125.00/ Week
June 19th- August 23rd

Pemberton Nature Camp 2019

Monday – Friday
7:00AM – 5:30PM
Age: 6-14
\$140.00/ Week Before April 30th
\$150.00/ Week After May 1st
June 17th- August 23rd

If anything is Not Applicable, please put "NA"

FOLDER CHECKLIST

___ Participant Registration Form, Completed in full and signed (Pages 1-9)

___ Youth Camp Health History Form MDH-4768

ADDITIONAL QUESTIONS

___ Does your child have an allergy? Yes No

___ Does your child have asthma? Yes No

___ Is your child have diabetes? Yes No

___ Does your child have a history of seizures? Yes No

___ Will your child require medication during program hours? This includes 'as needed' medications like inhalers and epi pens? Yes No

If **yes**, how many different medications will be required? _____

If you answered 'yes' to any of the above, you will need to complete the "Summer Medical Packet". Only the applicable sections that pertain to your child will need to be completed. If the appropriate paperwork has not been received your child's start date may be delayed or place in camp maybe forfeited.

Parent/Guardian

I have reviewed, completed and signed off on all of the documents above and enclosed them in this registration folder. I understand that if the appropriate paperwork has not been received, my child's start date may be delayed or place in camp maybe forfeited.

Parent/ Legal Guardian's Name: _____

Parent/ Legal Guardian's Signature: _____ Date: _____