



Montlake Community Center  
1618 East Calhoun Street  
Seattle, WA 98112  
Phone #: 206 684 4736

## SUMMER PRE-CAMP — AGES 3 TO 5

REGISTRATION STARTS APRIL 5TH @ 10 A.M.

**Where:** Montlake Community Center (for Registration ONLY).  
Madison Beach Bathhouse (actual Pre-Camp location)  
1900 43rd Ave E  
Seattle, WA 98112

**When:** June 27th thru August 26th  
9AM to 12:30PM **or** 1:30 p.m. to 5 p.m.

PLEASE NOTE THAT YOU ARE ALLOWED TO REGISTER FOR ONLY ONE SESSION PER WEEK — MORNING **OR** AFTERNOON.

### WHAT YOU NEED TO KNOW:

Registration must be done at Montlake Community Center, and not through on-line SPARC. Pre-Camp is first come, first serve.

Campers who have not completed kindergarten must register for Pre-Camp.

All campers must be 3 years old by the start of their camp, and be potty trained. **No exceptions!**

### PAYMENT & FEE Information

At the time of registration, a \$15 deposit is due for each week requested. Deposits are non-refundable and non-transferable.

Balances are due TWO weeks prior to the week your child is attending. A \$20 fee will be charged for all returned checks.

Additional payments may be made in person, over the telephone or via mail. All checks should be written to: **City of Seattle**.

Late payments are discouraged, and may result in your child losing his or her reserved spot.

### SUMMER CAMP REFUND POLICY

A participant may be issued a refund for a youth or teen day camp program, if he/she notifies the program coordinator at least fourteen (14) days prior to the beginning date of the camp.

No refunds will be made for requests received within fourteen (14) days prior to the beginning of the camp, unless the space in the camp is filled.

A service charge of 10% of the fee will be retained by the facility.

No refunds will be made on payments provided as deposits for camps.

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

# MONTLAKE COMMUNITY CENTER

## Pre-Camp Registration

Open to children 3 to 5 years of age



**Directions:**

- ✓ Please place an **X** in the box located next to the desired week(s) of pre-camp.
- ✓ **PLEASE NOTE:** Campers are able to participate in only one of the weekly sessions. Please Choose either the MORNING or AFTERNOON session.

	<b>Week 1</b> June 27- July 1	<b>*Week 2</b> July 5-8	<b>Week 3</b> July 11-15	<b>Week 4</b> July 18-22	<b>Week 5</b> July 25-29	<b>Week 6</b> Aug 1-5	<b>Week 7</b> Aug 8-12	<b>Week 8</b> Aug 15-19	<b>Week 9</b> Aug 22-26
9AM to 12:30 PM	Bubbles <input type="checkbox"/>	Making Music <input type="checkbox"/>	Five Senses <input type="checkbox"/>	Fun, Sand and Water <input type="checkbox"/>	Fun with Dinosaurs <input type="checkbox"/>	Trains, Planes and Cars <input type="checkbox"/>	Puppets, Puppets <input type="checkbox"/>	Fantasy Land <input type="checkbox"/>	Splash Time <input type="checkbox"/>
1:30 p.m. to 5 p.m.	Bubbles <input type="checkbox"/>	Making Music <input type="checkbox"/>	Five Senses <input type="checkbox"/>	Fun, Sand and Water <input type="checkbox"/>	Fun with Dinosaurs <input type="checkbox"/>	Trains, Planes and Cars <input type="checkbox"/>	Puppets, Puppets <input type="checkbox"/>	Fantasy Land <input type="checkbox"/>	Splash Time <input type="checkbox"/>
<b>Deposit Due</b>									

**Activity Fee:** \$105 per week, \* \$84 per week

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

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

TOTAL DEPOSIT \_\_\_\_\_



# 2011 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

## PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address (if different than above)		City	ZIP		
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home			

## GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program.     No     Yes – Location: \_\_\_\_\_

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus.     YES     NO Initial Here \_\_\_\_\_

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools.     YES     NO Initial Here \_\_\_\_\_

**Swimming Ability:**     Non Swimmer     Beginner     Intermediate     Advanced

My child may apply sunscreen \_\_\_\_\_ times during the day. **I will provide sunscreen.**     YES     NO Initial Here \_\_\_\_\_

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications.     YES     NO Initial Here \_\_\_\_\_

My child has the following behavioral issues of which staff should be aware \_\_\_\_\_

I handle these behaviors in the following way: \_\_\_\_\_

## EMERGENCY CONTACTS

*The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and others you would like us to contact if we cannot reach you.*

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

## PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

*Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.*

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone
5) Name	Relationship	Day Phone	Evening Phone

## Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 388-151-460)

## MEDICAL HISTORY AND AUTHORIZATION FORM

My child experiences the following:

Please **CIRCLE** all of the following that apply. You will be asked to complete an additional form to provide more information about your child so that we can provide the most positive experience possible. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

<b>ADD</b>	<b>ADHD</b>	<b>Developmental Disability</b>	<b>Hearing Impairment</b>	Currently Taking Medication at:
				Home      School      Program
<b>Autism</b>	<b>Asperger's Synd.</b>	<b>History of Seizures</b>	<b>Allergies</b>	
<b>Behavior Disorder</b>	<b>Mental Disability</b>	<b>Visual Impairment</b>	<b>Diabetes</b>	
<b>Learning Disability</b>	<b>Physical Disability</b>	<b>Asthma</b>	<b>Other</b> _____	

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

<b>Child's Name (First &amp; Last)</b>	<b>Age</b>	<b>Birth Date</b>	<b>Grade</b>
<b>Physician Name (First &amp; last)</b>		<b>Phone</b>	
<b>Address</b>		<b>City</b>	<b>ZIP</b>
<b>Medical Insurance Company</b>		<b>Policy No.</b>	
<b>Preferred Hospital for Treatment</b>		<b>Date of Last Physical Exam:</b> Month _____ Year _____	

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness.

**I assume full financial responsibility for emergency treatment for my child.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### RESTRAINING ORDER INFORMATION

A current restraining order pertaining to the child identified above has been issued by a legal authority and is in affect in the State of Washington:

YES       NO      Expiration Date: \_\_\_\_\_

Copy provided for child's file  YES       NO

### PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**EVENT(S):** All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

## REFUND POLICY FOR SEATTLE PARKS & RECREATION



Dear Montlake Community families,

Below is the refund policy for all Seattle Parks & Recreation facilities, as they pertain to day and summer camps for Summer 2011. We encourage all families to read the policy carefully, and ask questions prior to signing your child(ren) up for all camps we are offering this summer.

*A participant may be issued a refund for a youth or teen day camp program, if he/she notifies the program coordinator at least fourteen (14) days prior to the beginning date of the camp.*

- a. A service charge of 10% of the fee will be retained by the facility.
- b. No refunds will be made on payments provided as deposits for camps.
- c. No refunds will be made for requests received within fourteen (14) days prior to the beginning of the camp, unless the space in the camp is filled.

If you have any questions, please feel free to contact us at (206) 684-4736.

By signing the below, you acknowledge an understanding of the Refund Policy for Seattle Parks & Recreation, and accept all charges which are taken into consideration upon withdrawal from registered camps.

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Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date