



SUMMER FUN DAY CAMP

Summer is back!! Each week will be filled with trips, crafts, sport activities, team building playground time, garden projects, games and much more!!



LOCATION: Dickerson Recreation Center

TIMES: Monday—Friday
7 am - 6:30 pm
Begins 6/12/2017



FEES: \$75.00/week*

*Extra fee required for main trip each week. See chart below!

Dates	Trip	Cost	Dates	Trip	Cost	Dates	Trip	Cost
Week 1 6/12 - 6/16	Dan Nicholas	\$13.00	Week 6 7/17- 7/21	Inner Peaks	\$14.00	Week 11 8/21 - 8/25	Laser Quest	\$15.00
Week 2 6/19- 6/23	Kannapolis Park	\$8.00	Week 7 7/24 - 7/28	Sports Connection	\$23.00			
Week 3 6/26—6/30	CAROWINDS RIDES	TBA	Week 8 7/31 - 8/4	Monkey Joe's	\$6.00			
Week 4 7/3 - 7/7	Extreme Ice	\$6.00	Week 9 8/7 - 8/11	Carolina Lanes	\$10.00			
Week 5 7/10- 7/14	CAROWINDS WATERPARK	TBA	Week 10 8/14 - 8/18	Xtreme Play	\$5.50			



ALL CAMPERS MUST BRING A LUNCH AND DRINK EACH DAY! OUR SUMMER CAMP HAS A PEANUT ALLERGY POLICY THAT PROHIBITS FOODS WHICH CONTAIN NUTS! PLEASE KEEP THIS IN MIND WHEN PACKING LUNCHES!

Dickerson Center
899 North Johnston Street
Debbie Reynolds
704- 282-4649

PLEASE COMPLETE ATTACHED REGISTRATION FORM AND RETURN WITH YOUR DEPOSIT FOR THE WEEKS DESIRED.



2017 SUMMER DAY CAMP

Registration Form

Please print all information clearly

CAMPER'S NAME _____

AGE ____ DOB _____ SCHOOL _____ GRADE (Just Completed) _____

ADDRESS _____ ZIP _____

HOME PHONE _____

PARENT/GUARDIAN NAME(S) _____ DAY PHONE _____

_____ DAY PHONE _____

EMAIL ADDRESS _____

Tee Shirt Size: Child S (6-8) ____ M (10-12) ____ L (14-16) ____

Adult S ____ M ____ L ____ XL ____

I give permission for my child to participate in all Day Camp activities including field trips. I understand pictures will be taken of day camp program activities for publicity purposes and give my permission for my child's picture to be used in future publications. I also authorize the Day Camp staff to secure emergency medical treatment for my child in the event of an emergency.

WEEKS REGISTERING FOR: WEEK 1 _____ WEEK 2 _____

WEEK 3 _____ WEEK 4 _____ WEEK 5 _____ WEEK 6 _____

WEEK 7 _____ WEEK 8 _____ WEEK 9 _____ WEEK 10 _____

WEEK 11 _____

Please attach a \$10.00 (nonrefundable) deposit for each week your child is registered. (This deposit is applied to your weekly fee.) Make checks payable to the City of Monroe and mail to Monroe Parks & Recreation, P. O. Box 69, Monroe, NC 28111.

Parent Signature

Date