

One form per child

Central Klickitat County Parks and Recreation District

SEEK Youth Summer Camps 2023

For youth ages 5-13

Fee: \$100 per camp/per child; \$75 for second child in same family/same camp

Week 6 STEM Week 3 days only (\$60/\$40)

Some partial scholarships available, complete back side of form

Please circle all camps you are registering your child for (Scholarship applicants select a maximum of 2 camps)

Week 1 - Jul 10-14
Arts & Crafts Camp

Week 2 - July 17-21
Cooking & Gardening Camp
Ages 5-9 ONLY

Week 3 - July 24-28
Cooking & Gardening Camp
Ages 10-13 ONLY

Week 4 - July 31-Aug 4
Water Week

Week 5 - Aug 7-11
Games/Play Camp

Week 6 - Aug 14-16
STEM Camp

Child first name: _____ Last name: _____

Date of birth: _____ Age as of July 1: _____

Male Female (circle one)

Parent 1 Name: _____ Phone _____ (text? Yes/No)

Parent 2 Name: _____ Phone _____ (text? Yes/No)

Emergency Contact: _____ Phone _____

Email Address: _____

Does your child have any physical, medical, behavioral, or emotional restrictions CKCPRD or the volunteers should be aware of? (E.g. Heart condition, asthma, allergies, ADHD, physical limitations, etc.) Please explain:

We will be providing lunch to all youth (*and breakfast if necessary*). Does your child have any food allergies, or dietary restrictions? Please explain:

Does your child know how to swim? Yes No

Have they taken swim lessons at the Goldendale Swimming Pool? Yes No

What is the highest level of lessons they have completed? _____

Does your child, or family, have a season pass to the swimming pool? Yes No

If Yes, what name is it under? _____

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CKCPRD Youth Summer Camps Parent Questionnaire

Camps start each day at 8:00 AM, and end at 1:00 PM

Will your child need breakfast to be provided for them? Yes No

Will you be picking your child up at 1:00 PM? Yes No

If No, what is the arrangement for your child to get home? _____

***Do you need a scholarship to allow your child to participate? Yes No

If Yes, please answer the following questions (*answers will be kept confidential*):

Number of people living in your household _____

Do your child qualify for free/reduced lunch program? Yes No

Is your child homeless, or a foster child? Yes No

Combined annual income of all household members Under \$20,000 \$20,000-\$40,000 \$40,000-\$60,000

I can pay: \$0 \$25 \$50 \$75

Is there any other information we should consider regarding scholarships? _____

CAMP RULES

- My child will follow all instructions given them by camp staff
- My child will stay within the boundaries of the camp area, and will not leave without notifying camp staff
- My child will participate fully in all camp activities each day.
 - I realize if they do not, I will be required to come pick them up. If they refuse to participate a second day, they will be removed from the camp for the week, with no refunds.
- No swearing is allowed at CKCPRD youth summer camps.
 - After two warnings, I will be required to come pick them up. If it happens a second day, they will be removed from the camp for the week, with no refunds.
- No fighting or verbal harassment is allowed at CKCPRD youth summer camps.
 - I realize if my child is engaging in this behavior, I will be required to come pick them up. If it happens a second day, they will be removed from the camp for the week, with no refunds.

I have read and agree to all of these guidelines. My child has my permission to participate in CKCPRD Youth Summer Camps.

Parent signature for consent: _____ Date: _____

Please turn in registration forms and payment to the Goldendale Pool. Registrations for each camp will be accepted until the Monday prior to the camp.

*****If you are applying for a scholarship to reduce camp fees, you will be contacted within 48 hours of request.**