



TOWN OF WARREN PARKS & RECREATION DEPARTMENT

790 Main Street
Warren RI 02885 Phone 401-824-4623
warrenrecreation@gmail.com

SUMMER CAMP

Child's Name (Last) _____ (First) _____

D.O.B. _____ Grade entering in September _____

Parent or Guardian's name _____

Address _____ Town _____

Daytime Phone _____ Cell Phone _____ Email _____

List 2 individuals (including parent(s)/guardian(s) that can be reached in case of an emergency, who can temporarily care for your child:

1. Name _____ Address _____

Relationship _____ cell # _____ alternate # _____

2. Name _____ Address _____

Relationship _____ cell # _____ alternate # _____

TRADITIONAL CAMP

(9am – 3pm)

EXTENDED

(7 – 9am and/or 3-5pm)

WARREN RESIDENT \$250 each additional child \$125 \$50 a week

NON-WARREN RESIDENT \$400 ONE TIME FEE \$100 a week

___ FINANCIAL ASSISTANCE Warren Residents ONLY \$125/63

TRADITIONAL CAMP \$ _____

EXTENDED Number of Weeks _____ X \$50/\$100 = \$ _____

TOTAL COST \$ _____

(For Office Use Only)

CASH _____ CHECK# _____ AMOUNT PAID _____ DATE _____ INITIALS _____

CASH _____ CHECK# _____ AMOUNT PAID _____ DATE _____ INITIALS _____

Medical Information

List any known medical conditions that may limit your child from participating in the summer program:

List any medications being prescribed by your physician to treat any known medical conditions:

List any known allergies that may limit or restrict your child from participating in the summer program:

Please include any other information that your child's camp counselor should know:

Name and Number of Insurance Coverage _____

Local Physician _____ Telephone _____

Address _____

Tylenol/Ibuprofen Consent _____ EPI PEN _____ Inhaler _____ Benadryl _____

Emergency Card Update

If required, I hereby authorize the staff of Warren Parks & Recreation to seek medical aid for my child by authorized medical staff of Hasbro Hospital, Newport Hospital or the nearest medical facility to perform necessary emergency treatment and/or procedures as they deem necessary. In an emergency, I understand that Warren Park & Recreation will make every attempt to contact me and when reached, my presence is necessary.

Date: _____ Parent's Initials: _____

TSHIRT SIZE

PARENT INITIALS REQUIRED FOR PERMISSION:

_____ Child has permission to leave park unescorted.

_____ Child has permission to go to the beach & swim.

_____ Child has permission to be photographed. Their pictures may be put on our website, social media, or in the Warren Times.

PARENT/GUARDIAN

SIGNATURE _____ DATE _____