

Town of Greenwich - Department of Parks and Recreation

KAMP KAIRPHREE 2009

\*Please note registration is **BY MAIL ONLY**; April 20 thru May 8, 2009, in person registration begins May 11<sup>th</sup>.\*

**FEES AND DATES:**

Four - 2 week sessions  
\$210.00 per session - 1<sup>st</sup> child  
\$200.00 for each additional sibling in same session  
\$275.00 non-residents\*

**NO REFUNDS**

\* Any non-resident applications received in our office will be held for possible acceptance into the program. Acceptance should occur no sooner than one week prior to the beginning of the requested session. Non-resident must reapply for multiple sessions.

**Session I June 29 - July 10 (no Kamp July 3<sup>rd</sup>)**

**Session II July 13 - July 24**

**Session III July 27 - August 7**

**Session IV August 10 - August 21**

**\*\* Subject to change.\*\***

**AGES:**

Coed for ages 5 - 12 years old  
Must be 5 years old by start of session  
Birth Certificates required for 5 year olds

**HOURS:**

Kamp Kairphree is from 9 am to 4 pm  
Monday thru Friday

**LOCATION:**

Kamp Kairphree is headquartered at:  
Eastern Greenwich Civic Center,  
90 Harding Rd, Old Greenwich, CT.

A site is also used at Greenwich Point located at the northwest corner of the lake.

KK operates at the Civic Center and Greenwich Point, simultaneously.

**TRANSPORTATION:**

Transportation is included in the camp fee.  
Schedule of pick-up points available at time of registration. All campers must know the name and location of their bus stop, as well as their address and phone number.

**WHAT TO BRING:**

**Lunch must be brought from home.**  
Drinks are provided. Please bring a bathing suit and towel daily. **Label** all items your child brings from home.  
**We are not responsible for valuables brought to camp.**

**MEDICALS:**

**Your child will not be allowed to attend Kamp Kairphree unless the following is complete:**

- 1) A blank medical form is attached in this packet.
- 2) Have form completed by a licensed physician, stating that the child has had an examination **September 1,2007** or after. In addition, the immunization records and health history will be reviewed and there must not be any apparent contradiction to participating in camp activities.
- 3) Submit the completed medical form, registration form, checks, and birth certificate (required for 5 year olds).

**OVERNIGHTS AND COOKOUTS**

At the discretion of the Directors, one overnight per session may be planned for older campers.

**REGISTRATION**

Registration is **BY MAIL ONLY**, April 20 thru May 8, 2009. **Must not be postmarked before April 20.** All completed registration forms, medical forms (copy of birth certificate for 5 year olds) with full payment payable to the Town of Greenwich must be mailed to:

**Kamp Kairphree  
Greenwich Civic Center  
90 Harding Road  
Old Greenwich CT 06870**

In person registration begins May 11, 2009, at the Greenwich Civic Center 9 am to 4 pm, Monday through Friday. Registration is limited and is available on a first-come, first-served basis to Town of Greenwich residents only. Any non-resident applications received in our office will be held for possible acceptance into the program. Acceptance should occur no sooner than one week prior to the beginning of the requested session. Non-resident must reapply for multiple sessions.

**MAIL-IN REGISTRATION WILL BE RETURNED IF ANY PART IS NOT PROPERLY COMPLETED OR CHECK IS MISSING.**

Requests for credit will only be considered if received in writing prior to the start of the program.

**THERE WILL BE A \$25.00 FEE FOR ANY RETURNED CHECKS.**

Department of Parks and Recreation

KAMP KAIRPHREE 2009  
REGISTRATION FORM

I authorize any licensed physician to provide any proper emergency treatment in the event of an emergency to my child. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for emergency treatment that the physician may deem advisable in the exercise of his/her best judgment. I assume a reasonable attempt will be made to contact me. I also authorize the Director/Staff of Kamp Kairphree to arrange for emergency transportation away from the program to the nearest medical facility.

If emergency treatment is needed, the following information will be vital:

1. What allergies (if any) does your child have?  
\_\_\_\_\_
2. Is your child taking any medication(s) on a regular basis?  
\_\_\_\_\_
3. Does your child have any illness that a physician or our camp directors should be aware of? (i.e., seizures, heart problems, diabetes)  
\_\_\_\_\_

My child has permission to participate in all activities and accompany his/her counselor on special field trips. I understand that my child's counselor will notify me of the exact date, time and place, prior to each projected camp trip. I understand and agree to the aforementioned procedures.

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

KAMP KAIRPHREE 2009

I, the undersigned, understand that my child should be at his/her bus stop at least 5 minutes prior to the scheduled bus departure in the AM and that someone must be at his/her bus stop for pick up at least 5 minutes prior to the scheduled bus return in the PM.

I also understand that the Department of Parks and Recreation does not assume responsibility of my child prior to and after departure of the bus.

BUS PICK UP/DROP OFF LOCATION AM \_\_\_\_\_

BUS PICK-UP/DROP OFF LOCATION PM \_\_\_\_\_

IF CAR PICK-UP/DROP OFF PLEASE INDICATE \_\_\_\_\_

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

\_\_\_\_\_  
Parent's Signature

**\*\*\*PLEASE RETURN THIS FORM\*\*\***

(Over Please)



Department of Parks and Recreation

KAMP KAIRPHREE 2009  
REGISTRATION FORM

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Town Zip

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
month/day/year (when session begins)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency (Notify in my absence): \_\_\_\_\_  
Name Phone

Parent's Name (Please Print) Parent's Signature

**PLEASE CIRCLE SESSION(S) ATTENDING:**

SESSION 1 June 29 - July 10  
**No Camp July 3**

SESSION 2 July 13- July 24

SESSION 3 July 27 – August 7

SESSION 4 August 10 –August 21

**Please check appropriate bus route choice: A \_\_\_\_\_ or B \_\_\_\_\_ or Pickup \_\_\_\_\_**

cut here \* \* \* \* **RETURN** This Portion \* \* \* \* cut here



\* \* \* \* **KEEP** This Portion For Your Information \* \* \* \*

**BUS SCHEDULE  
KAMP KAIRPHREE**

**BUS ROUTE A**

<u>Pick Up Points</u>	<u>Pick-up</u>	
	<u>Time</u>	<u>Returns</u>
Western Greenwich Civic Center	8:10	4:50
Western Middle School	8:15	4:45
Byram/Schubert Library	8:25	4:35
Armstrong Court	8:30	4:30
Hamilton Ave School	8:35	4:25
Julian Curtis School	8:45	4:15

**BUS ROUTE B**

<u>Pick Up Points</u>	<u>Pick-up</u>	
	<u>Time</u>	<u>Returns</u>
Cos Cob School	8:20	4:40
North Mianus School	8:30	4:30
Dundee	8:35	4:25
Adams Garden	8:40	4:20
Riverside School	8:50	4:10
Old Greenwich School	8:55	4:05

\* \* \* \* **PLEASE KEEP THIS PORTION FOR YOUR INFORMATION** \* \* \* \*