

To register for the Vacation Camp and Child Care Program, complete this form and mail it along with a check to:

**HK Recreation Department, P.O. Box 569
95 Little City Rd., Higganum, CT 06441**

Registrations must be received by 2/14/07.

Child(ren's)Name _____ Grade _____

Address _____ Phone _____

Parent's names _____

Work Phone: Mother _____ Father _____

Cell Phone #s _____

Name & phone of person (other than parents) to contact in case of emergency: _____

List any Medical Conditions _____

The above child(ren) is in good health and has my permission to participate in this program _____
(Parent /Guardian signature)

Permission to swim in the H-K pool? (Circle) Yes No Shallow end only

Please indicate child's swimming ability: (check)

- _____ Cannot swim without flotation device
- _____ Can swim short distances without flotation device
- _____ Can swim the length of the pool without flotation device

Please indicate the days your child will attend.(2/19-2/23)

Full Days (7:00 AM-6:00 PM)

Days attending /1st child M__ T__ W__ TH__ F__ X \$34 = \$ _____

Days attending/2nd child M__ T__ W__ TH__ F__ X \$29 = \$ _____

All Inclusive(Field Trip Cost Included)/**1st child** (7:00 AM-6:00 PM) M-F = **\$170.00**

All Inclusive(Field Trip Cost Included)/**2nd child** (7:00 AM-6:00 PM) M-F = **\$145.00**

Vacation Camp Only (9:00 AM- 3:30PM)

Days Attending 1st child M__ T__ W__ TH__ F__ X \$29 = \$ _____

Days Attending 2nd child M__ T__ W__ TH__ F__ X \$24 = \$ _____

(K, 1st or 2nd grades add \$10.00 per child if attending on Tues. - Movies) Trip-\$ _____

(2nd gr. (opt.) - 6th gr. add \$15.00 per child if attending on Tues. - R. S.) Trip- \$ _____

Total = \$ _____

Same Fee as 2006!

HK RECREATION VACATION CAMP

(February 19th-23rd)

Program meets on vacation days from 7:00 AM - 6:00 PM at the Haddam-Killingworth High School Cafeteria



Sign up by February 14th, and guarantee a spot for your child at the vacation camp!