

Please return forms to Activity Center!



City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Spring Break Camp' 16!

Tuesday, March 29– Friday, April 1, 2016



Resident \$128/ Nonresident \$153

IMPORTANT INFORMATION:
 Program is 8:30a.m.-4:30p.m. (NO before or after care)
 Drop off/Pick Up at Activity Center at Bohrer Park
 Registration deadline **March 23 or when program is full**
 Spring Break Camp is only 4 days
 Activities will not be offered any other day than specified
 Children must bring a lunch everyday
 Small snacks will be provided daily
 \$3/every10minutes will be charged to late parents after 4:30pm
 *Trips may change. Detailed schedule available the first day

Camp Schedule
Monday– March 28
 NO CAMP
Tuesday– March 29
 GYC and Movies
Wednesday– March 30
 Maryland Science Center
Thursday– March 31
 Mad Science and South Mountain Creamery
Friday– April 1
 Robinson Nature Center



Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or sstasch@gaitersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress Checks made payable to the City of Gaithersburg.

Visa, MasterCard, Amex and Discover cards accepted

Spring Break Camp Registration Form

Activity # 43739

Check here if new address/phone since last time registered. City Resident Nonresident
 Parent's Last Name _____ Parent's First Name _____
 Address _____ City/State/Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email _____

Child's Name	Sex	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	05/01/07	Spring Break	43739	ACBP	3	GES	\$\$
			Spring Break	43739	ACBP			\$\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list:

Y N _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least 3 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____

Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash Check # _____
 Visa/MC/Amex/Disc# _____ Exp. Date ____/____
 Signature (name on card) _____
 Print Name _____

Office Use Only: # 43739
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ RW _____

