



Summer Respite Program

The Arc of Davidson County, Inc. is partnering with Davidson Parks and Recreation to offer an inclusive Summer Playground Program, located at Davis-Townsend Elementary School.

All school-age children with an IEP are eligible.

The Arc employees receive training on supporting children with intellectual and developmental disabilities and will work in partnership with all campers and staff to ensure a fun and safe experience for every child.

Please complete and return the registration form. Children are not required to attend every week, nor every day within a week. **Be sure to detail any special information about your child on the back of the registration sheet.**

Camp days and hours: Monday-Thursday, 7:30am-1pm
July 10th-August 3rd
\$5 per week per child

Return to:
The Arc of Davidson County, Inc.
1900 S. Main St.
Lexington NC 27292
Attention: Teresa McKeon

For more information, call: 336.248.2842
www.arcdavidson.org



Week 1

Week 3

Davidson County Summer Day Camp Parental Permission Slip Registration Form

Receipt #: _____

Receipt #: _____

Week 2

Week 4

Receipt #: _____

Receipt #: _____

Child's Information

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: M F

Does your child have any special needs or requirements? _____ Yes _____ No
If yes, please answer on the back of the top sheet.

Allergies (State Allergy, Reaction and Treatment)

Allergy	Reaction	Treatment
1. _____	_____	_____
2. _____	_____	_____

Parent/Guardian Information

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Release Information

If parents of the child are divorced; please list who has legal custody of the child named on this registration.

May the non-custodial parent pick up the child named on this registration form? _____ Yes _____ No

If someone different than the above parent/guardian is going to pick up your child, please list below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If, for some reason, there is someone who should NOT pick up your child, please list below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The child named on this registration form will be released only to those who are listed above.

****Please be advised that we might ask for identification upon release.****

This is to certify that, _____, has received my permission to participate in the Davidson County Summer Day Camp Program sponsored by the Davidson County Parks & Recreation Department.

** For safety reasons, I realize my child MUST wear tennis shoes to the Summer Day Camp each day. If he/she is not wearing tennis shoes, I realize they will be sent home. I understand that sandals, flip-flops, and crocs are NOT allowed.

**** I understand that the Summer Day Camp Program begins at 7:30 am and my child cannot be dropped off no later than 7:45 am.**

** I, hereby, voluntarily release and discharge the Davidson County Parks and Recreation Department from any and all claims for injury, illness, loss or damage, which my child may suffer as a result of his/her participation in the Davidson County Summer Playground Program.

** In permitting my child to participate, I am specifically granting my permission to the Davidson County Parks and Recreation Department to use my child's likeness, name, voice, and words in television, radio, film, newspaper, magazines, and other media, in any form, for the purpose of communicating the purposes of the Davidson County Summer Day Camp Program.

Parent/Guardian Signature: _____ Date: _____