CITY OF WILLOUGHBY – PARKS & RECREATION |440-953-4200 | 2024

MINI MUNCHKIN SUMMER CAMP

Intended for children ages 4 to 6 | Campers must be 4 yrs old by June 3, 2024.

June 3 - July 26 2024 | 9:15 - 11:30am

Monday & Thursday | OR | Tuesday & Friday

Registration begins March 11th for Willoughby residents and March 25th for non-residents

WILLOUGHBY RESIDENT Camp Fee \$195 (\$165 early bird – register by April 28)

NON WILLOUGHBY RESIDENT Fee\$240 (\$200 early bird - register by April 28)

Camp Fee includes camp t-shirts, all arts & crafts supplies, games, and field trips.

To receive the resident rate, you must supply us with your proof of residency (Ex. copy of a utility bill)

Camp will be offered two days a week on Monday & Thursday OR Tuesday & Friday.

Willoughby Parks & Recreation is dedicated to providing an outstanding, fun and safe camp environment and experience for all those who participate. Our Mini Munchkin Camp is geared to provide a camp setting children in Pre-K or entering Kindergarten.

Campers must be 4 yrs old by June 3, 2024.

Weekly themes will be used to guide arts n crafts projects and fun camp activities.

Our 2024 Mini Munchkin camp will be held at the Euclid Ave. Pavilion; in the event of adverse weather we will notify parents of an alternative indoor location in the David E. Anderson Willoughby Sr Center. (36939 Ridge Rd, Willoughby, OH 44094)

Completed registration forms should be dropped off to the **Willoughby Parks and Recreation Office** open Monday - Friday 7:30am - 4:30pm located in City Hall at 1 Public Square, Willoughby, OH 44094.

There is an after-hours drop box located on the outside of City Hall near the south door.

Willoughby Parks & Recreation Mini Munchkin Camp 2024

June 3 - July 26 2024 | 9:15 - 11:30am

Monday & Thursday _____ | OR | Tuesday & Friday_____

Please check which session you are registering for above

Child's Name:	Gender: M F	Birthday(mm/dd/y	r)Age:
Address:		City	/Zip:
Camp T-shirts: children are required to wear t YOUTH Small (8-10)			•
*Primary Contact (name first and last):		Relationship	
Email address:			
Phone: () House Ce	II □ Work Phone: ()	□ House □ Cell □ Work
*Secondary Contact:		Relationship:	
Phone: () House	e 🗆 Cell 🗆 Work Phone: ()	□ House □ Cell □ Work
Medical: Is your child allergic to any medications? Does your child have any allergies? Is your child taking any medications? ***Authorized Pick up The following people	YES NO If	YES, YES,	
Name:	Relationship:	Phone ()
Name:	Relationship:	Phone ()
Name:	Relationship:	Phone ()
Name:	Relationship:	Phone ()
All authorized persons wi	no are picking up campers <u>N</u>	<u>IUST</u> show State ID, no ex	cceptions.
I l Grant Consent in the event of a medical eand the transfer to the hospital best accessible. (2) other licensed physicians/dentists, concurring I l Refuse Consent in the event of a medical requiring emergency treatment, I wish the Park I, the undersigned, am hereby advised & fully usustained by any member of my family while expert in the event of a medical requiring emergency treatment.	This authorization doesn't congrigation in the necessity for surgernemergency for my child to rest & Recreation Department to the congression of the congression inderstand that the City of the congression is a surface of the congression of the congression is a surface of the congression of the con	over major surgery unless y, are obtained prior to the eceive medical treatment. To take the following action willoughby does not prove	the medical opinions of two ee performance of such surger In the event of illness or injuren:
Signature of Parent/ Guardian	Print Name		Date