



Adventure Bound Day Camp

Summer 2025 Registration Form

For campers entering
Grades K—5 in Fall 2025



PRIORITY Registration: Returning 2024 families may submit completed forms in-person at the Chilson front desk during open business hours (M-Th, 5:30am-9:30pm) between **Monday, February 3rd—Thursday, February 6th**. Forms & payment are collected and processed daily in the order received.

PUBLIC Registration: New campers (or returning families who missed priority registration) - submit completed forms beginning **Tuesday, February 11** at the Chilson front desk. Numbers will be handed out upon arrival and registration begins at 7:30am. Forms are processed at the time of drop-off.

Step 1. Complete all of the following information. You will be notified of any updates or changes to your registration at the information provided.

Camper Name: _____ Birthdate: ____/____/____ Grade in Fall 2025 _____
Parent/Guardian Name(s): _____
Address: _____ City/State/Zip: _____
Primary Phone: _____ Other Phone (C/W): _____
Email Address: _____

Step 2. Review weekly camp dates, themes and fees. Then, select the weeks you would like to attend by checking the appropriate boxes below.

Week	Fee	Selection
Week 1: 6/2—6/6 (M-F): Futuristic Campers	\$250	<input type="checkbox"/>
Week 2: 6/9—6/13 (M-F): Can You Build It?!	\$250	<input type="checkbox"/>
Week 3: 6/16—6/20 (M-F): Artists in the Making	\$250	<input type="checkbox"/>
Week 4: 6/23—6/27 (M-F): 20,000 Leagues Under the Sea	\$250	<input type="checkbox"/>
Week 5: 6/30—7/3 (M-Th ONLY): Fairy Tales	\$200	<input type="checkbox"/>
Week 6: 7/7—7/11 (M-F): Movers & Shakers	\$250	<input type="checkbox"/>
Week 7: 7/14—7/18 (M-F): Myths & Legends	\$250	<input type="checkbox"/>
Week 8: 7/21—7/25 (M-F): Harry Potter Magic School	\$250	<input type="checkbox"/>
Week 9: 7/28—8/1 (M-F): Planet Warriors	\$250	<input type="checkbox"/>
Week 10: 8/4—8/7 (M-Th ONLY): Hawaiian Luau	\$200	<input type="checkbox"/>

DUE AT REGISTRATION:

1. Completed Registration Form
2. \$35 non-refundable registration
3. \$25/week deposit*

*Weekly deposits are applied toward the balance due for each week of camp.

For Front Desk Use ONLY

Received/Reviewed By: _____

Date & Time: _____

Household ID#: _____

Deposit due at time of registration:

of weeks: _____ x \$25/week= _____

+ \$35 Registration Fee **TOTAL DUE:** _____

FLIP OVER FOR STEPS 3, 4 & 5

Step 3. Read the policies & procedures below and initial/sign next to each.

_____ I understand that my child needs to be at least 5 years of age prior to their first day of camp.

_____ I understand that all camp spaces are filled on a first-come, first-serve basis based on availability.

_____ I understand that the \$35 registration fee is non-refundable and the \$25/week deposit will be applied towards each week's balance.

_____ I understand and agree to pay the remaining weekly balances on May 1 (Camp Weeks 1-3), June 1 (Camp Weeks 4-7) & July 1 (Camp Weeks 8-10)

_____ I understand and agree to pay any additional enrichment opportunities (swim lessons, dance/theater classes, Friday Grizzly Trips, etc.) with the corresponding months payment date: May 1 (all June enrichments), June 1 (all July enrichments), July 1 (all August enrichments)

_____ I understand and agree to the following cancellation policy: All cancellations may be subject to a minimum forfeiture of the \$25/week deposit. 50% of the camp fee is refundable for cancellations made less than 10 business days prior to the start of the week. No refunds will be given for cancellations made less than 5 working days prior to the start of the camp week.

_____ I understand and agree to complete my camper's online ePACT profile which includes uploading a current immunization record prior to Wed. May 7.

Additional policies & procedures are reviewed at REQUIRED (for new families) Parent Orientation meetings before camp starts.

A full 2025 ABDC Parent Manual is available online at www.lovgov.org/abdc.

Step 4. Answer the following questions by circling the appropriate response:

- Does the enrolled camper need a modification or specific support due to a disability to safely and enjoyably participate in Adventure Bound Day Camp programs? YES NO

If you answered YES, please describe the modification needed: _____

- Does your camper require medication to be administered during the camp day (routine medication, inhaler, epinephrine auto injector, etc.)? YES NO

If you answered YES, please describe: _____

Step 5. Review ALL camp selections. Sign & date that all information provided & dates selected are accurate.

Name (Printed): _____

Signature: _____ Date: _____

CHILSON
Recreation & Senior Center
700 E. Fourth St. • cityofloveland.org/chilson