

**VILLAGE OF ANGEL FIRE
AND
ANGEL FIRE COMMUNITY
CENTER**

*Summer 2023
Angel Fire Day Camp*

*Shay Tibljás
Parks and Recreation Manager
stibljás@angelfiren.m.gov*

Camp Supervisor-Brock Neely

Assistant-Melissa Inman

*15 CS Ranch Rd
PO BOX 610
Angel Fire, NM 87710
575-377-1544*

Mission Statement

To provide fun, well-supervised, affordable, activities for our youth and visiting guests. To introduce the children and visitors to the many recreational activities available in our community.

To provide our local residents and guests the opportunity to work or play while their children are involved in supervised activities with other children.

Motto

SAFETY, FUN and LEARNING

Overview

Starting June, 12, 2023

Ending August, 4, 2023

Camp Times Monday-Friday, 9am-4pm

AGES 5 years (no exceptions) to 12 years

Cost-

\$30.00/day for Local residents

\$45.00/day for Non-locals and Guests

**\$25.00/day for each additional family member for Local Residents*

**\$40.00/day for each additional family member for Non-locals and Guests.*

***Weekly*

Locals-\$135.00/week

Each additional family member \$110.00/week

Non-locals-\$200.00/wk

Each additional family member \$180.00/week

Payment is expected at the start of the week, Monday. You may pay for the entire week, or for however many days your child will be attending that week.

NO REFUNDS GIVEN FOR DAYS NOT ATTENDED

*****TAX IS INCLUDED IN ALL FEES*****

*****MUST BRING OWN LUNCH***

Angel Fire Community Center Day Camp
Registration Form

Child's Name _____

Dates Requesting for Camp _____

DOB _____ Last grade completed _____

Mailing Address _____

Physical Address _____

Parent(s) Name _____

Home Phone _____ Work _____

Cell _____

**PLEASE GIVE TWO RELATIVES OR FRIENDS THAT LIVE IN THE AREA
THAT ARE AUTHORIZED TO ACT ON YOUR BEHALF IN THE EVENT YOU
CAN NOT BE REACHED-EMERGENCY CONTACT**

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Allergies to food _____

Please list medical conditions which may limit your child's participation in
events _____

A note from your medical provider may be required to determine eligibility to participate in camp activities.

Staff is prohibited from administering medications of any kind. If your child requires the administration of any medicine while attending camp you will be required to make arrangements to make sure the child is compliant with taking the medicine at the prescribed times.

Read and Initial the following:

_____ I hereby authorize the Angel Fire Community Center and the Summer Recreational Program staff to perform CPR /First Aid if necessary, and to take my child to the Physician listed or call 911 in the event of an emergency.

_____ I hereby authorize any licensed medical provider or medical facility or EMS personnel to treat my child in case of an emergency in which the provider listed on this form cannot respond.

_____ I hereby authorize the Angel Fire Community Center and the Summer Recreational Program staff permission to transport my child to and from the program site for field trips.

_____ I hereby certify that I have read the requirements and rules of the program and understand and agree to abide by the policies of the Angel Fire Community Center Summer Recreational Program.

_____ I hereby give permission for my child's picture(s) to be used for marketing purposes for the Day Camp. I understand they may be used on websites, social media, flyers, brochures and other places.

Signature

Date

Please email this form to stibljias@angelfirenm.gov, or fax to 575-377-1714, or mail to Angel Fire Community Center Summer Program

ATTN: Shay Tibljas

PO BOX 610

Angel Fire, NM 87710

****We need one for each child attending***