Gifford Community Summer Camp

16 Edward Maude Street

Gifford, S.C. 29923

803-625-2712

803-842-5797

[msparrow811@gmail.com](mailto:msparrow811@gmail.com)

Dear Parents,

When schools and community organizations work together to support learning, everyone benefits.

The Gifford Community After School Program is partnering with Hampton County School District 2 to offer students meaningful instruction, youth development and recreational activities. We will be working closely with school administrators and parents to meet students’ needs by aligning our after school activities to students’ skill development in a fun and engaging educational environment. The Gifford Community believes that meeting the cognitive, social, physical and emotional needs of our students takes them one step closer to becoming college, career and citizen ready. The after school program is a community driven, expanded learning opportunity using the arts, cultural enrichment, recreation and nutrition activities to ensure that each child in the community is healthy, safe, engaged, supported and challenged. The Summer Camp component will begin June 08, 2020 until July 23, 2020, Monday through Friday, from 9 a.m. until 3 p.m. If you would like your child to participate, please complete the attached Enrollment and return to Town of Gifford with fee or you can registration during open house which will be announce soon. If you have any questions, feel free to contact me at 803-842-5797.

Thank you,

The Gifford Community Program

Margaret Sparrow, Coordinator

Mayor H. Mitchell.

**GIFFORD COMMUNITY CAMP APPLICATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE PARENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE PROVIDE GIFFORD COMMUINTY CAMP WITH ALL THE INFORMATION NEEDED FOR THE CAMP AND UNDERSTAND THE INFORMATION WILL BE USE FOR CAMPER PURPOSE. WE ALSO UNDERSTAND THAT PHOTO’S WILL BE TOOK DURING THE CAMP AND WILL BE POSTED ON FACEBOOK, TOWN WEB-PAGE AND GIFFORD JUNE FEST BOOKLET, AND THE LOCAL NEWS PAPER. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THE PARENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNDERSTAND THAT THEY WILL BE $ 20.00 REGISTRATION FEE AND NON-REFUNDABLE. WE ALSO UNDERSTAND THAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAN MISS NO MORE THEN THREE DAYS TO BE ABLE TO ATTEND THE TRIPS. IF YOU NEED ANY INFORMATION CALLED 803-842-5797 OR CONTACT GIFFORD TOWN HALL. THANK YOU IN ADVANCES.

SINCERELY,

MARARET SPARROW

COORDINATOR