

# Camp FCCB 2018 Camper Registration

\_\_\_\_\_, is enrolled in week(s):

(Please print the child's first & last name)

\_\_\_\_ Week 1: June 11-15, 2017

\_\_\_\_ Week 2: June 18-22, 2017

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Grade child will complete in June 2018: \_\_\_\_ T-Shirt Size: AS AM AL AXL Health Form on file? Y N

Tuition is \$200 per week. Each week has a \$10 sibling discount for the 2<sup>nd</sup> child and \$5 for each additional child. In addition, we offer scholarships for anyone in need. No camper will be turned away due to financial restrictions. Contact Julia Novaco, Program Director, 203-488-7201, for scholarship information.

**No refunds will be given to cancellations made less than 3 weeks prior to camp start date.**

The fee per week will be: \$\_\_\_\_\_ Discounts given: \$\_\_\_\_\_ Total amount Due \$\_\_\_\_\_

Photo Release: I \_\_\_\_ do \_\_\_\_ do not allow my child's picture to be taken for camp photos and possibly shown on Branford Public Access Television in a Camp Slide Show, or on the Killam's Point Day Camp Facebook page, similar to sporting events, productions, and concerts shown for school.

A late fee of \$10 for the first 15 minutes, or any part thereof, and \$15 for every 15 minutes thereafter that the child remains at the bus stop beyond the pick-up time will be applied. Habitual late pick-up (3 times) will result in the child's dismissal from camp.

Parent/Legal Guardian must arrange for the child to be picked up from the program if he/she becomes sick and will keep the child home until their physical condition is appropriate to return. **Safe time is considered 24 hours after a fever with no medications and no vomiting.**

I understand the information above, and acknowledge that it's my responsibility to abide by the KPDC policies:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email: \_\_\_\_\_

-----**For office use only**-----

Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

# Child Pick-up Authorization 2018

In case I cannot pick up my child, please release my child to one of the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS BY CAMP NURSE**

I request that the following non-prescription topical medications be administered to my child by the camp nurse. I understand that I am responsible for supplying the camp with the non-prescription topical medication in the original container and clearly labeled with my child's name.

1. Non-prescription sunscreen that is PABA free
2. Non-prescription insect repellants

Name of child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone # \_\_\_\_\_

Dates which medication shall be administered (Date): \_\_\_\_\_ TO \_\_\_\_\_

- I have administered at least one dose of sunscreen to my child without side effects.
- I will administer one dose of sunscreen each morning before sending my child to camp.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_