

Killam's Point Day Camp & Camp FCCB 2018 Junior Counselor Registration

Name: _____ Gender: M F

D.O.B. _____ T-shirt Size: AS AM AL AXL Health form on file? Y N

Allergies _____

Parent/Guardian Name: _____

Parent's Email: _____

Parent Phone _____ Child Phone _____

Address _____ City _____ State: _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Camp Choices:

Camp FCCB _____ June 11-15 _____ June 18-22

Killam's Point _____ June 25-29 _____ July 9-13 _____ July 16-20
_____ August 6-10

Transportation for KP location –Choose one: Sliney School Bus pick-up _____ Bike _____ Drive-in w/adult staff _____

List experiences and/or credentials you have working with children: _____

What gifts/talents do you have to offer: _____

Area you would like to work in _____
(counselor -younger, counselor -older, art, music, nature, sports, kitchen, waterfront, etc.)

Photo Release - Please check appropriately according to preference.

I _____ do / _____ do not allow my child's picture to be taken for camp photos and possibly shown on Branford Public Access Television or on Facebook in a Camp Slide Show similar to sporting events, productions, and concerts shown for school.

There is a \$60 Tuition fee per week of camp for Jr. Counselors. No refunds will be given to cancellations made less than 3 weeks prior to camp start date. Community service hours / tuition payment will be credited based upon your participation and cooperation during the Program, staff meeting and assigned week of camp. Your preferred camp work assignment will be taken under consideration for placement.

Parent Signature _____ Date _____

-----**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 _____