

Killam's Point Day Camp 2018 Camper Registration

_____, is enrolled in week(s):

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

____ Week 1: June 25-29, 2017

____ Week 2: July 9-13, 2017

____ Week 3: July 16-20, 2017

____ Week 4: August 6-10, 2017

Allergies _____

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

Transportation – Choose one: Sliney School Bus pick-up _____ Bike _____ Health Form on file? Y N

Tuition for church members is \$200 per week and \$250 for non-members at Killam's Point. Each week has a \$10 sibling discount for the 2nd 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 _____