

**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 \_\_\_\_\_