

Killam's Point Day Camp 2019 Camper Registration

_____ is enrolled in week(s):

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

_____ Week 1: July 8-12, 2019

_____ Week 2: July 15-19, 2019

_____ Week 3: July 22-26, 2019

_____ Week 4: August 5-9, 2019

Allergies _____

Parent's Name _____ Phone Number _____

Address _____ Email Address _____

Emergency Contact _____ Phone Number _____

Grade child will complete in June 2019: ____

T-Shirt Size: YM YL YXL AS

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--this only applies to camper registrations, not junior counselor registrations. In addition, we offer scholarships for anyone in need. No camper will be turned away due to financial restrictions. Contact Julia Novaco, Program Director, 203-503-1628, 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, advertisements, 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: _____

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

Check Amount: _____

Check Number: _____

Child Pick-up Authorization 2019

In case I cannot pick up my child: _____ D.O.B. _____

Please release my child to one of the following people:

Name: _____ Relationship: _____
Phone #: _____

Name: _____ Relationship: _____
Phone #: _____

Name: _____ Relationship: _____
Phone #: _____

Name: _____ Relationship: _____
Phone #: _____

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

I request that the below mentioned 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**

Dates non-prescription topical medications shall be administered (Date): _____

- 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 _____