

## Killam's Point Day Camp 2020 Camper Registration

\_\_\_\_\_ is enrolled in week(s):  
(please print child's first and last names)

\_\_\_\_\_ Week 1: July 6 - 10

\_\_\_\_\_ Week 2: July 13 - 17

\_\_\_\_\_ Week 3: July 20 - 24

\_\_\_\_\_ Week 4: July 27 - 23

Allergies \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

Grade child will **complete** in 2020

Is Health Form on File? **Y N**

Transportation (choose one): Bus pick up at Sliney School \_\_\_\_\_ bike \_\_\_\_\_

Tuition is \$175 for hours 8-3 and \$200 for hours 8 - 5. In addition, we offer scholarships for anyone in need. No camper will be turned away due to financial hardship. Please contact Dawn Perroti, Camp Director at [dmperrotti4@gmail.com](mailto:dmperrotti4@gmail.com) for scholarship information.

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

\_\_\_\_\_ **for office use only** \_\_\_\_\_

Check number \_\_\_\_\_

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

## Child Pick-Up Authorization

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 \_\_\_\_\_

### **Parent/Guardian Authorization for Application 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 the non-prescription topical medication in the original container clearly labeled with my child's name. (Please sign.)

1. Non-prescription sunscreen that is PABA free \_\_\_\_\_

2. Non-prescription insect repellents \_\_\_\_\_

Dates non-prescription topical medications shall be administered \_\_\_\_\_

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

Name of Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature

**Photo Permission:** I do \_\_\_\_\_ do not \_\_\_\_\_ allow my child's picture to be taken for camp photos, advertisements, possibly on Branford Access Television or on the Killam's Point Day Camp Facebook Page, similar to sporting events, productions or concerts at 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 camp if they become sick, and will keep the child at home until their physical condition is appropriate to return. **Safe time is considered 24 hours after a fever with no medications and no vomiting.**

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**I understand the information above, and acknowledge that it is my responsibility to abide by Killam's Point Day Camp Policies.**

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**Parent/Guardian Signature**

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**Date**