



KELLYS KIDS SUMMER FARM CAMP 2019  
Registration Form

Please check all camp sessions your child will attend below:

- |  |  |
|--|--|
| <input type="checkbox"/> June 24th - June 27th                 | <input type="checkbox"/> July 22nd - July 25th     |
| <input type="checkbox"/> July 1st - July 3rd (Closed July 4th) | <input type="checkbox"/> July 29th - August 1st    |
| <input type="checkbox"/> July 8th - July 11th                  | <input type="checkbox"/> August 5th - August 8th   |
| <input type="checkbox"/> July 15th - July 18th                 | <input type="checkbox"/> August 12th - August 15th |

Please print clearly the following required information:

Child's name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

School Attending/Town \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (Other than parent/guardian)

\_\_\_\_\_

Name \_\_\_\_\_

Relation to program participant \_\_\_\_\_

Phone # \_\_\_\_\_

**The cost per week for camp is \$450.**

Are special provisions required to enable your child to participate in our program? \_\_\_\_\_

Please list all medications  
(prescribed/OTC) and/or conditions affecting your child, including allergies: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

DO NOT release my CHILD to the following individual(s): A copy of court order must be attached)

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_

I authorize KELLYS KIDS Inc. to have and/or use photographs of my child for public relations

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ do hereby give my permission for my child to participate in KELLYS KIDS Summer Farm Camp. I, for myself, my child/guardian and on behalf of my heirs, assume all risks and hazards incidental to the conduct of an activity, including those associated with transportation to outside field trips. I, for myself, my child/guardian and on behalf of heirs, assigns and next of kin, agree to hold KELLYS KIDS Inc., its subsidiaries, officers, officials, employees, agents and servants harmless and waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against KELLYS KIDS Inc., its subsidiaries, officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any illnesses as a result of participation in the KELLYS KIDS Summer Farm Camp. I also grant permission for medical treatment and, if necessary, hospitalization by ambulance transport.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email the completed form to [croninkelly@yahoo.com](mailto:croninkelly@yahoo.com) and reference "SUMMER CAMP REGISTRATION" in the subject line, or you may also mail the form to KELLYS KIDS Summer Farm Camp, 9 Spring Road, Prospect, CT 06712.

Notes:

- Weekly tuition is \$450. Scholarships/sliding scale tuition available. Payment is expected no later than the first day of each camp session
- Camp runs Monday through Thursday 9:00 a.m. to 2:00 p.m.
- No drop-offs prior to 8:50 a.m.
- Pick-ups after 2:00 p.m. will be assessed a late fee of \$5.00 for every 5 minutes past 2:00 p.m.
- Kellys Kids staff cannot dispense/administer medication and will not be responsible for its misuse
- Kellys Kids does not provide medical/accident coverage for this program. Participants attend at their own risk and parents/guardians are required to use their own medical coverage.
- Please notify us of any special situations or conditions. If they are not made known to us, we may not be able to best meet the participant's needs. Not disclosing may be grounds for dismissal from the program. Falsifying any information may result in expulsion from the program without a refund.

Individuals authorized to pick up my child:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Getting to know your child:

Kellys kids believes that every child is unique with his or her own needs. Please answer the following questions:

Please explain if there are any situations that may cause your child difficulty:

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How can we best work with you to help your child in these situations?

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What limitations does your child have?

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**Pets After School Program**

AFTER CARE

Registration Form

(only fill this out if you would like to sign up for after care after camps normal hours)

Please check all after care sessions your child will attend below:

- |  |  |
|--|--|
| <input type="checkbox"/> June 24th - June 27th                 | <input type="checkbox"/> July 22nd - July 25th     |
| <input type="checkbox"/> July 1st - July 3rd (Closed July 4th) | <input type="checkbox"/> July 29th - August 1st    |
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| <input type="checkbox"/> July 15th - July 18th                 | <input type="checkbox"/> August 12th - August 15th |

After care provides camp activities for youth that attend summer school. This after care program will run from 1:00 p.m. - 5:00 p.m.

**The cost per week for after care is \$400.**

**If signing up for camp and aftercare, the total is \$950 per week.**