



Kellys Kids Summer Farm Camp 2018
Registration Form

Please check all camp sessions your child will attend below:

- | | |
|---|--|
| <input type="checkbox"/> June 25 th - June 28 th | <input type="checkbox"/> July 23 rd - July 26 th |
| <input type="checkbox"/> July 2 nd - July 5 th (Closed July 4 th) | <input type="checkbox"/> July 30 th - August 2 nd |
| <input type="checkbox"/> July 9 th - July 12 th | <input type="checkbox"/> August 6- August 9 th |
| <input type="checkbox"/> July 16 th - July 19 th | <input type="checkbox"/> August 13 th - August 16 th |

Please print clearly and neatly the following required information.

Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Grade Entering: _____
(mm/dd/yyyy)

School Attending/Town: _____

Parent/Guardian name: _____ Address: _____

Phone #'s (Home) _____
(Work) _____
(Cell) _____

Email Address: _____

Emergency Contact (Other than parent/guardian):

Name: _____

Relation to program participant: _____

Phone #'s: (H) _____ (C) _____ (W) _____

Notes:

- Weekly tuition is \$450. Scholarships/sliding scale tuition available. Payment is expected no later than the first day of each camp session
- Camp run 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 #'s: (H) _____ (C) _____ (W) _____

Name: _____ Relation to child: _____

Phone #'s: (H) _____ (C) _____ (W) _____

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:

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

What limitations does your child have?

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 may be needed 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, assigns and next of kin, assume all risks and hazards incidental to the conduct of activity, including those associated with transportation to outside field trips. I, for myself, my child/guardian and on behalf of my 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 e-mail the completed form to 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. NOTE: Your electronic signature replaces your handwritten signature.