



KELLYS KIDS SUMMER FARM CAMP 2024 Registration Form

Please check all camp sessions your child will attend below:

June 10th -June 13th

June 17th- June 20nd

June 24th- June 27th

July 1st- July 3rd (Closed July 4th)

July 8th – July 11th

July 15th – July 18th

July 22nd – July 25th

July 29th- August 1st

August 5th – August 8th

August 12th – August 15th

August 19th – August 22nd

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 # _____

Email _____



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

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 _____

Phone Number _____

Address _____

Name _____

Relation to Child _____

Phone Number _____

Address _____



I authorize KELLYS
and/or use
child for public relations Parent/Guardian
Signature _____

KIDS Inc. to have
photographs of my

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 kellykidscamp@yahoo.com and reference "SUMMER CAMP REGISTRATION" in the subject line.

Notes:

Weekly cost starts at \$900 for 9am-5pm with additional cost for one-on-one services (Supportive Child Care) if needed. Payment is expected no later than the first day of each camp session.

Camp runs Monday through Thursday 9:00 a.m. to 5:00 p.m.

No drop-offs prior to 8:50 a.m. No pickups after 5:00pm. An additional \$1 per minute will be added after 5:00pm.

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: _____

Name: _____

Relation to Child: _____

Phone Number: _____



Pets After School Program

Getting to know

Kellys kids believes

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:

your child:

that every child is

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

What limitations does your child have?

Contact information:

Brady Gunning, Director: bgunning@kellyskids.org

Kelly Ferreira, Program Manager: kferreira@kellyskids.org

Phone Number: 203-805-4620

Email: kellykidscamp@yahoo.com

Location Address: 18 Spring Rd

Prospect, CT 06712



Authorization to Release Information

I, (Name) _____ hereby authorize Kellys Kids Inc to obtain the information and records obtaining to:

Individual's Name: _____

Date of Birth: _____

Types of Records to be released (Please Check):

- Psychiatric
- Psychological
- Medical
- Educational
- Medication
- Verbal and Written Communication
- Any other relevant paperwork regarding the well-being of the child.

Please list:

The Nature and extent of the information to be disclosed is the entire record unless otherwise specified below:

I understand that my authorization will expire in one year, if not cancelled.

Enter expiration date (one year from today): _____

I understand that this release may be revoked of the authorization at any time by written and dated communication.

I have read and understand the nature of this release:

Signature of person authorizing disclosure or authorized representative

Date:

The information will be handled confidentially in compliance with all federal laws.