



KELLYS KIDS SUMMER FARM CAMP 2023

Registration Form

Please check all camp sessions your child will attend below:

- | | | |
|--|---|--|
| <input type="checkbox"/> June 12th -June 15th | <input type="checkbox"/> July 10th - July 13th | <input type="checkbox"/> August 7th - August 10th |
| <input type="checkbox"/> June 19th - June 22nd | <input type="checkbox"/> July 17th - July 20th | <input type="checkbox"/> August 14th - August 17th |
| <input type="checkbox"/> June 26th - June 29th | <input type="checkbox"/> July 24th - July 27th | <input type="checkbox"/> August 21st - August 24th |
| <input type="checkbox"/> July 3rd - July 6th
<small>(Closed July 4th)</small> | <input type="checkbox"/> July 31st - August 3rd | <input type="checkbox"/> August 28th - August 31st |

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 # _____

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 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 cost starts at \$900 for 9am-5pm with additional cost for one-on-one services if needed. 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 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 staff can dispense/administer medication.
- 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:

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

What limitations does your child have?
