



KELLYS KIDS SUMMER FARM CAMP **2026 Registration Form**

Please check all camp sessions your child will attend below:

- | | |
|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> June 15-June18 | <input type="checkbox"/> July 20-July23 |
| <input type="checkbox"/> June 22-June 25 | <input type="checkbox"/> July 27-July30 |
| <input type="checkbox"/> June 29-July 2 | <input type="checkbox"/> Aug 3-Aug 6 |
| <input type="checkbox"/> July 7 - July 10 | <input type="checkbox"/> Aug 17-Aug 20 |
| <input type="checkbox"/> July 6-July 9 | <input type="checkbox"/> Aug 24-Aug 27 |
| <input type="checkbox"/> July 13-July 16 | |

Please clearly print 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 kellykidscamp@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.

Important Notes:

- **Weekly cost is \$500 for half day (4 hours) \$950 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 cannot 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?

Program Contact information:

Brady Gunning/Kelly Cronin, 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.