

WESTOVER DAY CAMP APPLICATION 2017

City of Stamford - Recreation Services Division

Child's Name: _____ Age: ____ Grade: ____
Address: _____ Stamford, CT 0690__
Date of Birth: _____ Home Phone: () _____ Work Phone: () _____
Parent/Guardian Name: _____ Cell Phone: (_____) _____
Emergency Contact: Name: _____ Emergency Contact Phone: (_____) _____
Email _____

CHOOSE CAMP PROGRAM:

Regular Fee Day Camp	9am - 4 pm	\$950.00	_____
Reduced Fee Day Camp *	9am -4 pm	\$400.00	_____

* (Lunch Letter Required)

Camp will run from Monday, June 26th through Friday August 11th, 2017

CHOOSE EARLY AND/OR LATE CARE:

AM Care- all 7 weeks	\$170.00	_____
PM Care-all 7 weeks	\$165.00	_____
BOTH AM and PM Care all 7 weeks	\$335.00	_____

AM CARE By the Week

Week 1 June 26	_____
Week 2 July 3	_____
Week 3 July 10	_____
Week 4 July 17	_____
Week 5 July 24	_____
Week 6 July 31	_____
Week 7 Aug 7	_____

PM CARE By the Week

Week 1 June 26	_____
Week 2 July 3	_____
Week 3 July 10	_____
Week 4 July 17	_____
Week 5 July 24	_____
Week 6 July 31	_____
Week 7 Aug, 7	_____

TOTAL AM CARE _____

TOTAL PM CARE _____

Please note that the hours of the camp and extended care must be strictly enforced. There will be fines assessed for parents who are unable to respect the camp hours.

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CAMPER INFORMATION

1. Does your child have any allergies? Yes _____ No _____
2. Is your child taking any medication? Yes _____ No _____

(NOTE- This Day Camp program does not administer medication in any form to the campers.

Any child who must take any medication must make arrangements to do so without the aid of a camp employee.)

3. Does your child have any current or past medical condition? Yes _____ No _____

Explain _____

4. Does your child require eyeglasses, contacts, hearing aids, earplugs to swim or any other medical device? Yes _____ No _____

5. Should your child's activities be restricted in any way? Yes _____ No _____

Explain: _____

6. Does your child have an IEP or 54 in school? Yes _____ No _____

If yes, please complete and submit the additional accommodations form online.

Doctor's Name: _____

I have read and understand all of the information on both sides of this registration form. Below is my signature of consent to transport and treat my enrolled child at a hospital, in the event of an emergency and the parent/guardian cannot be reached. I also give permission for my child to be transported by bus to special events, swimming and field trips run by the Stamford Recreation Services Day Camp Program.

I hereby agree to indemnify and hold the City of Stamford, its officers, agents and employees harmless from any and all liability as a result of being injured while participating in the above activity/ camp.

I certify to the City of Stamford that the participant is in good mental and physical health and able to participate in all related activities. I have read and understand all of the information on this and the reverse side and I agree to the terms of the program.

Parent/ Guardian _____ Date _____

PMT: \$ _____ CK # _____ CASH _____ CC _____

Birth Certificate -6yrs old and under _____ Lunch Letter _____

Request to be put with a friend (not guaranteed) _____

Shirt size- (Please circle)- Youth M Youth L Adult S Adult M Adult L Adult XL