

# **WESTOVER DAY CAMP REGISTRATION FORM (Ages 5-12) 2025**

## **City of Stamford – Parks & Recreation Department**

Children that turned 5 before December 31, 2024, are eligible for full day camps. A copy of the child's birth certificate must be submitted to the recreation office within 24 hours of registering to prove their eligibility.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Address: \_\_\_\_\_ 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 \$1,190.00 \_\_\_\_ Reduced Fee Day Camp \* 9am -4 pm \$500.00 \_\_\_\_

**\* The Household Income Eligibility Letter you received from the BOE needed to receive the reduced rate! Please note if your child is age 5 & has not attended Kindergarten, they will not be in the BOE system which means they will not qualify for the reduced rate.**

The camp will run from Monday, June 23 through Friday August 8, 2025.

### **CHOOSE EARLY AND/OR LATE CARE:**

AM Care- all 7 weeks \$205.00 \_\_\_\_ PM Care-all 7 weeks \$200.00

BOTH AM and PM Care 7 weeks \$405.00 \_\_\_\_

#### **AM CARE By the Week**

Week 1 June 23 \_\_\_\_\_

Week 2 June 30 \_\_\_\_\_

Week 3 July 7 \_\_\_\_\_

Week 4 July 14 \_\_\_\_\_

Week 5 July 21 \_\_\_\_\_

Week 6 July 28 \_\_\_\_\_

Week 7 Aug 4 \_\_\_\_\_

**TOTAL AM CARE** \_\_\_\_\_

#### **PM CARE By the Week**

Week 1 June 23 \_\_\_\_\_

Week 2 June 30 \_\_\_\_\_

Week 3 July 7 \_\_\_\_\_

Week 4 July 14 \_\_\_\_\_

Week 5 July 21 \_\_\_\_\_

Week 6 July 28 \_\_\_\_\_

Week 7 Aug 4 \_\_\_\_\_

**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. The fine is \$1.00 per minute late fee.***

### **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 plan 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: \_\_\_\_\_

## City of Stamford - Recreation Services Division

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. I understand & agree that photographs may be taken of me or my child during this program sponsored by Stamford Recreation & the City of Stamford. I give permission to use these photographs for publication in brochures, flyers and other forms of publicity by Stamford Recreation without remuneration or prior approval by me. Any child dismissed from the camp program for behavioral issues will not be eligible to attend Stamford Parks and Recreation Summer Camps in the future.

**If your child has an IEP or 504 plan and you agree to supply us with a copy after you register, we can better accommodate your child's needs. This will allow us to give them the best possible camp experience this summer.**

**Parent/ Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
PMT: \$ \_\_\_\_\_ CK # \_\_\_\_\_ CASH \_\_\_\_\_ CC \_\_\_\_\_  
Birth Certificate -6yrs old and under \_\_\_\_\_ Eligibility Letter \_\_\_\_\_  
Request to be put with a friend (not guaranteed) \_\_\_\_\_

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

### **SWIM AUTHORIZATION SLIP**

**NAME OF CAMP:** \_\_\_\_\_ **ROXBURY DAY CAMP** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- ☐ I give permission for my child to swim at City Beach. \_\_\_\_\_ (INITIALS)  
☐ I give permission for my child to swim at City Pool. \_\_\_\_\_ (INITIALS)  
☐ I DO NOT grant permission for my child to swim. \_\_\_\_\_ (INITIALS)

Please give us information regarding your child's water skills:

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Does your child usually wear flotation devices while in water? \_\_\_\_\_  
**(This would include water wings.)**

Any other information you would like to provide concerning this authorization:

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\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**