

TINY TOTS PRESCHOOL CAMP (AGES 3-5) 2025

City of Stamford – Parks & Recreation Department

All children must be three years old before June 23rd, 2025, to register online for this program.

Child's Name: _____ Age: _____ Currently Attend Preschool: _____

Address: _____

Date of Birth: _____ Home Phone: () _____ Work Phone: () _____

Parent/Guardian Name: _____ Cell Phone _____ Emergency _____

Contact: Name: _____ Emergency Contact Phone: _____

Email Address: _____

1. Does your child have any allergies? Yes _____ No _____

2. Is your child taking any medication? Yes _____ No _____

(NOTE- This Camp 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. Should your child's activities be restricted in any way? Yes _____ No _____

Explain: _____

Session 1. June 23 – July 3, 2025 (No camp July 4) **Fee: \$210.00 per child:** _____

Session 2. July 7 – July 18, 2025, **Fee: \$235.00 per child:** _____

Session 3. July 21 -August 1, 2025, **Fee: \$235.00 Per child:** _____

Session 4. August 4 – Augst 8, 2025 **Fee: \$118.00 per child:** _____

Total: _____

The undersigned consideration for participating in the above-mentioned activity sponsored by the Stamford Recreation Services Division, City of Stamford, hereby agrees 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. The undersigned hereby certifies to the City of Stamford and the Recreation Services Division that the participant is in good mental, physical and health condition and is able to participate in this activity. The participant acknowledges that he/she will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury in this activity.

I understand and agree that photographs may be taken of me or my child during this program sponsored by Stamford Recreation Services and the City of Stamford. I give my permission to use these photographs for publication in brochures, flyers and other forms of publicity by Stamford Recreation Services and the City of Stamford without remuneration or prior approval by me.

Parent/ Guardian _____ **Date:** _____

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

Birth Certificate submitted Yes: _____ NO: _____ T shirt size - (Please circle) Youth S Youth M Youth L

If you registered online, we must receive a copy of the child's birth certificate and this completed registration form within 24 hours for proof of eligibility. Both documents can be faxed to 203-977-5504 or emailed to

stamfordrecreation@stamfordct.gov

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 summer! Please note \$1.00 per minute will be charged for any child picked up late from camp

