

STILLMEADOW DAY CAMP REGISTRATION FORM (Ages 5-12) 2026

City of Stamford – Parks & Recreation Department

Children that turned 5 before December 31, 2025, are eligible for this summer day camp program. 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 7, 2026.

CHOOSE EARLY AND/OR LATE CARE:

AM Care- all 7 weeks \$198.00 ___ PM Care-all 7 weeks \$192.00: ___

BOTH AM and PM Care 7 weeks \$390.00 ___

AM CARE By the Week

Week 1 June 23 _____
Week 2 June 29 _____
Week 3 July 6 _____
Week 4 July 13 _____
Week 5 July 20 _____
Week 6 July 27 _____
Week 7 Aug 3 _____

TOTAL AM CARE _____

PM CARE By the Week

Week 1 June 23 _____
Week 2 June 29 _____
Week 3 July 6 _____
Week 4 July 13 _____
Week 5 July 20 _____
Week 6 July 27 _____
Week 7 Aug 3 _____

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.

Refunds shall be granted before a class begins for an incapacitating medical hardship with a doctor's note, relocation with documented proof or if a waiting list is available and the spot can be filled. Any approved refund will be granted minus a 15% processing fee, no exceptions! If we cancel a program for any reason, there will be a full refund with no processing fee. Any refund granted after a class begins shall be prorated in addition to the 15% processing fee. If false information is given on a registration form, the registration is null and void and there will be no refund.

Parent/ Guardian _____ **Date** _____

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

Birth Certificate -5-year-old: _____ 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