

STAR CENTER DAY CAMP REGISTRATION FORM 2024

City of Stamford – Parks & Recreation Department

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 \$1,360.00 __ Reduced Fee Day Camp * 9am -4 pm \$615.00 __

*** Household Income Eligibility Letter you received from the BOE to receive the reduced rate!**

Camp will run from Monday, June 24th - through Friday August 16th, 2024.

CHOOSE EARLY AND/OR LATE CARE:

AM Care- all 8 weeks \$235.00 __ PM Care-all 8 weeks \$230.00

BOTH AM and PM Care all 8 weeks \$465.00 _____

AM CARE By the Week

Week 1 June 24 _____
Week 2 July 1 _____
Week 3 July 8 _____
Week 4 July 15 _____
Week 5 July 22 _____
Week 6 July 29 _____
Week 7 Aug 5 _____
Week 8 Aug 12 _____

TOTAL AM CARE _____

PM CARE By the Week

Week 1 June 24 _____
Week 2 July 1 _____
Week 3 July 8 _____
Week 4 July 15 _____
Week 5 July 22 _____
Week 6 July 29 _____
Week 7 Aug 5 _____
Week 8 Aug 12 _____

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 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:

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 & 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.

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: _____ **Star Center Day Camp 2024**

CHILD'S NAME: _____ **DATE:** _____

I give permission for my child to swim at a City Beach.

(INITIALS)

I give permission for my child to swim at a City Pool.

(INITIALS)

I DO NOT grant permission for my child to swim.

(INITIALS)

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

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:

Parent or Guardian Signature

Date