

# DAVENPORT DAY CAMP REGISTRATION FORM 2024

City of Stamford – Parks & Recreation Services Division

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 \_\_\_\_\_

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

**Camp will run from Monday, June 24<sup>th</sup> through Friday August 9th, 2024**

## 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 all 7 weeks \$405.00 \_\_\_\_\_

### 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 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.

**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: \_\_\_\_\_ Davenport Day Camp \_\_\_\_\_

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