

CAMP DISCOVERY REGISTRATION 2015

114 Palisado Avenue
Windsor, CT 06095

Ages: 7 through 12 (entering grades 2 - 7)

Camp hours: 8:30 a.m. to 4:30 p.m.
(please be prompt)

Fees: 8:30 a.m. - 4:30 p.m. \$210.00 per week **OR**
6:45 a.m. - 5:30 p.m. \$235.00 per week

PAYMENT FOR 1ST WEEK OF CAMP IS DUE UPON ENROLLMENT
\$8.00 per hour or part thereof charged for additional drop-off or pickup.

Camper's Name: _____ D.O.B.: _____ Grade as of 9/15: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Work: _____ cell: _____

Parent/Guardian Name: _____ Work: _____ cell: _____

Emergency Contact: _____ Telephone #: _____

Emergency Contact: _____ Telephone #: _____

Doctor: _____ Dr.'s Phone #: _____

Medical Information: (i.e. allergy, medication, etc.) _____

Can your child swim? Y / N If no, I will provide a Coast Guard approved life preserver. _____ (init)
Do you allow your child to go off the diving board? Y / N

Comments: _____

Please check week(s): **Note: Camp is closed on Friday, July 3rd.**

****YOU ARE OBLIGATED TO PAY FOR THE WEEKS THAT YOU HAVE CHECKED****

6/22 - 6/26

6/29 - 7/3

7/6 - 7/10

7/13 - 7/17

7/20 - 7/24

7/27 - 7/31

8/3 - 8/7

8/10 - 8/14

8/17 - 8/21

8/24 - 8/28 (only for children enrolled in 2015/2016)

Please check one schedule:

Camp only (8:30 - 4:30)

Camp hours plus child care (6:45 - 5:30)

Parent's signature

Date

Windsor Discovery Center verification

Date

I hereby acknowledge that I am responsible for payment for the weeks and fees indicated on the front of this form. Payment is due on the first day of each camp week. I understand that if payment is not received by that day, my child will not be able to attend until payment is received in full with a \$30 late fee added per week. A finance charge of 10% per month will be assessed on any unpaid balance.

Parent's Signature: _____ Date: _____

I hereby give permission for the following person(s) to pick up my child from the Windsor Discovery Center. (Other than the persons listed on the front side of this form).

Name	Address	Telephone

Parent's Signature _____ *Date* _____

I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital.

Parent's Signature _____ Date _____

I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments.

Parent's Signature _____ Date _____

I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate for the purposes of creating promotional material.

Parent's Signature _____ Date _____

I hereby give permission for my child to participate in field trips, on foot or in an authorized vehicle as scheduled and posted by Windsor Discovery Center.

Parent's Signature _____ Date _____