

CAMP DISCOVERY REGISTRATION 2015

114 Palisado Avenue
Windsor, CT 06095

<u>Ages:</u> PRESCHOOL 3 – 4 YRS.	<u>Camp hours:</u> 8:30 a.m. to 4:30 p.m. (please be prompt)
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Fees: 8:30 a.m. - 12:00 p.m. \$145.00 per week **OR**
6:45 a.m. - 5:30 p.m. \$270.00 per week

PAYMENT OF 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.: _____
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.) _____	

Week(s): (Please check) Note: Camp is closed on Friday, July 3rd.			
YOU ARE OBLIGATED TO PAY FOR THE WEEKS 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 those children enrolled for 2015/2016)		

Please check one schedule: *Half Day* (8:30 AM - 12:00 PM) *Camp hours* (6:45 AM - 5:30 PM)

Parent's signature

Date

Windsor Discovery Center verification

Date

PERMISSION SLIPS

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 date, 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
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Name	Address	Telephone
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Parent's Signature	Date
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I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital.

Parent's Signature	Date
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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
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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
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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
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