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H	C	5	6	7

Windsor Locks Park and Recreation 2017 Summer Day Camp Registration

Date
Payment

Camper						
	Last Name	First Name	Age	Date of Birth	Current Grade	M / F Gender
Address						
	as of December 31, 2017					

Parent/Guardian Information

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Mother's Name</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Home Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Work Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Cell Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Email Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> </table>	Mother's Name		Address		Home Phone		Work Phone		Cell Phone		Email Address		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Father's Name</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Home Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Work Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Cell Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Email Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> </table>	Father's Name		Address		Home Phone		Work Phone		Cell Phone		Email Address	
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Emergency Contacts (if Parent/Guardian cannot be reached)

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Authorized Camper Release Individuals (other than Parents/Guardians or Emergency Contacts)

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Parents, emergency contacts, and the individuals listed above are the **only** individuals permitted to pick up your child from camp! If an individual is not on this list, they will not be allowed to pick up your child. Any additions or deletions to this list during the summer must be made in writing. Authorized persons must be 16 years of age, show identification (for anyone other than parents) and sign out the camper.

Dates of Camp

All Summer (8 weeks) or choose individual weeks below

- 6/21
 6/26
 7/3
 7/10
 7/17
 7/24
 7/31
 8/7

*** Please make week selections carefully. You will be held responsible for payment for all weeks chosen. ***

*** Any changes to these selections must be made, in writing, by **Friday, June 2, 2017**. ***

Hours of Camp

Regular hours: 8:30am to 4:00pm Grades 2-4 (ages 8-10): \$95 Grades 5-7 (ages 11-13): \$100

Extended Care

7:30 - 8:30 am
 8:00 - 8:30 am
 4:00 - 4:30 pm
 4:00 - 5:00 pm
 4:00 - 5:30 pm

Wk 1: \$6, Wk 3: \$8 Wk 1: \$3, Wk 3: \$4 Wk 1: \$3, Wk 3: \$4 Wk 1: \$6, Wk 3: \$8 Wk 1: \$9, Wk 3: \$12
 Wk 2 & 4-8: \$10 Wk 2 & 4-8: \$5 Wk 2 & 4-8: \$5 Wk 2 & 4-8: \$10 Wk 2 & 4-8: \$15

** Week 1 is a 3-day week @ \$57 (Gr 2-4) and \$60 (Gr 5-7). Week 3 is a 4-day week @ \$76 and \$80, respectively **

A late fee of \$5 per camper for every 15 minutes (or portion thereof) will be assessed for campers who are not picked up by their designated time. We request that parents/guardians call the camp if they are delayed for any reason. Regardless of reason, a late fee will still be assessed. Payment is due upon pick up of the camper.

Repeated lateness may result in loss of Day Camp spot.

Shirt Sizes

- youth medium (10-12) adult small adult large
 youth large (14-16) adult medium adult x-large

I have read the Day Camp registration information, understand the information and agree to abide by the terms. I give my permission for my child to attend camp and participate in all phases of activities, including supervised trips away from the site or travel to location of the camp. I agree to instruct my child to observe rules and regulation governing the activities.

I hereby give my child permission to participate in the Town of Windsor Locks Day Camp program. In consideration for my child's ability to participate in this program, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks Day Camp program.

X _____
Parent/Guardian signature

Date

Windsor Locks Park and Recreation Camper Health History

Camper	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Day Phone	<input style="width: 95%;" type="text"/>
	Last Name	First Name		
Parent/Guardian	<input style="width: 95%;" type="text"/>		Address	<input style="width: 95%;" type="text"/>
Doctor's Name	<input style="width: 95%;" type="text"/>		Doctor's Phone	<input style="width: 95%;" type="text"/>
Dentist's Name	<input style="width: 95%;" type="text"/>		Dentist's Phone	<input style="width: 95%;" type="text"/>
Hospital of Choice	<input style="width: 95%;" type="text"/>			
Insurance Carrier	<input style="width: 95%;" type="text"/>		Policy Number	<input style="width: 95%;" type="text"/>

Date of last health exam	<input style="width: 95%;" type="text"/>	Date of last tetanus or DPT shot	<input style="width: 95%;" type="text"/>
--------------------------	--	----------------------------------	--

Since last examination, has camper had:

- | | |
|---|--|
| <input type="checkbox"/> Serious injury requiring medical attention? | <input type="checkbox"/> An illness lasting more than five days? |
| <input type="checkbox"/> Prescribed or over the counter medication? | <input type="checkbox"/> A surgical operation or fracture? |
| <input type="checkbox"/> Treatment in a hospital or emergency room? | <input type="checkbox"/> Restrictions concerning physical activities? |
| <input type="checkbox"/> Exposure to a contagious disease? | <input type="checkbox"/> Any complicating medical problems noted in last exam? |
| <input type="checkbox"/> Is camper currently under the care of a physician or psychologist? | |

Please explain any items checked above. Include dates. (Attach additional pages if necessary.)

Allergies	Identify(milk, bees, dogs, etc.)	Nature of reaction - treatment needed
<input type="checkbox"/> Animals	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Hay fever	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Insect stings	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Food	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Medicine/drugs	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Pollen	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Plants	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Other (specify)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> None	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Other Health Conditions (Check those that apply) - All campers should be able to function in a ratio of 8 campers to 1 counselor:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Heart defect/ | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Special dietary |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional | disease | disorders | regimen |
| <input type="checkbox"/> Bleeding/clotting | disturbances | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Wears glasses/ |
| disorders | <input type="checkbox"/> Fainting | <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Seizures | contacts |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Hearing | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Sickle cell trait/ | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Diabetes | impairment | | disease | |

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be discouraged or restricted. (Attach additional pages if necessary.)

This Health History is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In the event of a minor incident or injury, I authorize the WLPR Day Camp staff to administer first aid. In the event of a more serious accidental injury, I authorize WLPR staff to administer CPR, contact emergency personnel and/or accompany my child to the hospital listed above.

I also authorize all medical, diagnostic and hospital procedures, which may be performed or prescribed for my child by a licensed physician, when efforts to contact me are unsuccessful and when deemed immediately advisable by the physician to safeguard my child's health.

I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

X _____
Parent's signature

Date

Windsor Locks Park and Recreation 2017 Summer Day Camp Code of Conduct

Windsor Locks Park and Recreation Day Camp offers a safe environment in which campers live, play and learn as part of a greater community. Camper attitude and behavior are critical to the success of the Day Camp community and each individual makes a difference in the quality of the camp experience.

In order to create a community atmosphere, campers are asked to follow these behavioral guidelines during their camp session. Campers and parents/guardians must read and sign this agreement prior to camp attendance. This form may be submitted during the registration process or at the check-in registration on the opening day of the camper's session.

I will treat everyone in the camp community with respect at all times, including showing respect for other's personal belongings, privacy and feelings. I will try to be a friend to all.

I understand that harassment based upon race, color, religion, creed, sex, national origin, age, sexual orientation or disability is a form of discrimination in violation of federal and state law and/or the Town of Windsor Locks policy, and will not be tolerated.

I will respect the camp's facilities and equipment and not take or destroy camp property. I will not misuse camp equipment and materials.

I will not use obscene or foul language or gestures and I will not bring music with lyrics, which contain obscene or foul language or make reference to violent offensive actions.

I will not engage in any activity, which may put myself, other campers or staff at risk.

I agree to abide by the rules and regulations of the camp and understand that I am expected to follow directions and guidance provided by the camp staff.

I will not bring radios, cell phones, videogames or other expensive items to Day Camp. I acknowledge that Windsor Locks Park and Recreation will not be responsible for loss or damage to personal property.

If the camper fails to abide by these behavioral expectations, the following steps will be followed:

The camper will receive a verbal warning from Day Camp staff for breaking rules.

After warning, if behavior or actions still persists, the camper will not participate in that given activity.

If behavior persists, campers will be sent to the Day Camp office with a staff member. Parents will be notified at this point and asked to assist in helping their camper make more positive choices.

Campers will be put on a 24-hour contract. If behavior or actions do not improve, parents will be notified that their child is being sent home. The camp director will discuss all decisions thoroughly before any child is sent home. **Campers asked to leave camp early for behavioral reasons will not receive a refund.**

The camp director reserves the right to send home any camper if it is decided that it is in the best interest of the Day Camp program and campers.

The following behaviors are considered very serious and will result in suspension or, and in some cases, immediate expulsion from camp:

Possession or use of weapons, illicit, illegal drugs or other controlled substances, tobacco products of any kind and alcoholic beverages.

Physical abuse of any kind including hitting, kicking, biting or pushing another camper or staff member.

Failure to follow staff instructions thereby resulting in situations that put themselves, other campers or staff in physical danger.

Leaving camp property or assigned program area without the permission of the staff member supervising the area or activity.

Verbal abuse of or toward other campers or staff, which includes swearing, teasing or bullying.

Behavior that is constantly interfering with the quality of the program other campers are receiving.

Campers threatening to harm themselves or other campers.

We have read and understand these behavioral expectations. Furthermore we have discussed these expectations and agree to abide by them.

Camper Name

Camper Signature

Parent Signature

Date

PARK AND RECREATION DEPARTMENT
TOWN OF WINDSOR LOCKS, CONNECTICUT

PHOTOGRAPHY/VIDEOGRAPHY RELEASE

Child's Name: _____ DOB: _____



I grant permission for the above named child to be photographed and/or videotaped during Park and Recreation Department programs, events, and activities. I understand and agree that these photographs and/or videotapes may be used, reproduced, and/or distributed by the Windsor Locks Park and Recreation Department for the purpose of promoting the Department and its programs. These uses include, but are not limited to: the Park and Recreation Department bulletin board, website, flyers and distribution to media.



NO, I do not wish for my child to be photographed or videotaped.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

WINDSOR LOCKS PARK AND RECREATION

Summer Day Camp 2017
Walking Permission Form

During the summer, there may be different occasions in which we might walk to the below mentioned locations. Additionally, we might simply take a short walk around the Pesci Park area.

I, _____, give my child(ren),
_____, permission

to walk to or from **South Elementary School, Windsor Locks Middle School, Windsor Locks Town Hall, Windsor Locks Public Library** and **Pesci Park** with a Day Camp Counselor during the Day Camp Program.

Parent/Guardian Signature

Date

2017 Summer Day Camp Payment Schedule

		First Child						Additional Children						Total	Check Number		
		7:30 - 8:30	8:00 - 8:30	Gr 2-4 / Gr 5-7	4:00 - 4:30	4:00 - 5:00	4:00 - 5:30	7:30 - 8:00	8:00 - 8:30	Gr 2-4 / Gr 5-7	4:00 - 4:30	4:00 - 5:00	4:00 - 5:30				
<input type="checkbox"/>	Week 1	June 22 - 23 (3-day week)		+\$6	+\$3	\$57 / \$60	+\$3	+\$6	+\$9	+\$6	+\$3	\$52 / \$55	+\$3	+\$6	+\$9		
<input type="checkbox"/>	Week 2	June 26 - 30		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		
<input type="checkbox"/>	Week 3	July 3 - 7 (4-day week)		+\$8	+\$4	\$76 / \$80	+\$4	+\$8	+\$12	+\$8	+\$4	\$71 / \$75	+\$4	+\$8	+\$12		
<input type="checkbox"/>	Week 4	July 10 - 14		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		
<input type="checkbox"/>	Week 5	July 17 - 21		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		
<input type="checkbox"/>	Week 6	July 24 - Jul 28		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		
<input type="checkbox"/>	Week 7	July 31 - August 4		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		
<input type="checkbox"/>	Week 8	August 7 - 11		+\$10	+\$5	\$95 / \$100	+\$5	+\$10	+\$15	+\$10	+\$5	\$90 / \$95	+\$5	+\$10	+\$15		

Payment for all weeks enrolled is expected at the time of registration.

1. One check for the first and last weeks of enrollment:

First Week:

Last Week:

Deposit Date: June 15

2. One check for each remaining week of enrollment:

Deposit Dates: Week 2: June 22 Week 3: June 29 Week 4: July 6 Week 5: July 13 Week 6: July 20 Week 7: July 27

Please retain this paper, cancelled checks and cash receipts for your records.