

TUITION BALANCE SHEET

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TOTAL FAMILY TUITION: \$ _____

½ Tuition total due upon registration = \$ _____

Remainder due Tuesday, June 1st = \$ _____ *A late payment fee of \$25 will be assessed after this date.*

- Camp shirts are included for 1st time campers. Alumni may order a shirt for an additional \$15.
- Cash, checks or credit cards are accepted. No refunds will be issued.
- Any changes made to registration after paperwork is submitted is subject to \$10 Processing Fee.

REGISTRATION FORM

Kindly print – circle where appropriate. Please complete a separate registration for each child.

Camper's Name: _____ DOB: _____

Home Phone: _____ Grade Completed by June 2021: _____

Camper's Address _____

Town: _____ State: _____ Zip Code: _____

ALLERGIES: _____

Has your child previously attended Country Kids Summer Camp? Y N (Please Circle)

Please list the name(s) of any siblings enrolled (if applicable): _____

Parent / Guardian's Name: _____

Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Parent / Guardian's Name: _____

Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

In case of an emergency, if you cannot be reached, please give the names of two people who may be contacted:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent / Guardian Signature: _____ Date: _____

MEDICAL RELEASE FORM

We are required by state law to maintain records on the following. Please read carefully and thoroughly complete each section.

SECTION A: Topical Medication Permission

We must have the parent's written permission on file before we can apply non-prescriptive topical medications. Please check which medications we are authorized to use on your child by checking the appropriate box(es) and signing below.

Insect Repellent Other non-prescriptive topical medications (such as sunscreen)

I, _____, authorize the use of these topical medications on my child.
(Parent or Guardian)

SECTION B: Emergencies

In cases of emergency, we follow one or more of the following procedures:

Administer First Aid and/or CPR.

Contact the emergency medical team.

Contact our consultant pediatrician.

Contact the parent or authorized relation.

Contact the child's physician.

A staff member accompanies the child to the hospital and stays with the child until the parent arrives.

Hospital Preference: If necessary, the child will be taken to Danbury Hospital unless otherwise indicated.

_____ - Hospital Preference (Danbury Hospital or New Milford Hospital only)

Before we may perform any of these procedures, we must have written authorization on file from a parent or guardian.

Please sign the following:

I, _____, authorize Country Kids to perform any of the above
(Parent or Guardian)

emergency procedures deemed necessary.

SECTION C: Medication and Allergy Alert

If your child takes medication daily, has any allergies or suffers from asthma, please provide the following information:

Allergies: _____ Medication

Authorization: When absolutely necessary, Country Kids may administer medications, accompanied by doctor's orders, with clear directions for dispensation, the name of the medication, the child's name clearly marked on the medication and turned into the administrative office.

I authorize administration of medication. I **DO NOT** authorize administration of medication.

Child's Name: _____ Grade Completed by June 2021: _____

Parent / Guardian Signature: _____ Date: _____

FIELD TRIP AUTHORIZATION FORM

_____ (Child's Full Name)
has my permission to ride on a bus or van to camp approved events during the summer camp session. I understand that this authorization applies to all outings and field trips that may occur throughout the season, including those that may be determined on the day the trip will take place.

I understand and believe the necessary precautions and plans for the care and supervision of the children will be taken. Beyond this, we will not hold Country Kids Play Farm, Inc. or those supervising the trip responsible.

Parent / Guardian Signature: _____ Date: _____

****With the constant changing of rules and restrictions with regards to COVID-19, the field trips we have listed on this calendar are the outings currently booked. However, Country Kids is following the recommendations from the CDC, Connecticut Office of Early Childhood (OEC), Brookfield Department of Health, as well as the rules put forth by the field trip venues themselves. As a result of this, the field trips may be altered. We will keep you informed of any changes, but we encourage you to sign up for these weeks because our space is limited once again.**

DAILY REGISTRATION SHEET

Name: _____ Grade Finished: _____

\$80/Day \$95/Field Trip	Mon.	Tue.	Wed.	Thu.	Fri.	Total:
Week 1					1st & Up	
Week 2				1st & Up		
Week 3	CLOSED			1st & Up		
Week 4				1st & Up		
Week 5				All Groups		
Week 6				All Groups		
Week 7						
Week 8					1st & Up	
Week 9				All Groups		
Week 10				All Groups	CLOSED	

Total Field Trip Days \$95 x _____
 Total Standard Days \$80 x _____

Total: \$ _____