



# Arts & Nature Camp at Mitchell College Summer 2018

## REGISTRATION & ENROLLMENT FORM

*(separate form needed for each child you are registering)*

Current Date: \_\_\_\_\_

Child's Name: (First, Middle, Last) \_\_\_\_\_

Name to be called at school: \_\_\_\_\_ Gender: M/F Date of Birth: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

*Information to be completed by parent/guardian. ANY revisions or a change of information requires a revised form. Preschool staff is only responsible for providing information noted on this form to emergency personnel. **PARENTS:** This form requires both parents' information unless child is in the custody of only one parent; copy of custody papers is required to be on file at the Arts & Nature Camp at Mitchell College.*

Parent/Guardian (1) \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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Parent/Guardian (2) \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Local Emergency Contact: (First, Last) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

ADDITIONAL PEOPLE AUTHORIZED TO PICK UP CHILD FROM CENTER: (Photo I.D. Required)

Name: (First/Last) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: (First/Last) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Persons UNAUTHORIZED to pick up Child:

Name: (First, Last) \_\_\_\_\_

Brief Description: \_\_\_\_\_

Cultural Demographics:

Is your child Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Race (check all that apply): American Indian or Alaskan Native \_\_\_\_\_ Asian American \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Additional Information:

Where does your child attend public school?

\_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have any special medical condition, allergies, or needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does the child have any identified special educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

Are there other children in the household? (Include names and birth dates)

\_\_\_\_\_  
\_\_\_\_\_

What language did the child learn to speak first? \_\_\_\_\_

What is the primary language spoken in the child's home? \_\_\_\_\_

What other information regarding your child's life experiences can you share that will allow us to meet your child's needs? Is there anything else you think we should know about the child? (Special interests, experiences, home life, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT

I understand it is my responsibility to pay for services rendered. Payment is due by check or credit card, online, by close of business Friday for the week ahead. Accounts are considered delinquent when overdue by first day of camp. A late fee of \$25 will be assessed by close of business Friday to all accounts overdue.

Initial \_\_\_\_\_

Failure to pay will result in this account being turn over to collections and the child being dismissed from care. All legal expenses incurred in an attempt to collect payments for this account will also be my responsibility.

Initial \_\_\_\_\_

PHOTO/MEDIA RELEASE

I give approval to use pictures/video taken of my child for the bulletin boards and special projects in the classroom. Initial \_\_\_\_\_

I give approval to use pictures/video taken of my child for publicity or advertisements including internet based products and promotions. Initial \_\_\_\_\_

PARENT HANDBOOK & BEHAVIOR/DISCIPLINE POLICY

I acknowledge receiving the parent handbook and will abide by the policies that are written to help maintain a quality camp experience for my child. Initial \_\_\_\_\_

I also have had discussion and understand the Camp's Behavior & Discipline Policy. Initial \_\_\_\_\_

WALKING PERMISSION SLIP

I give permission for my child to participate in "walking" field trips around the area of Mitchell College.

Initial \_\_\_\_\_

May we add your contact information to our class list to be shared with other families in your child's class?

Y / N

How did you hear of us?

\_\_\_\_\_



# Arts & Nature Camp at Mitchell College Summer 2018

## EMERGENCY MEDICAL INFORMATION & CONSENT

*(separate form needed for each child you are registering)*

Child's Name: (First, Middle, Last) \_\_\_\_\_

MEDICAL INFORMATION (Parent is responsible for providing an updated form when information changes)

Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications s/he is taking, diabetes, etc.) I understand that if my child is allergic to anything requiring the use of an Epi-Pen, I must bring an Epi-Pen to the Arts & Nature Camp to keep onsite.

\_\_\_\_\_  
\_\_\_\_\_

### PHYSICIAN INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_ Name Insured Under: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

### PERMISSION TO SEEK CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. I understand the teachers in the childcare center are trained in the basics of First Aid and I authorize them to give my child First Aid. I also hereby authorize the Arts & Nature Camp at Mitchell College personnel to call an emergency ambulance (at the parent/guardian(s) expense) in event of accident or acute illness, and to arrange for necessary and emergency care such as x-ray, examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general statute of special supervision, and on the advice of any physician or surgical licensed to practice in the State of Connecticut when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action will be taken.

I hereby absolve the Arts & Nature Camp at Mitchell College and Mitchell College of any and all liability claims, courses of action, or expenses, including any attorney fees, and any and all medical expenses. I understand that I am responsible for providing revisions to the information provided on the emergency information form as needed. Initial \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Arts & Nature Camp at Mitchell College Summer 2018

### CAMP WEEKS/TIMES REQUESTED

*(separate form needed for each child you are registering)*

Child's Name: (First, Middle, Last) \_\_\_\_\_ Current Date: \_\_\_\_\_

Please select the dates and times you are enrolling your child into the Arts & Nature Camp Summer 2018.

**June 18-June 22**

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

**June 25-June 29**

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

**July 2-July 6**

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

**July 9-July 13**

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

**July 16-July 20**

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

*CONTINUED...*

July 23-July 27

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

July 30-August 3

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

August 6-August 10

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm

August 13-August 17

- 8:00am-1:00pm
- 8:00am-4:00pm
- Before care: 7:00am-8:00am
- After care: 4:00pm-6:00pm



## Arts & Nature Camp at Mitchell College Summer 2018

### Summer Tuition Policy Agreement

*(separate form needed for each child you are registering)*

#### Payment Policy:

A fee of \$35.00 per child is due with the registration form. For children attending camp for three weeks or less, full tuition payment is due by June 15, 2018. For children enrolled for more than three weeks, a one week deposit is due by June 15, 2018. Thereafter tuition is paid weekly, bi-weekly, or monthly. Please contact Kimberly Mansfield, Program Director, to select the payment plan that best meets the needs of your family. Your deposit will be used to cover the final week of summer camp tuition.

#### Making Tuition Payments

All of the billing will be handled by the Office of Finance and Administration at Mitchell College. Families will login using the below web address and make a payment via electronic check, debit, or credit card. When you login and setup your payment, please make sure, in the notes section, you enter payment for Arts and Nature Camp. After everything gets setup, you will begin to receive balance statements on a weekly basis. The payment link can also be found directly on the Camp website at [mitchell.edu/summer-camp](http://mitchell.edu/summer-camp). Please note that the staff has no involvement with the billing or accounting of the program; any questions or concerns that may arise should be directed to the Program Director, who will put you in contact with the accounting office.

#### RATES

\$205 per week per child for Full Day (8am-4pm, M-F)

\$145 per week per child for Half Day (8am-1pm, M-F)

\$10 per hour per child for before care and/or after care (7-8am and/or 4-6pm, M-F)

\$10 per week additional fee for a child who is not fully potty-trained

10% discount for more than one child; discount applied to higher priced tuition

10% military discount with valid identification

Mitchell College faculty & staff receive before and after-care at no additional charge.

**Complete and submit all forms with non-refundable \$35 registration fee:**

- Online at <https://mitchell.diamondmindinc.com/> (note in the Comment box: "Arts & Nature Camp Registration Fee")

#### OR

- Check made payable to:

"Mitchell College" with "Arts & Nature Camp" in the memo

Arts & Nature Camp at Mitchell College

437 Pequot Avenue

New London, CT 06320

There is a **\$25.00** fee for returned checks.

**A late fee of \$1.00 per minute is due if your child is picked up late.** Please call in the event of an emergency to keep the Center informed. However, this will not excuse you from paying late charges. If we have not heard from you, we will try to contact you. If we are unable to reach you, we will try your emergency contact numbers. The Director will be contacted and, if necessary, the appropriate authorities.

**Before enrollment, the following forms and documentation are required:**

- Emergency Contact Information (in registration form)
- Early Childhood Health Assessment Record, including a record of immunizations signed by a licensed physician and a release of medical information available at [www.mk.npsct.org/pdf/Health%20Assessment%20Form.pdf](http://www.mk.npsct.org/pdf/Health%20Assessment%20Form.pdf)
- Walking Field Trip Permission (in registration form)
- Photo/Media Release (in registration form)
- Policy Receipt Acknowledgement (in registration form)
- Authorization for the Administration of Non-Prescription Topical Medications (sun screen-see staff member on first day of camp)
- Potassium Iodide Medication Authorization Form (we will send you this form after registration completion)
- Medication Care Plan (if applicable)
- Our Disciplinary Approach (in registration for)
- Summer Tuition Policy Agreement (in registration form)

**Withdrawals require a two-week notice.** Our center reserves the right to dismiss a child from the program if tuition obligations are not met, parents are repeatedly late for pick-up or it is determined that a child is not adjusting to the program. On rare occasions, a child may be dismissed from our program if it is felt that their behaviors are not manageable within our group setting.

**Acknowledgement of Understanding**

I have read this Agreement, fully understand its terms **[and that I have given up substantial rights by signing it, and have signed it freely and voluntarily. I intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.]** I certify that all representations are true and that I am a legal guardian or custodial parent of the minor listed below with full authority to bind the minor and myself to the terms and conditions of this Agreement.

Child’s Name: (First, Middle, Last) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Director Signature Date \_\_\_\_\_