



# Arts & Nature Camp at Mitchell College

## REGISTRATION & ENROLLMENT FORM

June 27, 2022 – August 19, 2022

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. Camp staff are only responsible for providing information noted on this form to emergency personnel.

PARENTS/GUARDIANS: This form requires both parents'/guardians' information unless child is in the custody of only one parent; copy of custody papers is required to be on file at the Children's Learning Center.

**Parent/Guardian:** \_\_\_\_\_

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

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

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

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

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

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

**Parent/Guardian:** \_\_\_\_\_

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 #: \_\_\_\_\_

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

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

PERSONS UNAUTHORIZED TO PICK UP CHILD:

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

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

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:

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:

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

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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.)

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#### PAYMENT

I understand it is my responsibility to pay for services rendered. Payment is due by check or credit card, online via Procure, by Thursday, for the week ahead. Child may not attend camp on Monday if payment is not made by Thursday of prior week. Last week deposit will be applied to the unpaid week and child will be withdrawn from camp for the remainder of the summer. Initial \_\_\_\_\_.

#### PHOTO/MEDIA RELEASE

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 family handbook (on website) and will abide by the policies that are written to help maintain a quality camp experience for my child. Initial \_\_\_\_\_

I have read and understand the camp's Behavior & Discipline Policy, as outlined in the family handbook. Initial \_\_\_\_\_

#### WALKING PERMISSION SLIP

I give permission for my child to participate in walking field trips around the area of Mitchell College Children's Learning Center, including the Mitchell Woods, Mitchell Beach, and Toby May Park. Initial \_\_\_\_\_

How did you hear of us?

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#### DAYS AND TIMES MY CHILD WILL ATTEND

The Arts & Nature Camp at Mitchell College is open Monday through Friday from 7:00 a.m. until 5:00 p.m.

Full Day hours are 8:00 a.m. until 4:00 p.m.; before care and after care for Full Day program is available and included in the weekly tuition of \$240/week.

Half Day hours are 8:00 a.m. until 1:00 p.m.; limited before care and after care for the Half Day program is available for \$10 per hour per child.

You may choose either M-F Full Day program or M-F Half Day program.

Summer Camp runs from Monday, June 28 – Friday, August 20 2021. Camp is closed on Monday, July 5 2021.

- ☐ My child will be attending Full-Day, Monday through Friday  
☐ My child will be attending Half Day, Monday through Friday, from 8am-1pm

Days	Monday	Tuesday	Wednesday	Thursday	Friday
From	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.
To	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.	_____ a.m./p.m.

#### RATES

\$240 per week per child for Full Day (8am-4pm, M-F); before care (7-8am) & after care (4-5pm) is included.

\$175 per week per child for Half Day (8am-1pm, M-F); limited before care & after care is \$10 per hour per child

\$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

***To complete your child's enrollment, complete the following documents, included in this registration form, and submit all forms with a non-refundable \$50 registration fee to:***

Children's Learning Center at Mitchell College  
437 Pequot Avenue  
New London, CT 06320

Checks made payable to Children's Learning Center at Mitchell College with "2021 Arts & Nature Camp" in Memo.

## **REQUIRED DOCUMENTS**

### HEALTH RECORDS

Child's most recent physical exam, Health Assessment Record, and record of immunizations, completed by a healthcare professional, must be submitted with this registration form in order to enroll.

Health Assessment Record for children ages 5 and up can be found here: [https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/HAR3\\_2018.pdf?la=en](https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/HAR3_2018.pdf?la=en)

Health Assessment Record for children under the age of 5 can be found here: [https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/EC\\_HAR.pdf](https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/EC_HAR.pdf)

## EMERGENCY MEDICAL INFORMATION & CONSENT

\*Parent/guardian 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. Initial \_\_\_\_\_

### 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 camp staff are trained in the basics of First Aid and I authorize them to give my child First Aid. Initial \_\_\_\_\_

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. Initial \_\_\_\_\_

I hereby absolve the Children's Learning Center 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/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION  
TOPICAL MEDICATIONS BY CAMP STAFF

This type of authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications (including sunscreen)
2. Medicated powders
3. Teething, gum, or lip medications

Sunscreen and insect repellent are required for summer camp.

Please choose one or more of the following:

- ☐ I give permission for the program to apply our **school-provided sunscreen**: SPF 50 Kids Broad Spectrum Family-Size Sunscreen.
- ☐ I will supply the camp with the **sunscreen** listed below, in the original container and labeled with the child's name.
- ☐ I will supply the camp with the **insect repellent** listed below, in the original container and labeled with the child's name.
- ☐ I will supply the camp with another non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration, as described below.

SUNSCREEN

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Topical Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_ Site of Administration: skin

Medication shall be administered from: \_\_\_\_\_ / \_\_\_\_\_ / 2021 to: \_\_\_\_\_ / \_\_\_\_\_ / 2021

INSECT REPELLENT

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Topical Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_ Site of Administration: skin

Medication shall be administered from: \_\_\_\_\_ / \_\_\_\_\_ / 2021 to: \_\_\_\_\_ / \_\_\_\_\_ / 2021

OTHER

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Topical Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_ Site of Administration: skin

Medication shall be administered from: \_\_\_\_\_ / \_\_\_\_\_ / 2021 to: \_\_\_\_\_ / \_\_\_\_\_ / 2021

*I give permission to allow the CLC staff to apply the above listed topical medications to my child.*

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_

(Signature of staff)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.

### MEDICAL ADMINISTRATION AUTHORIZATION

Authorization for the Administration of Medication by Child Day Care Personnel In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations.

Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed.

Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

**Authorized Prescriber's Order** (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? YES NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies?    YES    NO    Reactions to?    YES    NO    Interactions with?    YES    NO

If "yes" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_

**Parent/Guardian Authorization:**

\_\_\_\_ I request that medication be administered to my child as described and directed above and attest that I have administered at least one dose of the medication to my child without adverse effects.

\_\_\_\_ I request that medication be self-administered to my child as described and directed above.

Name of Child Care Program \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian/Other Explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Name of Childcare Personnel Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_

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## What do I need to Bring to Camp?

**Every Week, or as Needed:**

1. Extra Clothes
2. A couple items to Tie Dye!

**Every day of Camp:**

A small backpack or draw string bag with ...

3. Bathing Suit
4. Towel
5. Water shoes/flip flops
6. Baseball cap/sun hat
7. Reusable leak proof water bottle



8. Cold **Peanut-Free** Lunch with Ice-Pack
9. Closed Toed Shoes (for nature walks and adventures)

Please label all items with your child's name.

**\*\*\* Electronic devices are not permitted at camp\*\*\***