



Arts & Nature Camp at Mitchell College

REGISTRATION & ENROLLMENT FORM

June 27, 2023 – August 18, 2023

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:

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 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?

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 for \$15 per session per day.

Half Day hours are 8:00 a.m. until 1:00 p.m.; before care is available for \$15 per session per day.

You may choose either M-F Full Day program or M-F Half Day program. See the [Camp Schedule](#) for important dates.

- 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

\$250 per week per child for Full Day (8am-4pm, M-F)

\$180 per week per child for Half Day (8am-1pm, 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

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 “2023 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

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

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: _____ / _____ / 2023 to: _____ / _____ / 2023

INSECT REPELLENT

Name of Child: _____ Date of Birth: _____

Name of Topical Medication: _____

Schedule of Administration: _____ Site of Administration: skin

Medication shall be administered from: _____ / _____ / 2023 to: _____ / _____ / 2023

OTHER

Name of Child: _____ Date of Birth: _____

Name of Topical Medication: _____

Schedule of Administration: _____ Site of Administration: skin

Medication shall be administered from: _____ / _____ / 2023 to: _____ / _____ / 2023

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

Signature: _____ Relationship to child: _____

Address: _____ Telephone: _____

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) _____

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*****