



# Arts & Nature Camp at Mitchell College

## REGISTRATION & ENROLLMENT FORM

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: \_\_\_\_\_

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 age)

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

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 Brightwheel, 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 for \$15 per session per day.

Half Day hours are 8:00 a.m. until 12:00 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-12pm

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

\$285 per week per child for Full Day (8am-4pm, M-F)

\$190 per week per child for Half Day (8am-12pm, 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% discount for military families

**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 "2024 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.)

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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: \_\_\_\_\_