

# ConnectiKids Summer Camp

814 Asylum Avenue Hartford, CT 06105  
Office: (860) 522-8710 Fax: (860) 249-5901

## ConnectiKids Summer Program Registration form - 2018

West Middle and Michael D. Fox the ConnectiKids summer registration is open. The program fills up quickly so avoid disappointment by registering early! Fill out completely in ink and send it back with your child to put into the ConnectiKids mail box or you can drop the complete registration to our office.

- I would like information about volunteering with ConnectiKids
- Save the postage: I would use the ConnectiKids webpage to obtain my child's health forms and Informational Handbook
- I would like to be, mailed the Health forms and Informational handbook

### WEST MIDDLE & MICHAEL D FOX ELEMENTARY SCHOOL APPLICATION

TODAY'S DATE: \_\_\_\_\_ APPLICATION (STAFF USE ONLY) # \_\_\_\_\_

**STUDENT INFORMATION**     WEST MIDDLE COMMUNITY SCHOOL     MD FOX SCHOOL

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (00/00/0000) \_\_\_\_\_

Grade (Current School Year) \_\_\_\_\_ Teacher's Name \_\_\_\_\_

### **PARENT INFORMATION**

Name of Parent or Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Parent Social Security Number \_\_\_\_\_ (in case of emergency)

### **IMPORTANT - EMERGENCY INFORMATION AND CONTACTS (OTHER THAN PARENTS)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Can child be released from the Summer Program to the emergency contact in case of emergency or illness?

Yes  no

If the child is living with only one parent, who is the legal guardian of the child who can consent to his or her attendance at the Summer Program? (Please print full name) \_\_\_\_\_

Can child be released to non-custodial parent if other parent makes that request?  Yes  No

If yes, name of Parent \_\_\_\_\_

I give permission for my child to participate in all camp activities; most of which are conducted in an outdoor environment.

I will read the parent handbook, the summer schedule, and behavior agreement and agree to cooperate with all the regulations.

I am willing to have my children treated by a Nurse or First Aider for minor ailments and by a doctor, when necessary, and agree to transportation to a medical facility or for further medical attention, if necessary.

My child has permission to take scheduled trips (if trips are included in program) out of camp during camp session.

I have read and accept the policies and procedures of ConnectiKids Inc.

**Guardian's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

### Health History and Ethnicity

Health History (check if "yes")	Allergies (check if "yes")	Chronic Illness (check if "yes")
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other Date of last tetanus booster _____ Date of last physical exam _____	<input type="checkbox"/> Hay fever <input type="checkbox"/> Insect Sting <input type="checkbox"/> Asthma <input type="checkbox"/> Ivy, Oak, etc. Drugs (specify) _____ Foods (specify) _____ Other (specify) _____	<input type="checkbox"/> Earaches <input type="checkbox"/> Throat Problems <input type="checkbox"/> Heart <input type="checkbox"/> Infections <input type="checkbox"/> Epilepsy <input type="checkbox"/> Stomach <input type="checkbox"/> Sinus <input type="checkbox"/> Diabetes

**Medications:** Is your child presently taking medication     yes     no

Please specify \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING GENERAL BACKGROUND INFORMATION OF YOUR CHILD COMPLETELY. CONNECTIKIDS USES THIS INFORMATION FOR GENERAL REPORTING PURPOSES**

**Ethnicity:** Check all that apply

**Race:** Check all that apply

African	
Albanian	
Bosnian	
Chicano	
Cuban	
Hispanic	
Jamaican	
Korean	
Latino	
Mexican	
Polish	
Puerto Rican	
Russian	
Samoan	
Vietnamese	
None Specified	
Other	

American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Asian	
Did Not Volunteer	
Some Other Race	

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

Educating, Enhancing and Empowering Hartford's Youth Since 1978

## Policies/Procedures

**\*\* Please read the following information carefully and sign the bottom of the form. Your signature below indicates that you agree to follow the stated policies and procedures. \*\***

### Policies/Procedures

- I give my child permission to ride the bus to all ConnectiKids off-site programming locations.
- My child will be picked up from his/her school between 11:45 and 12:00 p.m. and return to the ConnectiKids office between 3:15 and 3:30 p.m. For MDFOX students will be returned to the school beginning at 4:00 p.m. There will be no ConnectiKids staff at the school before 11:25 a.m. or at the ConnectiKids Inc. office after 4:30 p.m. If my child is not allowed to walk to and from the school a parent or someone designated by their parent will be at the school at the designated time.
- My child will risk being dismissed from the program if the transportation expectations are not met.
- My child is receiving a Scholarship to attend the ConnectiKids Summer Program.
- Should my child have 2 unexcused absences without proper communication from the program, they may be at to be removed and another child from the waiting list will assume their spot. Please ensure that all communication to ConnectiKids are timely ad clear.
- If my child should have any behavior problems at the summer program, I will be contacted and asked to meet with ConnectiKids staff. After meeting with staff, my child may be dismissed from the program if his/her behavior problems continue.
- I give my child permission to swim/learn how to swim during the ConnectiKids summer program.
- I understand that my child will participate in physical activities (such as rope climbing, etc.) and give my child permission to do so. I agree to hold harmless ConnectiKids, Inc. in case of accident or injury.



I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likenesses of any kind made of the child are and shall remain the property of ConnectiKids, Inc. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by ConnectiKids, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

If in the event that I cannot be reached in an emergency, I hereby give permission to the physician, Hartford Hospital, and/or St. Francis Hospital selected by ConnectiKids staff to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named herein.

In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by ConnectiKids staff, I give permission for the health care professional to administer such aid or treatment for my child.

I/We understand that in signing this registration, I/We agree to hold ConnectiKids, Inc. harmless in case of illness, accident or injury, and that our family's medical plan will cover any expenses. In signing this, I agree to the above rules and regulations of ConnectiKids, Inc.

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

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

ConnectiKids Inc. Transportation Policy



---IMPORTANT INFORMATION---

End of program bussing will be provided for MDFOX students only.

All West Middle students should be picked up at the ConnectiKids office – 814 Asylum Ave, Hartford CT

West Middle Parents

My child has permission to walk home from the ConnectiKids Office (814 Asylum Ave).  Yes  No

If NO, my child will be picked up by

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to the transportation policy as outlined above \_\_\_\_\_ (initial)

If my child is not picked up at the appropriate time more than twice, your child’s space in the program will be jeopardized.

MDFOX Parents

If your child **does not** have permission to walk home from MDFOX School, then the designated person must meet her or him at the appropriate time. If your child is not met by the designated person, your child will be brought back to the ConnectiKids office at the Asylum Hill Congregational Church (814 Asylum Ave, Hartford CT).

If your child is not picked up at the appropriate time more than twice, your child’s space in the program will be jeopardized.

I agree to the transportation policy as outlined above \_\_\_\_\_ (initial)

My child has permission to walk home  Yes or  No from MD Fox Elementary school - In the parking lot of the school—Bus Lane. *If NO*, my child will be picked up at the selected bus stop by:

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Busses will arrive at MDFOX at approximately 4:00 pm. Please allow time for traffic.

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE CONNECTIKIDS OFFICE AT  
860-522-8710 or 860-977- 5519**

# Connect*Kids*

## PERMISSION SLIP

I give permission for my child \_\_\_\_\_ in grade \_\_\_\_\_

(Student)

to attend:

- Science Center Friday, July 13<sup>th</sup>
- Yard Goats Game Wednesday, July 18<sup>th</sup>
- Auerfarm Friday, July 20<sup>th</sup>
- Hartford Stage Play Thursday, August 2<sup>nd</sup>

I hereby release *ConnectiKids, Inc.*, its employees, agents and volunteers, from all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by *ConnectiKids, Inc.*, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of *ConnectiKids, Inc.*, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all the above stated.

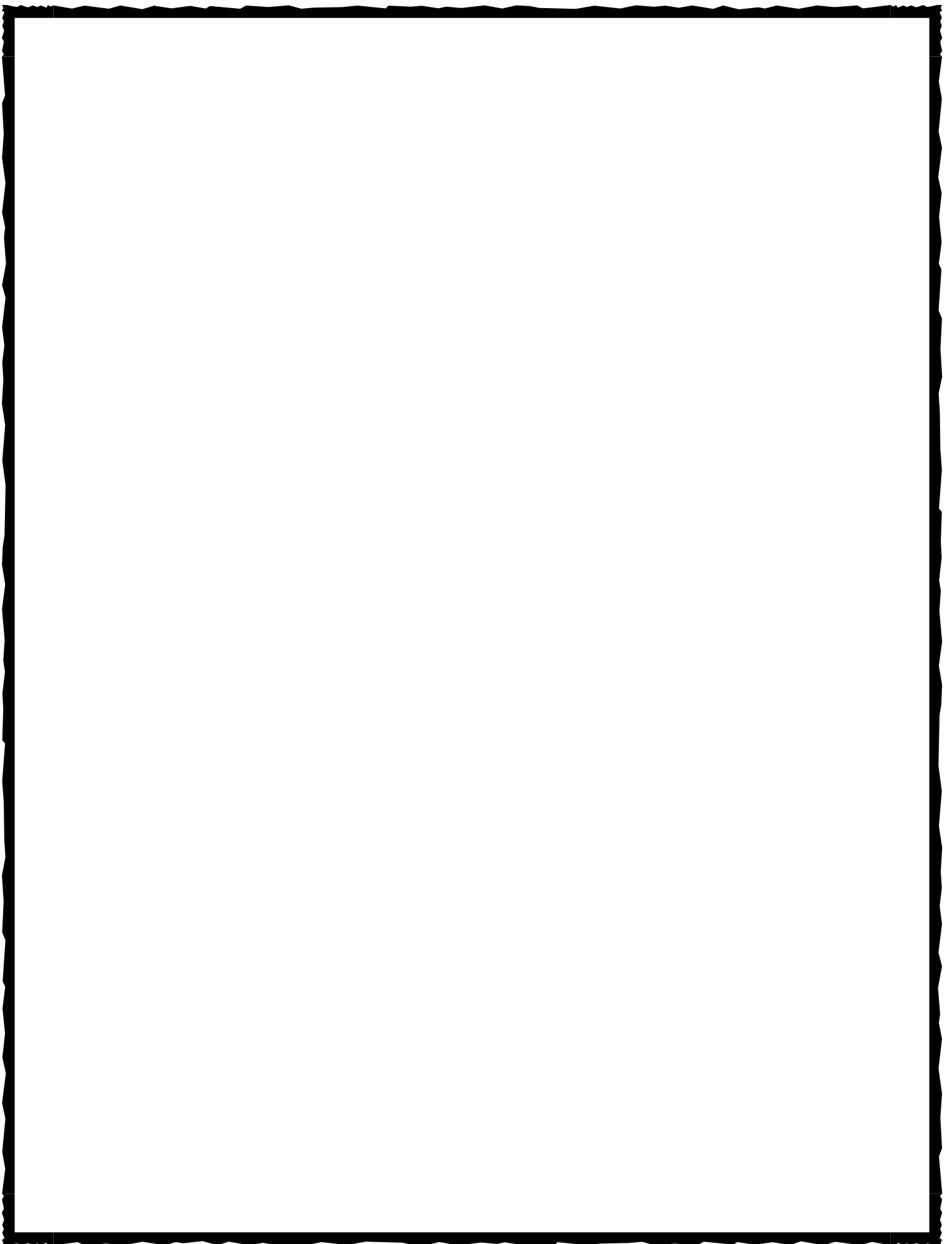
Signed \_\_\_\_\_ Print Name \_\_\_\_\_

(Parent / Guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian's phone number (home) \_\_\_\_\_

Parent / Guardian's phone number (cell phone) \_\_\_\_\_



## RIVERFRONT ADVENTURE WAIVER AGREEMENT

Group Name: ConnectiKids

Program Dates: \_\_\_\_\_

To help ensure that your experience is safe, enjoyable, and beneficial, it is helpful to know some basic medical information. Answering these questions is strongly recommended but it is not required.

Do you have any limiting physical conditions or disabilities?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

Are you currently taking any medications?

\_\_\_ No \_\_\_ Yes. Please identify/explain \_\_\_\_\_

Do you have any allergies allergic reactions to specific foods, medications, bee stings/insect bites?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

Have you had surgery, medical procedures, or have you been hospitalized in the last 12 months?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

**Signing the Waiver Agreement is required for everyone attending Riverfront Adventure .  
The WAIVER AGREEMENT must be received no later than 72 hours prior to your program date.**

I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Riverfront Adventure. I recognize the inherent risk of injury or disability in these activities, and I assume this risk. In the consideration of the services provided to the undersigned, the undersigned hereby waives any and all rights and claims against Riverfront Recapture, Inc., The City of Hartford, The Town of East Hartford, and the Metropolitan District Commission and all sponsors of this program, its officers, employees, volunteers, and agents for bodily injuries or damage to or loss of personal property of the undersigned which may occur while using these services.

NAME (print) : \_\_\_\_\_ AGE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

### FOR PARTICIPANT'S OF MINORITY AGE ( Under the age of 18 at the time of participation )

I affirm that my child \_\_\_\_\_ is in good health, and that s/he is not under a physician's care for any undisclosed condition that bears upon his/her fitness to participate in Riverfront Adventure. I recognize the inherent risk of injury or disability in these activities, and I assume this risk with regard to my child's participation. This is to certify that, as the parent / guardian of this participant, I consent to his / her release of Riverfront Recapture , Inc., The City of Hartford, The Town of East Hartford, and the Metropolitan District Commission from any and all liabilities incident to his / her involvement in the Riverfront Adventure Challenge Course.

### PARENT / GUARDIAN

NAME ( print ) : \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

ADDRESS : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_