



ConnectiKids

Educating, Enriching, and Empowering Hartford's Youth Since 1978



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

ConnectiKids Summer Program Registration form - 2019

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**

FULL DAY (9:30AM- 3:30PM) **HALF DAY (12:30- 3:30PM)**

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 _____

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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

- Full day students must be dropped off to the ConnectiKids Office at 9:30 a.m. and no later than 10:00 a.m.
- 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 12:00 and 12:15 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 12:00 p.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 3 unexcused absences without proper communication from the program, they may be removed and another child from the waiting list will assume their spot. Please ensure that all communication to ConnectiKids are timely and 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**



PERMISSION SLIP

I give permission for my child _____ in grade _____

(Student)

to attend:

- Science Center Friday, July 12th
- Yard Goats Game Wednesday, July 17th
- George Hall Farm Friday, July 26th
- Auerfarm Friday, July 19th
- Hartford Stage Play Thursday, August 1st
- Knox Garden All Summer

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.

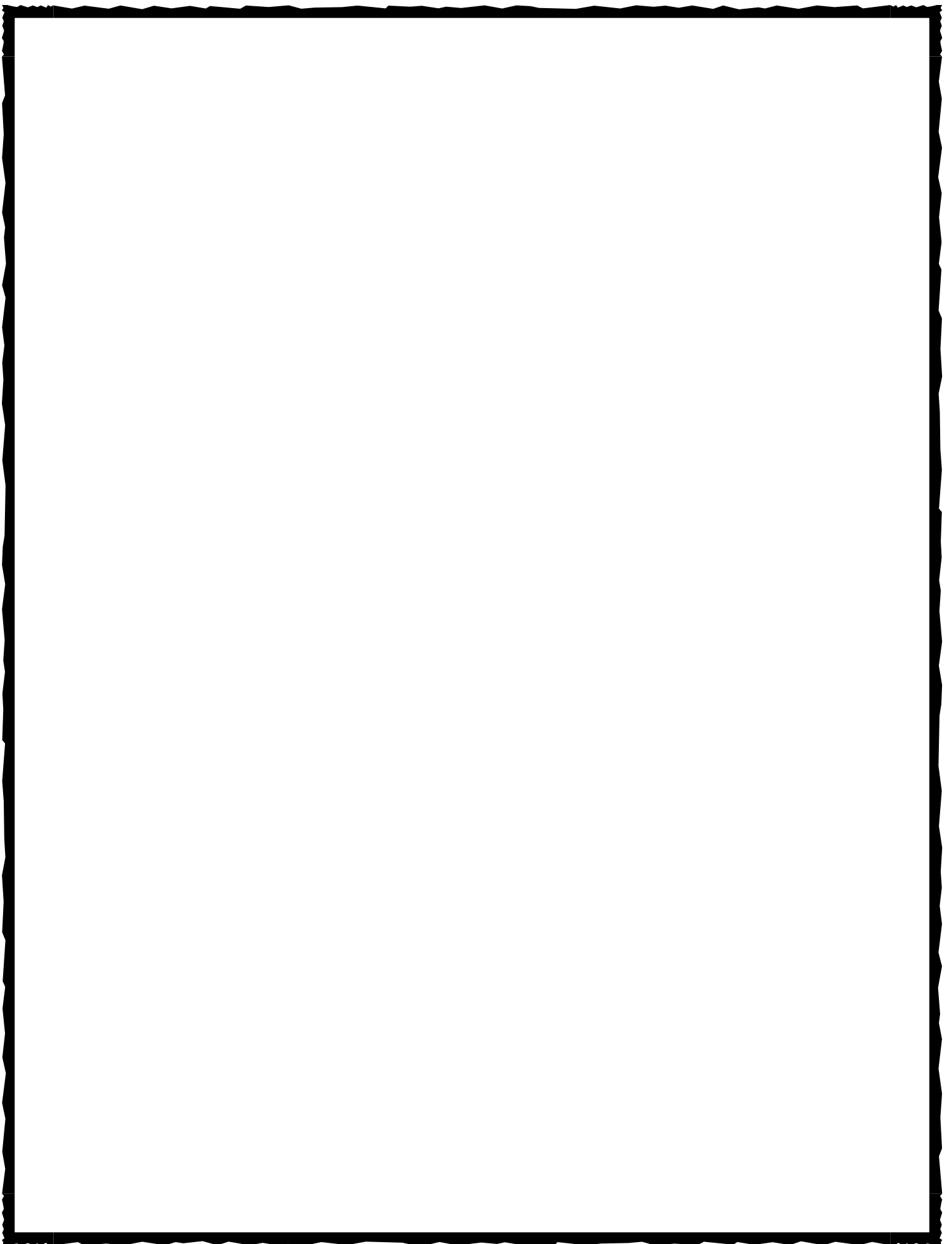
I agree and consent to all the above stated.

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 : _____