

**MILFORD COMMUNITY SCHOOL USE PROGRAM  
2022 SUMMER KIDS REGISTRATION FORM**

NAME:	DATE OF BIRTH:
GRADE COMPLETED JUNE 2022:	AGE:
STREET:	MALE                  FEMALE
TOWN:	
HOME PHONE:	

PARENT/GUARDIAN NAME:
WORK PHONE/CELLPHONE:
PARENT/GUARDIAN NAME:
WORK PHONE/CELLPHONE:

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

*Complete below if registering for 2022 Summer Day Camp • PLEASE CIRCLE ALL THAT APPLY*

DAY CAMP WEEKS: 1 3 4 5 6	Week 1, 3-6: \$200(R)/\$220(NR)
DAY CAMP WEEKS: 1 3 4 5 6	Week 1, 3-6: \$150 (R-ONLY) - Sibling Discount
DAY CAMP WEEKS: 2	Week 2: \$160(R)/\$180(NR)
DAY CAMP WEEKS: 2	Week 2: \$120 (R-ONLY) - Sibling Discount

**If you have more than one child attending day camp, we offer a discount of 25% for the additional children for Milford Residents ONLY.**

**TOTAL COST**

*\*Only one registration form and check required for day camp\**

Is there anyone NOT AUTHORIZED to pick up your child? (Please list names)

**\*COPY OF A PHYSICAL DONE WITHIN A YEAR MUST ACCOMPANY FORM & CHECK\***

This requirement is mandated by state law. Your registration will be returned if a physical is not included.

**CHILD'S PHYSICIAN:**

**OFFICE PHONE:**

**If your child takes medication, please provide the types of medication taken:**

**If medication is to be dispensed during camp hours, please pick up a MEDICATION FORM from the office.**

**Does your child have any handicaps, physical or emotional, allergies, or fears which the Milford Community Program should be aware of? (Please list and explain)**

**OTHER EMERGENCY CONTACTS (other than parents/guardians – must list at least one):**

NAME:	PHONE:
NAME:	PHONE:

**PHOTOGRAPHIC & COOKING AUTHORIZATION:**

I do \_\_\_\_\_ do not \_\_\_\_\_ consent and authorize the Milford Comm. Program to use and reproduce photographs taken of my child for advertising and publicity purposes.

I do \_\_\_\_\_ do not \_\_\_\_\_ give my permission for my child to participate in a cooking class.

**Signature** \_\_\_\_\_

**SIGNATURE REQUIRED BELOW:**

I/We the parent(s)/guardian(s) of \_\_\_\_\_, a participant in the Milford Comm. Use Summer Programs, hereby give my/our approval to his/her participation in any and all Milford Community School Use Program activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Community School Use Program, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_