

MILFORD COMMUNITY SCHOOL USE PROGRAM
SUMMER KIDS REGISTRATION FORM

NAME:	DATE OF BIRTH:
GRADE COMPLETED JUNE 2019:	AGE:
STREET:	MALE FEMALE
TOWN:	HOME PHONE:

PARENT/GUARDIAN NAME:
WORK PHONE/CELL PHONE:
PARENT/GUARDIAN NAME:
WORK PHONE/CELL PHONE:

- Did your child attend Milford Public Schools in: 2017/2018 2018/2019

EMAIL ADDRESS (1) _____ @ _____

Email addresses are requested to send weekly Day Camp schedules and compile rosters. We send out emails through Constant Contact, so please make sure to check your "Spam" folder in case it is received there.

Complete below if registering for Day Camp/Extended Camp

Please circle only the weeks paid for.

FULL DAY CAMP:	1	2	3	4	5	6
HALF DAY CAMP:	1	2	3	4	5	6
AM EXTENDED CAMP:	1	2	3	4	5	6
PM EXTENDED CAMP:	1	2	3	4	5	6

Only one registration form and check required for day camp and extended camp.

Complete below if registering for a Specialty Camp Program

CAMP:	DATE:	COST:
CAMP:	DATE:	COST:

Separate checks required for each specialty camp

Does your child have any medical concerns?

Asthma _____ Seizures _____ Diabetes _____ Cardiac _____ Other _____

Does your child have any allergies?

Food _____ Bees _____ Medications _____ Other _____

Does your child have an Epipen/AuviQ? Yes _____ No _____

Does your child take any medications? Please list:

If your child needs medication during camp hours, please pick up a MEDICATION FORM from the office.

CHILD'S PHYSICIAN:
OFFICE PHONE:

OTHER EMERGENCY CONTACTS (to be contacted if parents/guardians cannot be reached):

NAME:	PHONE:
NAME:	PHONE:

If there is anyone NOT AUTHORIZED to contact your child or if you have other pick up concerns, please inform the Day Camp supervisory staff on the first day of camp.

PHOTOGRAPHIC & COOKING ACKNOWLEDGMENT:

We periodically take photos at day camp and these photos may include campers. Also, we do sometimes share photos on our Facebook page. If you have any concerns regarding your child, please speak to one of our camp supervisors.

Campers regularly participate in cooking activities. Please notify our staff of any concerns regarding your child.

Please initial here as acknowledgement of this information _____

Additional liability waivers may be required for special events. You will be notified of these events in the emailed newsletter regarding the upcoming week's camp activities.

An office staff person will be available each Monday morning at drop off for completion of these forms. If we do not have a completed and signed form, your child may be excluded from the special event.

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 _____

**COPY OF A PHYSICAL DONE WITHIN 24 MONTHS MUST ACCOMPANY
REGISTRATION FORM & PAYMENT**

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