



MCA/Arts & Culture Office - 2020 Kids Arts Registration

CAMPER INFO Returning Camper NEW CAMPER (REQUIRED DOCUMENTS FOR FIRST TIME APPLICANTS: PROOF OF RESIDENCY & BIRTH CERT.)

NAME: _____ DOB: _____ CURRENT AGE: _____ GENDER: _____
FIRST LAST

STREET ADDRESS: _____ MIDDLETOWN, CT 06457 OR _____
NON RESIDENT CITY, ZIP

HOME/PRIMARY PHONE: _____ SCHOOL ENROLLED AT: _____ CURRENT GRADE: _____

NAME OF SIBLINGS ATTENDING: _____

Busser (see page 2 and 4) _____ PICK UP LOCATION _____ DROP OFF LOCATION _____

Walker _____ PLEASE INDICATE IF WALKING ALONE WITH PERMISSION, OR PROVIDE NAME/S OF WALKING PARTNER _____

Pick up & drop off by car (authorized names) (see page 4) _____

PLEASE NOTE: THESE AUTHORIZED NAMES WILL BE LISTED ON THE CAMPERS SIGN-OFF FORM. CHILD/CHILDREN WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE ON AUTHORIZED LIST. IDENTIFICATION WILL BE REQUIRED FOR ALL WHO ARE AUTHORIZED TO PICK UP YOUR CHILD. FOR THE SAFETY OF EACH CAMPER, NO EXCEPTIONS.

(1st) PARENT/ LEGAL GUARDIAN INFO

PRIMARY PHONE: _____

SECONDARY PHONE: _____

NAME: _____ PRIMARY EMAIL: _____
FIRST LAST

ADDRESS: _____ RELATIONSHIP TO CAMPER: _____
STREET CITY ZIP

(2nd) PARENT/ LEGAL GUARDIAN/ INFO

PRIMARY PHONE: _____

SECONDARY PHONE: _____

NAME: _____ PRIMARY EMAIL: _____
FIRST LAST

ADDRESS: _____ RELATIONSHIP TO CAMPER: _____
STREET CITY ZIP

(3rd) CONTACT INFO

PRIMARY PHONE: _____

SECONDARY PHONE: _____

NAME: _____ RELATIONSHIP TO CAMPER: _____
FIRST LAST

CAMPER HEALTH CONCERNS

DOES YOUR CHILD WEAR: GLASSES HEARING AID RETAINER OTHER _____

LIST ALL KNOWN ALLERGIES: _____

EXPLAIN ANY CONDITIONS, CONCERNS OR DIAGNOSES TO SHARE WITH STAFF: _____

PHYSICIAN: _____ PHYSICIAN PHONE: _____

DOES YOUR CHILD TAKE ANY MEDICATIONS? NO YES, please specify: _____

Campers in need of medication administration during camp hours must supply an **AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FORM** as signed by the child's Physician, and submitted before the first day of camp. Forms are available in the arts office or online at www.middletownct.gov/arts

CHECK ONE:

	TIME	DATES	AGE
<input type="checkbox"/> Children's Circus	9:00 a.m. - 3:00 p.m.	June 29 - July 31, MON-FRI	Entering grade 3 through age 15
<input type="checkbox"/> Teeny, Tiny Circus Troupe	9:00 a.m. - 3:00 p.m.	June 29 - July 31, MON-FRI	5 - 7 years

CHECK ONE:

#1. STANDARD RATE: (Fee per camper, non-resident applications processed on April 1st)
 \$300 1ST CHILD \$180 2ND CHILD \$120 EACH ADDITIONAL CHILD \$600 NON-RESIDENT RATE

#2. REDUCED RATE: (Fee for families with an income level exceeding the State of CT reduced lunch rate income guidelines by \$10,000 or less)
 \$120 1ST CHILD \$60 EACH ADDITIONAL CHILD Required documentation: copy of your latest IRS 1040EZ, 1040A or 1040
REFER TO CHART FOR WEEKLY INCOME LIMITS BASED ON FAMILY SIZE. → → →

#3. FLAT RATE: (Households in receipt of Supplemental Nutritional Assistance Program ("SNAP") benefits under the State of CT guidelines)
 \$60 PER HOUSEHOLD Required documentation: verification of benefits, supplied by the State of CT Dept. of Social Services (DSS)

#4. WAIVED: (Households in receipt of Temporary Family Assistance ("TFA") and/or those included on the Direct Certification ("DC") list receiving benefits under the State of CT guidelines)
 NO FEE Required documentation: verification of benefits, supplied by the State of CT Dept of Social Services (DSS).

***2. WEEKLY GROSS INCOME CHART**

Household Sz.	Maximum Income
2	\$778.30
3	\$932.30
4	\$1085.30
5	\$1239.30
6	\$1393.30
7	\$1547.30
8	\$1700.30
ea. add'l.	+\$154.00

CHECK PAYABLE TO: CITY OF MIDDLETOWN-KIDS ARTS

DELIVER OR MAIL TO: ARTS & CULTURE OFFICE, ROOM B-11

245 DEKOVEN DRIVE, MIDDLETOWN, CT 06457

PARENT/GUARDIAN SIGNATURE IS REQUIRED AFTER READING AND INITIALING THE FOLLOWING INFORMATION

MEDICAL RELEASE/PARENTAL PERMISSION FORM/FIELD TRIP PERMISSION: I hereby give permission for my child to participate in the KIDS ARTS program. I understand and agree that this program can be physically demanding but I feel my child has the physical ability needed to participate. In the event of an emergency and the parent/guardian/third contact person cannot be reached, I hereby give permission for my child to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown, Oddfellows Playhouse, and its employees from any claims, demands, litigation, or settlement resulting from any injuries or damages caused by or resulting from participation in this program. A photostatic copy of this waiver form with my signature shall be considered as valid as the original. Additionally, the KIDS ARTS program has my permission to take my child on any field trips that are planned for these programs.

DISCIPLINARY POLICY: I agree to accept the disciplinary procedures and policies of the KIDS ARTS program and abide by the decision(s) of the administrators. Parent/legal guardian signature signifies acknowledgement of policy based on "three strikes" rules and the MPS parent/student handbook.

BUSSING POLICY: I have read and acknowledge the KIDS ARTS bussing policy/information on page 2 and give permission for my child to ride the bus.

ATTENDANCE POLICY: I understand that my child is making a 5 week commitment to the KIDS ARTS program and absence is limited to 3 days.

PHOTO POLICY: I give permission for my child's photograph or video image to be used for program and/or organization promotional purposes.

DISMISSAL POLICY: If doing parent pick up, I agree to sign out my child with his/her counselor at camp dismissal each day at 3 p.m. and I will provide identification. I give permission to the authorized persons on page 3 to pick up my child from camp.

REFUND POLICY: I understand no refunds will be given after the program starts on June 29, 2020 or for circumstances beyond the control of KIDS ARTS (e.g., weather, equipment failure, etc.).

SUNSCREEN POLICY: I give permission for the City of Middletown staff members to put sunscreen on my child. Additionally, I understand that I must provide the sunscreen and it will be labeled with my child's name.

X SIGNATURE (required) _____ **Date** _____
 Parent/Legal Guardian

Office use only: _____ Date Processed _____ Staff Initials _____ Amt. rcvd. _____ Ck#/CASH
 Balance Due/Notes _____