

## KIDS ARTS '22 REGISTRATION FORM: *THE CHILDREN'S CIRCUS OF MIDDLETOWN*

PLEASE READ the [Participant Guide](#) for full programming details and prior to filling out this applications. Applications will not be processed without parent/guardian signature, required documents, and payment or verification of benefits. Registration confirmation will be delivered from the Arts & Culture Office by email from <mailto:arts@middletownct.gov>. Digital submissions are not accepted at this time. Please mail or hand deliver all required documents to Arts & Culture Office, 245 DeKoven Drive, Room B-11, Middletown, CT 06457

### PROGRAM INFORMATION

**DATES:** Tuesday, JULY 5<sup>th</sup> 2022 – Friday, AUGUST 5<sup>th</sup> 2022  
**TIME:** 9:00 a.m. – 3:00 p.m., Monday – Friday, NO DAY PROGRAM Monday, July 4<sup>th</sup>  
**LOCATION:** Macdonough Elementary School, 66 Spring Street, Middletown  
**PERFORMANCE DATE:** Friday, August 5, 5pm | Rain Date Saturday, August 6, 5pm. NO DAY PROGRAM Friday, August 5<sup>th</sup>

### PARTICIPANT REGISTRATION

One Form Per Participant | Please Fill Out Form Completely

<b>PARTICIPANT LEGAL FIRST AND LAST NAME:</b> _____		<b>CHECK ALL THAT APPLY:</b> <i>Please note: new registrants must submit one proof of residency with completed registration form; coy of driver's license, tax bill or utility bill with name and address.</i>	
<b>PREFERRED NAME IF DIFFERENT:</b> _____		<input type="checkbox"/> RETURNING PARTICIPANT <input type="checkbox"/> NEW TO PROGRAM	
<b>PRONOUNS:</b> _____		<input type="checkbox"/> MIDDLETOWN RESIDENT <input type="checkbox"/> NON RESIDENT	
<b>STREET ADDRESS:</b> _____		<b>CITY/STATE/ZIP:</b> _____	
<b>GRADE ENTERING IN FALL 2022:</b> _____	<b>AGE ON 7/5/2022:</b> _____	<b>GENDER (Optional)</b> _____	<b>DATE OF BIRTH:</b> _____
<b>SCHOOL CURRENTLY ATTENDING:</b> _____		<b>LIST SIBLINGS REGISTERING FOR CIRCUS:</b> <i>(Please use separate form for each participant.)</i>	

**REQUIRED MEDICAL INFORMATION:**

1. Participants requiring medication administration during program hours must **submit** an [AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FORM](#) as signed by the child's Physician at the time of registration. Forms are available [online](#) and by request at 860-638-4511.
2. **List** medications currently in use and any conditions or other special needs concerning the participant that staff should be aware of. Also include seasonal and food allergies. **List** here:  
 \_\_\_\_\_
3. Physician's name and practice phone number: \_\_\_\_\_ Phone # \_\_\_\_\_

**BUSSER: PLEASE CHECK BOX IF YOU ARE REQUESTING BUS TRANSPORTATION.** Schedule will be provided 2 weeks prior to first day of program.

**PICK UP, LIST ALL AUTHORIZED NAMES HERE:** (Participants are released at dismissal only to those listed on this registration form as authorized, with ID.)

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

**I'M A NEIGHBOHOOD WALKER** Parent/Guardian Check here: \_\_\_\_\_

Walking alone w/permission **or**  Walking with a partner or sibling; and my walking partner's name is, list name/s here: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

<b>NAME PARENT/GUARDIAN 1:</b> _____		<b>RELATIONSHIP TO PARTICIPANT:</b> _____
<b>STREET ADDRESS:</b> _____		<b>CITY/STATE/ZIP:</b> _____
<b>PRIMARY PHONE#:</b> _____	<b>SECONDARY PHONE#:</b> _____	<b>EMAIL ADDRESS: (Please print in all CAPS)</b> _____

NAME PARENT/GUARDIAN 2 or EMERGENCY CONTACT:		RELATIONSHIP TO PARTICIPANT:
STREET ADDRESS:		CITY/STATE/ZIP:
PRIMARY PHONE#:	SECONDARY PHONE#:	EMAIL ADDRESS: (Please print in all CAPS)

**CHOOSE TROUPE**  
Please note: troupe assignments are made by the Circus Administration and is not a part of the registration process.

Teeny Tiny Troupe: ages 5-7yrs. (must be 5yrs. by July 8th, 2022)  
 Core Circus Troupe: entering grade 3 (in fall of 2022) or age 8yrs., and up to age 15yrs.

**FEE RATE: City Ordinance § 14-22.1. Children's arts programs; fees.**

Resident Standard Rate	*Resident Reduced Rate	Waivers & Assistance	Non Resident Flat Rate
Fees are per each participant. Please note: new registrants must <b>submit</b> one proof of residency with completed registration form; copy of driver's license, tax bill or utility bill with name and address.	Use below weekly gross income chart for determining reduced rate. <b>Submit</b> verification with a copy of most recent IRS 1040, page one.	Households in receipt of benefits as supplied by the State of Connecticut Department of Social Services. <b>Submit</b> verification of benefits. <input type="checkbox"/> VERIFICATION OF BENEFITS	Fee per each nonresident participant. <input type="checkbox"/> \$600 EACH PARTICIPANT
<input type="checkbox"/> \$300 1 <sup>st</sup> PARTICIPANT	<input type="checkbox"/> \$120 1 <sup>st</sup> PARTICIPANT		
<input type="checkbox"/> \$180 2 <sup>nd</sup> SIBLING	<input type="checkbox"/> \$60 2 <sup>nd</sup> SIBLING		
<input type="checkbox"/> \$120 EACH ADDITIONAL SIBLING	<input type="checkbox"/> \$60 EACH ADDITIONAL SIBLING		
<input type="checkbox"/> \$120 EACH ADDITIONAL SIBLING	Please refer to the *Income Eligibility Guidelines Chart. A copy is available at the link provided and at the Arts Office.		

**PARENT/GUARDIAN INITIALS/SIGNATURES ARE REQUIRED AFTER READING THE FOLLOWING INFORMATION!**

**INITIALS REQUIRED - Use Check Box**

**MEDICAL RELEASE/PARENTAL PERMISSION:** I hereby give permission for my child to participate in the KIDS ARTS program. I hereby give permission for my child's photograph or video image to be used for program and/or organization promotional purposes. 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 injuries or damages caused by or resulting from participation in this program. A photo static copy of this waiver form with my signature shall be considered as valid as the original.

**BUSSING POLICY:** I have read and acknowledge all bussing information as outlined in the [Participant Guide](#) available on our city website.

**DISMISSAL POLICY:** I agree to sign out my child with his/her counselor at dismissal each day at 3 p.m. and I will provide identification. I give permission to the authorized persons listed on this document to pick up my child from the program.

**REFUND POLICY:** I understand and agree that no refunds will be given after July 5, 2022 or for circumstances beyond the control of KIDS ARTS (e.g. weather, equipment failure).

**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.

**PARENT GUIDE:** I hereby agree that I have read and will abide by the policies and participant rules as outlined in the [Participant Guide](#) available on our city website.

**COVID19:** The Kids Arts/Oddfellows Playhouse will adhere to all guidelines set forth by the Office of Early Childhood, federal, state and local public health with regard to COVID19. Specific guidelines will be posted on the Arts Office [website](#) when available. I understand that my child's participation in any Kids Arts program is contingent upon compliance with CDC guidelines and COVID19 protocols and Kids Arts reserves the right to remove any enrolled participant for failure to follow COVID protocols and procedures.

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PAYMENT and/or VERIFICATION OF BENEFITS ARE REQUIRED AT TIME OF REGISTRATION!**

Email submissions and credit card payments are not accepted at this time.

**SUBMIT PAYMENT:** Amount \$\_\_\_\_\_ Payable to City of Middletown

**DELIVER TO:** City of Middletown, ATTN: Arts & Culture Office, Room B-11  
Municipal Bldg., 245 DeKoven Drive, Middletown, CT 06457 860-638-4511 | [arts@middletownct.gov](mailto:arts@middletownct.gov)

This form and all supplemental documents are made available at:  
<https://www.middletownct.gov/296/Kids-Arts-Summer-Enrichment-Program>

Office use only:     Medical Form     Verification of Benefits    \_\_\_\_\_ Date Processed    \_\_\_\_\_ Staff Initials    \_\_\_\_\_ Amt. rcvd.    \_\_\_\_\_ Ck#/CASH