



Summer Sunshine Registration

Participant Information

Child's Name: _____ Date of Birth: _____ Male/Female: _____

*Address: _____ City: _____ Zip Code: _____

**Please note that all correspondence will be sent to this address.*

Child is living with: Both Parents Mother Father Other (relationship: _____)

Special Concerns/Medical Concerns/Allergies: _____

If your child requires an epi-pen or emergency medication during program hours, the **Authorization for the Administration of Medication by Summer Sunshine Staff** form (available at www.newingtonct.gov/parksandrec) must be completed by the authorized prescriber (doctor, physician, PA, APRN) and submitted with this registration form at the time of registration.

Registration Information

Please check the appropriate box(es):

Summer Sunshine is open to children ages 3 & 4

Non-residents welcome!

Hours: 9 a.m. - 2 p.m.

Optional Extended Care:
8 a.m. - 9 a.m.

Week:	Program Dates:	Extended Care:	Office Use:
Week 1	<input type="checkbox"/> Monday and Wednesday, June 20, 22	<input type="checkbox"/> Extended Care	
	<input type="checkbox"/> Tuesday and Thursday, June 21, 23	<input type="checkbox"/> Extended Care	
Week 2	<input type="checkbox"/> Monday and Wednesday, June 27, 29	<input type="checkbox"/> Extended Care	
	<input type="checkbox"/> Tuesday and Thursday, June 28, 30	<input type="checkbox"/> Extended Care	
Week 3	<input type="checkbox"/> Tues., Wed., and Thurs., July 5, 6, 7	<input type="checkbox"/> Extended Care	
Week 4	<input type="checkbox"/> Monday and Wednesday, July 11, 13	<input type="checkbox"/> Extended Care	
	<input type="checkbox"/> Tuesday and Thursday, July 12, 14	<input type="checkbox"/> Extended Care	
Week 5	<input type="checkbox"/> Monday and Wednesday, July 18, 20	<input type="checkbox"/> Extended Care	
	<input type="checkbox"/> Tuesday and Thursday, July 19, 21	<input type="checkbox"/> Extended Care	
Week 6	<input type="checkbox"/> Monday and Wednesday, July 25, 27	<input type="checkbox"/> Extended Care	
	<input type="checkbox"/> Tuesday and Thursday, July 26, 28	<input type="checkbox"/> Extended Care	

Six Weeks of FUN Themes!

- ⊗ Week 1: Welcome To Camp
- ⊗ Week 2: Awesome Oceans
- ⊗ Week 3: Holiday Celebrations
- ⊗ Week 4: Beach Bums
- ⊗ Week 5: Nature Nuts
- ⊗ Week 6: School Skills

Program Fees and Extended Care Fees

Program Fees:

<u>Two Days per week</u> Fee per week Residents: \$70 Non-Residents: \$85	<u>Four Days per week</u> Fee per week Residents: \$125 Non-Residents: \$150	<u>Four Days per week</u> <u>for all 6 weeks:</u> Residents: \$625* Non-Residents: \$750*
<i>(Week 3: Residents: \$105 / Non-Residents: \$127.50)</i>		

Extended Care Fees: (8:00 - 9:00 a.m.)

<u>Two Days per week</u> Fee per week Residents: \$15 Non-Residents: \$20	<u>Four Days per week</u> Fee per week Residents: \$25 Non-Residents: \$35	<u>Four Days per week</u> <u>for all 6 weeks:</u> Residents: \$150* Non-Residents: \$175*
<i>(Week 3: Residents: \$22.50 / Non-Residents: \$30)</i>		

* To be eligible for the discounted rates, you must register and pay for all 6 weeks at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

Payment Information

Register by mail, fax (860-665-8739) or in-person at the Parks and Recreation office

Please Circle Payment Method: Cash Check Visa Mastercard Discover Debit

Checks Payable To: Newington Parks & Recreation (131 Cedar Street, Newington, CT 06111)

Credit Card # _____ Exp. Date ____/____

Security Code (on back of card) # ____

Signature for Credit Card Use: _____ Date: _____

Total Amount Due:
\$ _____

Parent Information

Parent #1 Name: _____ Cell Phone: _____

Parent #1 Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Parent #1 Business Address: _____ Title: _____ Work Phone: _____

Parent #2 Name: _____ Cell Phone: _____

Parent #2 Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Parent #2 Business Address: _____ Title: _____ Work Phone: _____

Emergency Contact Information

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to pick up the child from the program and make decisions regarding medical treatment in case a parent/guardian cannot be reached.

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pick-Up Authorization

I hereby authorize the three individuals named below to pick up my child from the Newington Parks & Recreation Department's Summer Sunshine Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parent/guardian(s) who has signed the bottom of this form has permission to make changes to the people named below. Parent/guardian must be included on this release (both parents/guardians may be included), and a total of three authorized persons must be listed.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Liability Releases:

Assumption of Liability:

Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers.

Emergency Medical and Surgical Treatment Release: The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following: Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routing diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

I agree with both of the release statements above.

Parent #1 Signature

Parent #2 Signature* (optional)

Date

**Only the parent(s) signing this form is/are authorized to make changes on this form, including adding/removing authorized pick-ups.
All changes must be made in person at the Parks and Recreation office.*