

MIDDLE SCHOOL SUMMER ACTIVITY PROGRAM – 2019
REGISTRATION FORM
(REGISTRATION DATES: MARCH 4 – MAY 28)

NAME OF PARTICIPANT _____	CURRENT SCHOOL _____	GRADE _____
ADDRESS _____	HOME PHONE _____	FALL 2019 _____
PARENT/GUARDIAN #1 _____	CELL PHONE _____	
EMAIL ADDRESS _____		
PARENT/GUARDIAN #2 _____	CELL PHONE _____	
EMAIL ADDRESS _____		
EMERGENCY CONTACT/PHONE _____		
<i>(THIS SHOULD BE SOMEONE OTHER THAN PARENT WHO IS AVAILABLE TO PICK UP CHILD DURING PROGRAM HOURS)</i>		

PROGRAM DATES: (Circle weeks Requested)

- | | |
|-----------------------------|-----------------------------------|
| Week 1: June 24, 25, 26, 27 | Week 4: July 15, 16, 17, 18 |
| Week 2: July 1, 2, 3, 5 | Week 5: July 22, 23, 24, 25 |
| Week 3: July 8, 9, 10, 11 | Week 6: July 29, 30, 31, August 1 |

FULL SIX WEEKS (6/24 – 8/1)

(Week 2: no camp Thursday 7/4 due to holiday; camp Friday, 7/5 instead)

\$500 for 6 WEEKS _____
 \$90 per INDIVIDUAL WEEK _____

(Limited scholarship assistance is available based on financial need. Please indicate on this form and include a \$25 non-refundable administrative fee for the program. A scholarship form will be returned with confirmation of registration packet. Please follow those guidelines carefully, and return form with ALL supporting documentation to this office by April 26. You will be notified of award/determination after May 20 with any remaining balance due by May 31. Scholarship award does NOT cover any applicable admission/entrance fees.)

Please indicate if requesting scholarship application: _____ (Please include \$25 non-refundable administrative fee with registration form.)

FOR OFFICE USE ONLY: TOTAL DUE: _____ AMOUNT PAID _____ CHECK #: _____

Please make checks payable to: TOWN OF DARIEN, and return them to:
 YOUTH COMMISSION
 2 RENSHAW RD.
 DARIEN, CT. 06820: ATTN: MSSAP

NOTE: ALL FIELD TRIPS ARE EXTRA. SCHOLARSHIP AWARD DOES NOT COVER ANY APPLICABLE ADMISSION/ENTRANCE FEES. PAYMENT PER TRIP MUST BE BROUGHT IN THE DAY OF THE EVENT. PLEASE KEEP IN MIND THAT WE RELY ON PARENT VOLUNTEERS TO DRIVE TO OUR LOCAL FIELD TRIPS.

-Please complete Medical Information on Reverse-

DARIEN YOUTH COMMISSION MEDICAL INFORMATION

Please complete the following information regarding your child's health

Child's Name _____

Physician's Name & Address _____ Phone _____

Date of last physical exam _____

Is your child in good physical condition? Yes _____ No _____

Does child have any physical condition that staff should be aware of? Yes _____ No _____

If so, please describe _____

Please list any allergies your child has: _____

Is your child required to take medication during program hours? Yes _____ No _____

If yes, please describe _____

(Please be advised that if your child needs medication during program hours, a completed Authorization to Administer Medication form must be completed by physician & returned to NYC prior to program start date. Additionally, medications must be in original container and be given to Camp Director at the start of each week.)

Please provide any additional information regarding your child which may be helpful to our summer camp staff

In the event of injury or illness, and reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Middle School Summer Activity Program.

Signature of Parent/Guardian _____ Date _____