

# 2021 Thompson Summer Camp Registration

June 28, 2021 - August 6, 2021

Thompson Public School

North Grosvenordale, CT

Camper's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

## Payments:

\$25 non refundable deposit due per week at time of registration. Final balance is due June 21<sup>st</sup>.

Weekly rate: 5 days \$155.00 Residents - \$180.00 Non-Residents

3 days \$125.00 Residents - \$145.00 Non-Residents

Groups (grade going into in fall 2021)

Red Group (Grades 1 & 2) \_\_\_\_\_

Blue Group (Grades 3 & 4) \_\_\_\_\_

Green Group (Grades 5 & 6) \_\_\_\_\_

Yellow Group (Grades 7 & 8) \_\_\_\_\_

Week(s) attending:

Week ONE 6/28/21 – 7/2/21 \_\_\_\_\_

Week TWO 7/6/21 – 7/9/21 \_\_\_\_\_

Week THREE 7/12/21 – 7/16/21 \_\_\_\_\_

Week FOUR 7/19/21 – 7/23/21 \_\_\_\_\_

Week FIVE 7/26/21 – 7/30/21 \_\_\_\_\_

Week SIX 8/2/21 – 8/6/21 \_\_\_\_\_

Office Use Only: \$\$ Collected at Registration: \_\_\_\_\_ Date Entered: \_\_\_\_\_

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Does your child have a prescribed EPI Pen Yes\_\_\_\_ No\_\_\_\_  
If yes, what allergies is EPI Pen prescribed?  
\_\_\_\_\_

Does your child have a prescribed Inhaler Yes\_\_\_\_ No\_\_\_\_

Does your child have any food allergies Yes\_\_\_\_ No\_\_\_\_

If yes, what are they? \_\_\_\_\_

Does your child have any medical conditions camp staff should be aware of?  
Yes\_\_\_\_ No\_\_\_\_

If yes, please describe. \_\_\_\_\_

Does your child require any medications during camp hours?

Yes\_\_\_\_ No\_\_\_\_

If yes, additional forms will be required.

Emergency Contact/Authorized Pick Up #1:

Name/number \_\_\_\_\_

Emergency Contact/Authorized Pick Up #2:

Name/number \_\_\_\_\_

Emergency Contact/Authorized Pick Up #3:

Name/number \_\_\_\_\_

Emergency Contact/Authorized Pick Up #4:

Name/number \_\_\_\_\_

I grant permission to Thompson Recreation and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child while at Thompson Recreation's activities for any lawful purpose and in any medium. Yes:\_\_\_\_ No\_\_\_\_

Additional forms to be filled out:

COVID Informed Consent

Hospital Medical Information

Summer Camp Disclaimer/Agreement

Your signature confirms that all statements above are true.

Name (Printed): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_