



Hartford Friendship Kids' CAMP REGISTRATION

Today's date _____

All forms must be completed and signed by a parent or guardian for it to be accepted. We are especially reaching out to youngsters from Hartford and East Hartford between the ages of 6 -13. Please clearly print all information except signatures. Print email addresses clearly.

Camper Name _____ Birth Date ___ / ___ / ___ Age ___ Gender M / F
Street Address _____ Hartford, East Hartford, CT Zip Code _____
For demographic purposes, the head of our household is Male ___ Female _____
Parent/Guardian 1 _____ email address _____
Home (___) _____ Work(____) _____ Cell(____) _____
Parent/Guardian 2 _____ email address _____
Home(____) _____ Work(____) _____ Cell(____) _____

If Parent/ Guardian cannot be reached in case of an emergency, please contact
_____ phone _____

Registration cost (non refundable) **\$20.00** for only one child or **\$30.00** per family. Cost is ***\$60.00- \$65.00 weekly** for each camper from Hartford or East Hartford due **MONDAY**.
Include payment with registration.

1. Has your child ever been registered for HFKC before? Yes No
2. Is your child required to attend summer school? Yes No
3. My child will attend (check one): All day Half Day Two weeks Entire session

Name of other campers from same household:

- I have provided a copy of my child's current report card.
- I hereby give my permission for the above named child to be transported to and from sponsored activities by authorized and licensed personnel of the HFKC. I also understand that should my child present a severe behavioral problem or seriously violate any trip rules, I'll be notified and arrangements will be made to send the child home. If your child requires 1 – on – 1 supervision, you'll need to arrange for that supervision.

Parent's Signature _____

Your Child's Health

Please indicate if your child has had any of the following injuries, conditions, or illnesses:

- Asthma Frequent Ear Infections Seizure Disorder Diabetes GI Disorders
- Heart Problems ADD/ADHD Muscular/ Psychiatric Diagnosis
- Other _____

Allergies List ALL Known Allergies. Describe usual reaction and treatment.

Allergy _____ **Reaction** _____

Treatment _____

Allergy _____ **Reaction** _____

Treatment _____

Child's Doctor/ Clinic _____ Telephone # _____

Hospital of choice: ___ Hartford Hospital ___ St. Francis ___ UCONN ___ Other _____

Does your child have any medical problems, injuries or special restrictions? Yes ___ No ___

If yes, explain _____

**If medications need to be administered by staff or by child during the camp day, your child's pediatrician must complete a form.*

List any major illnesses in the last year _____

Does your child have any special needs / disabilities that require extra adult supervision? If yes, please explain: _____

Please record any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past 2 years; and any other health related information or further suggestions for camp personnel (attach additional information if necessary)

Vegetarian? Yes / No Any Other Dietary Concerns?

My child's immunization shots are up to date.

I have provided proof of the same.

Health Insurance Information

Does child have health insurance? Yes No If yes, is it HUSKY? Yes/ No (For HUSKY call 1-877- CT HUSKY)

I, _____, the parent and /or legal guardian of _____, a minor child, hereby acknowledge that my child is presently under my care, custody and control. I hereby give my child express permission to participate in the activities at the Hartford Friendship Kids' Camp. I also give my permission to the Hartford Friendship Kids' Camp, its staff persons and its representatives, or any attending physician, to make decisions and perform such medical treatments and/or surgery upon my child, which may in their sole discretion be necessary and proper under the circumstances. I do release and covenant to hold harmless HFKC, its agents and employees from any and all damages or liabilities arising out of any sickness or injury incurred by my child during camp.

Parent's Signature _____

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions and likeness of any kind made of the child are and shall remain the property of the Hartford Friendship Camp. I give my permission that said works may be published, displayed, reproduced and circulated in any form by Hartford Friendship Camp with or without the child's name for commercial purposes or otherwise, including advertisement in any media and with or without any testimonial copy or other form of advertising or display.

Parent (or Guardian's) Signature _____ Date _____

Telephone or Cell Contact _____

Email Address (print clearly please) _____

HFKC Camper Intake Form to Determine Demographics Year _____

Child's First Name _____ M.I. _____ Last Name _____

Address _____ Zip Code _____

City: Hartford/ East Hartford/ Other _____

Gender _____ Date of Birth _____ Age _____

Last School Attended _____ Grade your child is entering _____

Does your child have any special needs? _____ If yes, what? _____

Race or Ethnicity	Check Below
Black or African American	
Hispanic/ Puerto Rican	
White	
Other	

Please complete and return to Mrs. Clara Ruffin, 149 Ridgefield St, Hartford, CT 06112