

**MERIDEN COMMUNITY CAMP REGISTRATION PACKET INDIVIDUAL INFORMATION**

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade is Entering in September 2019: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Names and ages of other children in the family:  
\_\_\_\_\_

Are there familial situations or arrangements that you would like MCC to be aware of? If so, please explain:  
\_\_\_\_\_

Does your child have any allergies, food restrictions or medical problems? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Is your child fully independent in the bathroom? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you prefer we attempt to wake your child by a certain time? If so, please specify when.  
\_\_\_\_\_

Does your child need a carseat? If so, please be sure to provide one on Wednesdays. \_\_\_\_\_

Are there any physical, behavioral or special circumstances (incl IEP/504) we need to be aware of that could impact the safety of your child or others? If yes, please briefly share a bit about this and strategies to assist your child: \_\_\_\_\_  
\_\_\_\_\_

## General Permissions

Please check all that apply.

1. \_\_\_\_\_ Micah Dewey (director, licensed) may drive my child to field trips or for emergency purposes in her insured vehicle.
  
2. \_\_\_\_\_ My child may ride a Kimball Union Academy bus to the Lebanon Pool on Wednesdays or other field trips, driven by a licensed driver employed by KUA.
  
3. \_\_\_\_\_ My child may participate in physical activities such as running, hiking, climbing, and playing games.
  
4. \_\_\_\_\_ MCC staff may apply any brand of sunscreen and bug-spray to my child. If not, please make sure to pack one that your child can use and indicate any intolerances to products under "Individual Information."
  
5. \_\_\_\_\_ MCC staff, trained in CPR and first aid, may administer emergency and nonemergency medical care to my child if necessary.
  
6. \_\_\_\_\_ If my child agrees to it, MCC staff may make age-appropriate physical contact with my child, including hugs, high fives, hand holding, and lifting up or carrying if necessary.
  
7. \_\_\_\_\_ My child may walk off campus with MCC staff to the following destinations: Plainfield Elementary School playground, Kimball Union Academy Campus, Meriden Library, Meriden Deli, and Poor Thom's Tavern.
  
8. \_\_\_\_\_ My child may walk home or off campus unaccompanied after camp in order to leave for the day.

Parent/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTACT INFORMATION

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

The following people are permitted to pick up my child from camp (for the child's protection, anyone picking up the child should bring photo ID):

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

If parents cannot be reached in an emergency situation, the following people should be contacted:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Please attach a signed physical from your child's pediatrician to this document, ensuring your child's readiness to participate in all camp activities. Your child may not participate in camp activities until this has been received. Thank you!