

Farmington Camp Application and Contract

Registration begins February 15, 2010

*Completion of this form does not guarantee registration in camp.

* We do bill insurance for some camp services.

Childs Name: _____

Date of Birth: _____

Has your child ever attended camp ___ Yes ___ No If yes, where? _____

Does your child have special needs? ___ Yes ___ No If yes, briefly describe your child's needs below and complete the attached intake form. If your child does not have special needs, please complete page one only of intake form.

Clients who are new to the center are required to have a prescreening prior to acceptance into our camp program. This screening will be scheduled upon receipt of your registration form.

Thus, as indicated, completion of this form does not guarantee registration in camp

Are there any family issues that camp administration and staff need to be aware of (i.e. restraining orders, parent deceased, etc)?

Emergency Contact Information: (other than parents)

Sessions attending:

| | |
|-----------------------------|-----------------------------|
| ___ 6/28- 7/1 Pirates | ___ 7/26 – 7/29 Comedy Club |
| ___ 7/5 – 7/8 Mad Science | ___ 8/2-8/5 Outer Space |
| ___ 7/12 – 7/15 Sports Camp | ___ 8/9-8/12 Olympics |
| ___ 7/19 - 7/22 Camp Rock | ___ 8/16-8/19 Wild West |

Pick up authorization

Name: _____ phone _____ relationship to camper _____

Name: _____ phone _____ relationship to camper _____



Terms of Enrollment

- Camp opens June 28, 2010 and closes August 19, 2010. Camp sessions run Monday – Thursday 1-4 pm.
- Camp tuition of \$350.00 per week includes all daily on site activities and supplies. Tuition does not include out of clinic camp trips, snacks or lunches. Additional fees may apply for special off camp trips.
- Changing or adding sessions once you have registered is possible, space permitting. Please contact the office for any special requests.
- Sessions have a minimum and maximum required enrollment. The TCCD reserves the right to cancel any session and offer an alternative, or provide a full paid refund. For the security and wellness of all campers, TCCD requests a screening of children who are not current clients to assess the appropriate placement of children in camp programs.
- No refunds or substitutions for days or weeks due to camper illness, absence, or vacations.

Financial considerations

- For private payment clients a reservation deposit of \$100 per week, per session, per child is required with the application. Deposits will be deducted from the final balance which is due on or before May 3, 2010.
- Final payments are due not later than May 3, 2010. By signing the application for camp enrollment, I agree to pay the balance of camp fees by this due date.
- If payment in full is not received by close of business on May 3, 2010. Your child's space(s) will be forfeited.
- Payment methods: Credit card, Cash or Check.

Cancellation/ Refund Policy

- Private payment: If you wish to cancel your campers enrollment, we must receive written confirmation from you before it can be processed. \$50 per week, per camper is non-refundable. Remaining deposit will be refunded if cancellation occurs on or before April 30, 2010. Starting May 4, 2010 the entire deposit is non-refundable.
- Insurance clients: we require at least one (1) month notice if your camper is unable to attend a camp session. If notice is provide less than one (1) month prior to the start of camp you may be charged for full amount of \$350.00 for each session in which we are not given appropriate notice.
- Children who are unable to attend due to accident or illness resulting from him/her being at camp will be refunded any camp tuition that is not used. A physician's note must be provided.

Medical Considerations:

- TCCD will call the parents or caregiver listed if a camper gets ill or injured while at camp. In case of an emergency, all campers will be transported to the hospital by local emergency services. In all other cases parents will be required to pick up the camper.

I have read the camp enrollment terms above and agree to their conditions.

Parent or guardian signature: _____ Date _____

Permission slip - Acknowledgement of Risk

I acknowledge that there is some risk inherent in the use of the therapy equipment at this clinic, and I agree to indemnify and hold THE TALCOTT CENTER FOR CHILD DEVELOPMENT, LLC harmless from any and all losses and claims for any injuries or other damages occurring to myself or my child or our belongings from the use of therapeutic equipment.. I am aware that THE TALCOTT CENTER FOR CHILD DEVELOPMENT, LLC has established rules of safety and conduct and both the center and I agree to fully abide by these standards.

I have read and agree to abide by the above policies. *Initials* _____

I hereby give my child, _____ permission to engage in camp, group, and community based activities with the center staff. This includes utilizing the facility equipment for therapeutic services. I hereby acknowledge that I have been made aware and fully understand that there are certain elements of risk inherent in these activities in which my child/I are to voluntarily engage in.

I have read and agree to abide by the above policies. *Initials* _____