



## KIDDIE CAMP 2010 REGISTRATION FORM

1620 Newfield Avenue • Stamford, CT. 06905 • 203.322.6941 x 115  
 Website: [www.italiancenter.org](http://www.italiancenter.org) Email: [cturcio@italiancenter.org](mailto:cturcio@italiancenter.org)

**Each camper must have their own emergency form at the time of registration and all information must be completed in order to be processed**

Camper Name _____	2009/2010 Grade _____	Sex _____
Current School _____	Birth Date _____	Age _____
Home Address _____		
Street	City	State      Zip Code
Home Phone _____	Family Email _____	
Mother's Name (Mrs., Ms.) _____	Home Phone _____	
Cell Phone _____	Work Phone _____	Email _____
Father's Name (Mr.) _____	Home Phone _____	
Cell Phone _____	Work Phone _____	Email _____

<b><u>2010 CAMP DATES &amp; FEES</u></b>		<b><u>Member*</u></b>	<b><u>Non Member</u></b>
<b>8 Week Program:</b>	Monday, June 28 – Thursday, August 19	\$2,150	\$2,600
<b>6 Week Program:</b>	Monday, June 28 – Friday, August 6	\$1,612	\$1,950
<b>4 Week Program:</b>	Monday, June 28 – Friday, July 23	\$1,075	\$1,300
	Monday, July 26 – Thursday, August 19	\$1,075	\$1,300

A Sibling Discount of \$25.00 per 4 week session per additional child will be applied.  
 5% Early Bird Discount will be applied for accounts paid in full on or before Wednesday March 31, 2010.  
 \*You must be and remain a current member of the IC throughout the entire day camp season to receive the member rate.

The first day of camp is contingent upon the closing of the Stamford public schools. Camp is not in session on Monday, July 5.  
 Camp ends at 12:00 noon on Thursday, August 19 for all campers.

**All Campers must be toilet trained. No diapers or pull ups allowed.**  
 The Camp is located in the Italian Center Nursery School in the main building.

<b>SESSION REQUEST</b>	
Please indicate what session you would like to attend.	
_____	8 Week Session      June 28 through August 19
_____	6 Week Session      June 28 through August 6
_____	4 Week Session I    June 28 through July 23
_____	4 Week Session II   July 26 through August 19
<b>Kiddie Camp Hours are 9:00am to 1:00pm ~ Rain or Shine</b>	

**ITALIAN CENTER MEMBERSHIP STATUS**

The family must be a current member at the time of registration.

[ ] Current I.C. Member IC Membership Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ [ ] Non-Member

**ADDITIONAL CAMPER INFORMATION**

*Please respond to each of these questions to best help us provide a safe and fun camp environment for all campers.*

In order to better help your camper, please share any and all information or special circumstances regarding this camper. This should include any social or behavioral concerns, physical or medical issues, family situations, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this camper have any known allergies? [ ] Yes [ ] No If yes, please explain in detail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional comments or concerns that will assist our staff in supervising your child?

\_\_\_\_\_  
\_\_\_\_\_

**By signing this registration form, I understand that I am agreeing to the following:**

- A \$400.00 deposit along with this registration form is required in order to register my camper.
- All deposits and fees are non-refundable and non-transferable for any reason, including but not limited to camp closings, absences, family vacations or camper withdrawals.
- **All accounts must be paid in full by Friday, May 21, 2010.**
- **Each camper must have a valid health form on file by Friday May 21, 2010.**
- I understand that if my camper has food allergies, I must provide all snacks and food for my camper.
- I hereby permit my camper to participate in all of the Kiddie Camp activities and events while enrolled in the program. These activities can be onsite or offsite.
- I agree to abide by all of the Italian Center Kiddie Camp policies and procedures.
- I give permission for my camper to be included in camp pictures connected with the program.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\*\*\*\*\*KIDDIE CAMP OFFICE USE ONLY\*\*\*\*\*

Deposit Amount \$ \_\_\_\_\_ Method [ ] Cash [ ] Visa [ ] MC [ ] Discover [ ] Check # \_\_\_\_\_

Name on check \_\_\_\_\_

Health Form on file dated \_\_\_\_\_

Emergency Form on file \_\_\_\_\_