



Summer Escape Camp Enrollment 2019



RETURN TO EDUCATIONAL RESOURCES FOR CHILDREN, 174 SOUTH RD., SUITE 200, ENFIELD, CT 06082 ♦ 860-253-9935 ♦ ENROLL ON-LINE AT WWW.ERFCINC.ORG

CHILD'S INFORMATION

Child's Full Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address:		Home Phone:	
Family Email:		Cell Phone:	
School in Sept:	Grade in Sept :	Transportation : <input type="checkbox"/> Walk <input type="checkbox"/> Pick-up <input type="checkbox"/> AM Bus <input type="checkbox"/> PM Bus (Route 5 & Brainard Rd. Only)	

Providing demographic information is <u>voluntary</u> , needed for grant funding to provide financial assistance and subsidized rates.	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent & Stepparent <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other	Child's Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other _____	Primary Language: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____
Child's School Lunch Status: <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> No - Not Free/Reduced			

SCHEDULE & RATES

**RATES ARE WEEKLY
NO DAILY OR HALF-DAY RATE**

Full Weekly Rate \$190.00
 Multi Child / Week \$180.00
 Subsidized Rate \$ 80.00*

WEEK #1 RATES (3-DAYS)

Full Weekly Rate \$125.00
 Multi Child / Week \$115.00
 Subsidized Rate \$ 55.00*

* Must qualify for School Free or Reduced Meal Program through Enfield Public Schools. Enfield residents only.

PARENT/LEGAL GUARDIANS - PRIMARY CONTACTS

COMPLETE EMPLOYMENT CONTACT REQUIRED BY LICENSING — DO NOT LEAVE BLANK

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to Child		
Email Address		
Home Address		
Home Phone		
Cell Phone		
Employer		
Work Address		
Work Phone		

Early Start / Late Stay Rates

Early Start 7- 8am \$25/wk
 Early Start Week 1 \$20
(No Subsidized Rate for Early Start)

Late Stay 3-6 pm \$85/wk
 Late Stay Week 1 \$60
 Late Stay Subsidized \$50/wk
 Late Stay Subs Wk 1 \$35

ALTERNATE LOCAL PICK-UP / EMERGENCY CONTACTS

TWO Required in Addition to Parent(s)
Must be over age 18 and be able to arrive at camp within 20 minutes.

	Contact 1	Contact 2
Name		
Relationship to Child		
Home Address		
Home Phone		
Cell Phone		
Work Phone		

Select Weeks To Attend

Wk 1: Where in the World is Mr. Dave? ____ Jul 1-3

Wk 2: Animal Planet Week
____ Jul 8-12

Wk 3: Superheroes Week
____ Jul 15-19

Wk 4: Olympic Sports Week
____ Jul 22-26

Wk 5: Pursue the Clue Week
____ Jul 29-Aug 2

Wk 6: Summer Escape's Got Talent Week
____ Aug 5-9

Wk 7: Carnival Week
____ Aug 12-16

TURN OVER — PAGE 2 MUST BE COMPLETED

\$ _____ TOTAL FEES

Southwick Town Beach, Lake Congamond

Once each week campers will take a bus at 10:00 AM, from *Summer Escape* at Eli Whitney School to Southwick Beach, located at 14 Beach Road, Southwick, MA. Campers will remain at the beach from approximately 11:00 AM until 2:00 PM and return to camp by 2:45 PM. This is a public beach that will have extra lifeguards on duty to accommodate our numbers. For more information about Southwick Town Beach call 413-569-5701.

I hereby give my permission for (child's name) _____ to attend *Summer Escape* trips to Southwick Beach.

Please check each date that you give permission to participate in this beach trip (NO TRIP DURING WEEK #1):

July 11 July 18 July 25 August 1 August 8 August 15

Print Your Name: _____ Signed: _____

Relationship to Camper: _____ Date: _____

Enfield Public Library Trips

Each week campers may have the opportunity to visit the Enfield Public Library, located at 104 Middle Rd., Enfield. Campers will walk with their team leaders to the library from Summer Escape at Eli Whitney School and walk back to Summer Escape camp. Please indicate permission for your child to participate in this field trip:

Signed: _____ Print Your Name: _____ Date: _____ Relationship to Camper: _____

Enfield Twin Rinks

Campers will visit Twin Rinks Skating Rink, located at One Prior Rd., Enfield, during weeks 2, 3, 4, & 7 for ice skating. No experience is necessary! Campers will take a bus from camp, leaving at 8:30 AM, returning to Summer Escape by 11:30 AM. Your child will attend both days each week skating is offered. Optional activities are offered for campers who do not wish to skate. Please check each week that you give permission to participate in this field trip, sign and date. **SKATERS MUST BRING THEIR OWN BIKE OR HOCKEY HELMET TO SKATE.**

Wk #2 July 9 and 10 **Wk #3** July 16 and 17 **Wk #4** Jul 23 and 24 **Wk #7** August 13 and 14

Print Your Name: _____ Signed: _____

Relationship to Camper: _____ Date: _____

Please INITIAL (DO NOT CHECK) each statement:

- _____ I give permission for my child to take part in *Summer Escape* activities.
- _____ I will send my child to camp each day wearing sneakers with socks and understand that no sandals, flip-flops or open-toes shoes are allowed.
- _____ I give my consent to *Summer Escape* to provide snacks, drinks and meals to my child during camp time. If my child has any food restrictions or allergies, I will explain the allergy on this form below and provide their drinks, snacks and lunch each program day.
- _____ If needed, I will provide sunblock/sunscreen for my child and understand that **no aerosol sunscreen** is allowed.
- _____ I give my consent to *Summer Escape* to photograph or video my child during program activities, to be used for educational and public relations purposes. You may opt out by writing "NO".
- _____ I have read and understand the Summer Escape Parent Handbook, including Section XI on Discipline & Dismissal, and understand that I may be called to pick up my child immediately if behavior violates this policy. Summer Escape Policies are available at www.ercinc.org or by calling 860-253-9935

CHILD'S HEALTH INFORMATION

Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Does your child take any medicine regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Child's Physician Name required by licensing:	Physician Address & Phone:

Please include any other information that will help us best support and ensure your child's success in the program:

All children must have a Connecticut Health Assessment Record (current within one year of start date) on file with ERfC before attending Summer Escape. This form is available at www.ercinc.org or by calling 860-253-9935.

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD

In the event that my child develops a medical problem which ERfC personnel feel requires my immediate evaluation, I or those persons whom I have designated as emergency contacts will be contacted. I understand that I will be required to immediately pick-up my child or arrange for my child to be picked up if they develop any of the following: contagious disease, fever over 100°F, vomiting or diarrhea. My child will be moved to an area away from the other children and a staff member will remain with my child at all times until I (or my designated pick-up person) arrive.

In the event that my child has a **medical emergency** while in the care of the ERfC, I understand that the following procedure will be followed:

1. Summer Escape has at least one First Aid/CPR Certified staff member on duty at all times. The staff, after determining that a medical emergency exists, will call 911. If necessary, staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive. The necessity of transportation to a hospital will be determined by the EMT's.
2. Every effort will be made to contact you before the child is taken to the nearest hospital. If a parent cannot be reached, staff will contact an "emergency contact" that the family has provided.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that all information supplied here is, to the best of my knowledge, accurate and timely. I understand that any changes to this information up to and during the time my child attends Summer Escape will be given to the ERfC administrative office at 174 South Rd. Suite 200, Enfield, CT 06082, 860-253-9935 or through email at MyChild@erc.us.