



Dear Friends,

We are excited to offer another wonderful year at **Connecticut Friends School Summer Camp**, running this year from July 5 – July 29. The program will be held over a four-week session, weekdays from **9:00am -3:30pm at the CFS White Barn Campus** (on the Westport/Norwalk border).

CFS teacher Nicole Mentel will continue to direct CFS Summer Camp. The camp will consist of daily community-building games, arts and crafts, outdoor activities, and a themed activity based on "The Four Elements" (air, wind, water, fire). Additionally, nature-based content will be supplemented by field trips into the community. All snacks, supplies, and admissions tickets will be provided. Families are responsible for their child's daily bag lunch and appropriate clothing (i.e. clothes that can get messy, sneakers, bathing suits [for sprinklers] and a change of clothes).

EARLY REGISTRATION is due by Friday, April 15, 2011.

REGISTRATION is available on a rolling basis, space allowing.

PACKAGES are available either by week or the entire session:

Full Session: (July 5-29) \$1,550.00

Week One: (July 5-8) \$350.00

Week Two: (July 11-15) \$436.00

Week Three: (July 18-22) \$436.00

Week Four: (July 25-29) \$436.00

Special Offer!

Register by April 15, and take 10% off!

**We encourage both CFS students and non-CFS students to participate.
Please feel free to share this note with friends and neighbors.**

A limited amount of Financial Aid is available

For **Questions** Contact:
Camp Director Nicole Mentel
Nicole@CTFriendsSchool.org

To reserve a spot, complete the attached forms and return to:

Connecticut Friends School Summer Camp
Attention: Summer Camp Director
440 Newtown Avenue
Norwalk, CT 06851



Connecticut Friends School Summer Camp 2011 Registration Form

Please fill out one form for each camper

Full Name of Camper: _____ Birthday(M/D/Y): _____

Preferred Nickname: _____

Weeks this camper will be attending (check all that apply)

Week 1 (7/5-7/8)* Week 2 (7/11-7/15) Week 3 (7/18-7/22) Week 4 (7/25-7/29)

*Note: No Camp on Monday July 4, 2010 (Observation of Independence Day)

Name of 1st Parent or Guardian: _____

Mailing Address: _____

Email Address: _____

Phone numbers: _____

Name of 2nd Parent or Guardian (if any): _____

Mailing Address: _____

Email Address: _____

Phone numbers: _____

Who is responsible for camp fees for this child? _____

To what address should bills and correspondence be sent? _____

Name of Emergency Contact: _____

Mailing Address: _____

Email Address: _____

Phone numbers: _____

Please note your child's swimming ability: Circle one.

Non-Swimmer Beginning Swimmer Intermediate Swimmer Advanced/Strong Swimmer



Connecticut Friends School Summer Camp 2011 Schedule Of Fees

- Camp Fees are due in full at time of registration.
- Cancellation of Enrollment: If we receive notice in writing by May 15 we can refund 50% of camp fees. After May 15 all fees are non-refundable.

		Early Registration Paid by April 15	Registration After April 15
Full session	July 5-29*	\$ 1395.00	\$1550.00
Week One	July 5-8	\$ 315.00	\$ 350.00
Week Two	July 11-15	\$ 392.00	\$ 436.00
Week Three	July 18-22	\$ 392.00	\$ 436.00
Week Four	July 25-29	\$ 392.00	\$ 436.00
TOTAL:		\$ _____	

(Family Discount: Save \$25/week when registering additional campers from the same family!)

*Note: No Camp on Monday July 4, 2011 (Observation of Independence Day)

Payment enclosed (check one):

Check (made payable to "Connecticut Friends School", with "Summer Camp" noted in the memo)
 Credit Card MC VISA AMEX

Card # _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____

Name on Card: _____

Signature: _____

Please mail registration and payment to:
 Connecticut Friends School Summer Camp
 Attention: Summer Camp Director
 440 Newtown Avenue
 Norwalk, CT 06851



Emergency Information Form 2011

Date: _____

Blood Type (If Known): _____

Camper Name _____

Birthdate: _____

Allergies / Major Health Conditions / Current Medication: *required*; do not leave blank - write none if not applicable.*

Please Note: If your child requires medication (including over-the-counter) at camp, your doctor must complete an administration of medication form which is available from the office or can be downloaded from our website.

Emergency Contacts:

Parent/Guardian #1: _____

Home Phone _____

Work _____

Cell _____

Parent/Guardian #2: _____

Home Phone _____

Work _____

Cell _____

If Neither Parent/Guardian Can Be Reached, List Two Other Contacts Who Are Authorized To Act On Your Behalf.

Contact #1 _____

Relationship _____

Home Phone _____

Work _____

Cell _____

Contact #2 _____

Relationship _____

Home Phone _____

Work _____

Cell _____

Family Physician/Pediatrician _____ Phone _____

Address _____

Dentist _____ Phone _____

Insurance Provider _____

Member or Group # _____ Phone _____

Signature _____

(Parent Or Guardian)

Date _____

Name (printed) _____

Please note that Protected Health Information may be disclosed to faculty or staff if such information about allergies or other significant medical conditions is required in order to promote campers' health and safety.



2011 Medical Release Form

I hereby give permission to the employees of Connecticut Friends School Summer Camp to seek medical help for my child, _____, if it is deemed necessary and I am not available
(Child's Name)
to take my son/daughter myself. Also, Connecticut Friends School Summer Camp employees may make emergency medical decisions if I cannot be reached.

Signature _____
(Parent or Legal Guardian)

Date _____

Name _____
(Please Print)



Field Trip Permission Form

I hereby give permission for my son/daughter, _____, to accompany staff
(Child's Name)

and students from Connecticut Friends School Summer Camp on any Field Trips organized by the camp staff.

I understand transportation may be provided by private individuals in cars.

Signature _____
(Parent or Legal Guardian)

Date _____

Name _____
(Please Print)



**Written Order from an Authorized Prescriber and Parent/Guardian Permission
for Administration of Medication by CFS Camp Personnel – July 2011**

The Connecticut State Law and Regulations require a physician's, dentist's or advanced practice registered nurse's written order *and* a parent or guardian's authorizations for the director, teacher or other trained Camp personnel (in the absence of a nurse) to administer medications. For CFS *this includes common over-the-counter medications such as Tylenol, Advil, Benadryl, Tums and cold medicines.*

Prescription medications must be in the original pharmacy prepared containers and labeled with the name of the child, name of drug, strength, dosage, frequency, name of prescriber and date of original prescription.

Over the counter medication must be supplied by the parent in the original container and labeled by the parent with the child's name. *CFS does stock a select few over-the-counter medications. They are listed on the Attachment 1 to this form. We can administer these medications, not supplied by the parent, only with the signed approval of the parent and a doctor.*

The information on this form must be the same as the information on the prescription/non-prescription bottle label or the medication will not be administered.

Part I. To be filled out by physician, dentist, advanced practice registered nurse or physician assistant

1) Name of child (please print): _____ **Date of Birth:** _____

Condition for which drug is being administered during camp hours: _____

2) Medication (must match name on label): _____ **Date of Order:** _____

3) Dose: _____ **4) Method of administration:** _____ **5) Time:** _____

Duration of administration - from: (date) _____ to: (date) _____ (not to exceed one year)

Side effects to be observed, if any: _____ see package insert

Plan for management of side effects: call parent call health care provider other _____

Interaction of medication with food: _____ Allergies to food or medications? If YES, list

Is this a controlled medication? (check one) YES NO if YES, see reverse side

Permission to give at camp after parent notification (check one) YES NO

Permission for child to self-administer own medication (check one) YES NO

Licensed Prescriber's Name: (please print) _____ Telephone: _____

Address: _____ Licensed Prescriber Signature: _____

Name of Child _____

Connecticut Friends School Summer Camp

Written Order from an Authorized Prescriber and Parent/Guardian Permission for Administration of Medication by CFS Camp Personnel – July 2011 (continued)

Part II. Authorization by Parent/Guardian for the administration of the above medication

I hereby request that the above medication, ordered for my child by the physician, dentist or advanced practice registered nurse, be administered by the director, teacher or other trained Camp personnel. I understand that I must supply the Camp with the medication in the *original container*, dispensed and properly labeled by a pharmacist. Over the counter medication shall be in the original container and labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or following the end of the session for which the child is enrolled.

I confirm that I have given at least one dose of the medication to my child without any evidence of side effects or adverse reactions. (please initial) _____ *Note: this is not required for Epi-Pen[®] use.*

I give permission for my child to self-administer own medication (check one) **YES** **NO**

I authorize CFS staff to contact the pharmacist or prescriber for more information, if necessary, about this drug and side effects: **YES** **NO**

Medication must be delivered to the Camp office by an adult.

Parent or Guardian Name: (please print) _____

Signature: _____ Date: _____

Relationship to child: _____ Home Telephone No.: _____

For controlled substances, parent and administrator must fill out the following:

Amount/Quantity medication received: _____

Administrator's Printed Name: _____

Administrator's Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Signature of certified teacher/administrator receiving and reviewing this form:

_____ Date: _____

Connecticut Friends School Summer Camp

Written Order from an Authorized Prescriber and Parent/Guardian Permission

for Administration of Medication by CFS Camp Personnel – July 2011

Attachment 1

During the course of the camp session your child may come to the office and ask for non-prescription medications / treatments to help relieve symptoms of minor conditions such as poison ivy, headache or bug bite. The following items are normally available in our first aid locker in the camp office. CFS does not require that these items be provided by a parent. However, Connecticut law prohibits us from dispensing any medication without written approval from you *and* your child’s doctor as indicated on pages 1 and 2 of this form. Please put a check mark next to the medications that you *and* your child’s doctor approve of being administered to your child. You AND you child’s doctor must sign and date below. The administration of these medications is at the discretion of the CFS Staff.

<input type="checkbox"/> Tylenol® (Acetaminophen) <input type="checkbox"/> Acetaminophen Elixir <input type="checkbox"/> Acetaminophen Tablets 500 mg <input type="checkbox"/> Acetaminophen Children’s Chewable 80 mg	<input type="checkbox"/> Ibuprofen Tablets 100 or 200 mg (pain relief)
<input type="checkbox"/> Triple Antibiotic Ointment (wound cleaning)	<input type="checkbox"/> Sting Relief Swabs [Benzocaine: 20%]
<input type="checkbox"/> Calagel, Caladryl or Calamine Lotion (skin irritation relief)	<input type="checkbox"/> Tums [Calcium carbonate] (indigestion)
<input type="checkbox"/> Hydrocortisone Cream 1% (skin irritations)	<input type="checkbox"/> California Baby® No Fragrance SPF 30+ Sunscreen Lotion*
<input type="checkbox"/> Hydrogen Peroxide 3% (wound cleaning)	<input type="checkbox"/> Tick Guard® Spray** (Natural Tick Repellant)
<input type="checkbox"/> Sterile Eye Wash (eye irritations)	<input type="checkbox"/> Bach Kids Rescue Remedy® (natural relief from minor stress)
<input type="checkbox"/> Bactine (minor burn relief)	<input type="checkbox"/> Arnica Cream or Gel (Homeopathic treatment for bruises, sprains, and pains)
<input type="checkbox"/> Anbesol Ointment (tooth pain/canker sore)	<input type="checkbox"/> AfterBite® Kids (relief from insect bites/itching) [Eucalyptus Oil: 1.3%]
	<input type="checkbox"/> Ricola Sugar Free LemonMint Throat Drops

* Note: we recommend that you apply sunscreen to your child before camp. Teachers are not able to apply sunscreen to every student before going outside.

** We recommend checking Tick Guard.

We give permission for a trained CFS staff member to administer medications, as indicated above, in accordance with the label directions and with attention to the relevant side affects also listed on the label of the above medications.

Signature of Parent/Guardian: _____ Date: _____

Signature of Physician: _____ Date: _____