



Dear Friends,

We are excited to announce the premiere of the **Connecticut Friends School Summer Camp**, running this year from July 6 – July 30. 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).

Staffed by CFS teachers Tonya Burchette, Jonathan Hefter, and Nicole Mentel, as well as CFS graduates serving as interns, 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 the pool!] and a change of clothes).

**EARLY REGISTRATION** is due by April 15, 2010.

**REGISTRATION** is available on a rolling basis, space allowing.

**PACKAGES** are available either by week or the entire session:

**Full Session: (July 6-30) \$1,475.00**

**Week One: (July 6-9) \$332.00**

**Week Two: (July 12-16) \$415.00**

**Week Three: (July 19-23) \$415.00**

**Week Four: (July 26-30) \$415.00**

**\*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 email 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 2010 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 (7/6-7/9)\*  Week 2 (7/12-7/16)  Week 3 (7/19-7/23)  Week 4 (7/26-7/30)

\*Note: No Camp on Monday July 5, 2010 due to Holiday (Observation of Independence Day)

Name of 1<sup>st</sup> Parent or Guardian: \_\_\_\_\_

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

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

Phone numbers: \_\_\_\_\_

Name of 2<sup>nd</sup> 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



**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 6-30*	\$1327.50	\$1475.00
Week One	July 6-9	\$ 298.80	\$ 332.00
Week Two	July 12-16	\$ 373.50	\$ 415.00
Week Three	July 19-23	\$ 373.50	\$ 415.00
Week Four	July 26-30	\$ 373.50	\$ 415.00
TOTAL:		\$ _____	

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

\*Note: No Camp on Monday July 5, 2010 due to Holiday (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

Contact Camp Director Nicole Mentel at (203) 762-9860, Nicole@CTFriendsSchool.org with any questions.



**Emergency Information Form**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

**Allergies / Major Health Conditions / Current Medication:**

This is required information; do not leave blank, write none if not applicable. \* \_\_\_\_\_

If your child requires medication at school, your doctor must complete the enclosed administration of medication form.

**Emergency Contact Information:**

Blood Type (If Known) \_\_\_\_\_

**Parent I / Guardian:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Parent II / Guardian:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Family Physician/Pediatrician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Provider** \_\_\_\_\_

Member or Group # \_\_\_\_\_ Phone \_\_\_\_\_

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

(Parent Or Guardian)

**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 students' health and safety.*



## 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)

**Authorization For The Administration Of Medication By Camp Personnel 2009-2010.**

The Connecticut State Law and Regulations require an MD's, OD's, DD's, APRN's or PAC's written order and parent or guardian's authorization for the principal or teacher (in the absence of a nurse) to administer medication. *This includes common over-the-counter medications such as Tylenol, Advil and Tums.*

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.

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**Physician Or Dentist's Order**

Name of child (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Condition for which drug is being administered during school hours: \_\_\_\_\_

\_\_\_\_\_

DRUG: Name, dose and method of administration: \_\_\_\_\_

\_\_\_\_\_

Duration of administration: from: (date) \_\_\_\_\_ to: (date) \_\_\_\_\_

Is this a sample medication? (check one)  YES  NO

Lot. No.: \_\_\_\_\_

Is this a controlled drug? (check one)  YES  NO

DEA No.: \_\_\_\_\_

Relevant side effects to be observed, if any: \_\_\_\_\_

If there are any side effects, what is the plan for management: \_\_\_\_\_

\_\_\_\_\_

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

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

Authorized Prescriber's Name: (please print) \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Authorization by Parent/Guardian for the Administration of the Above Medication by Camp Personnel**

I hereby request that the above medication, ordered by the MD, OD, DDS, APRN or PAC for my child, be administered by camp personnel. I understand that I must supply the camp with the medication in the *original container*, dispensed and properly labeled by a pharmacist and will provide no more than a 30-day supply of said medication.

I wish the medication to be administered on field trips and shortened days (check one).  YES  NO

I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order or at the close of camp.

*Medication must be delivered to the Connecticut Friends School Camp office by an adult.*

Parent or Guardian Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_



## 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)