











# COUNTRY KIDS

## Calendar of Events



June 24th-August 22nd

	<b>Monday</b> Chicken Tenders & Fries	<b>Tuesday</b> Pizza Day	<b>Wednesday</b> Hot Dog Day	<b>Thursday</b> Pizza Day	<b>Friday</b> Subway Day (Order by Tue.)
<b>Week 1</b>	24 <b>June</b>  Ice breaker games	25  bounce house	26  Friendship Bracelets	27 <b>The Cave</b>	28  ice cream social
<b>Week 2</b>	July 1 	2  sunglasses day	3  fire cracker Pops	4  closed	5 
<b>Week 3</b>	8  summer olympics	9  picture day	10 spaghetti bridge	11 Theater Thursday	12 <b>Lake Compounce</b>
<b>Week 4</b>	15  mixed up Monday	16  bounce house	17 18 <b>Foam Party</b> 19 <b>CLUB GETAWAY (Overnight)</b>		
<b>Week 5</b>	22  silly socks	23  waterslide	24  water wars	25 <b>Quassy</b>	26 Free Choice Friday
<b>Week 6</b>	29 	30  tie dye tuesday	31  egg drop	Aug 1 <b>Xtreme Play</b>	2  pajama day
<b>Week 7</b>	5  minute to win it	6  superhero day	7  wacky hair day	8 <b>Game Truck</b>	9  face paint friday
<b>Week 8</b>	12  backwards day	13  slime time	14  balloon games	15 <b>SPLASHDOWN</b>	16  S'mores Day
<b>Week 9</b>	19  good bye goodies	20  T-Shirt Signing	21  so long sno cones	22 <b>Quassy</b>	23 <b>Camp Closed</b>
	24	25	26	27	28

**Interim Week Limited Availability**

# 2024 Summer Camp Rates



## Weekly Rates

- \$325 - 8:30 AM - 4:00 PM
- \$360 - 7:00 AM - 6:00 PM

## Short Weeks

7/1 - \$200 - 8:30 AM - 4:00 PM

\$220 - 7:00 AM - 6:00 PM

8/19 - \$260 - 8:30 AM - 4:00 PM

\$288 - 7:00 AM - 6:00 PM

## Club Getaway ( week 4 )

\$575 for the week - 5th & 6th Grade

## Activity Fees

\$75 One time activity fee for new campers.

\$45 One time activity fee for alumni campers.

## Lunch options

- Mon: Chicken tenders and fries \$5
- Tue: \$3 Pizza per slice
- Wed: \$3 a Hot dog
- Thur: \$3 Pizza per slice
- Fri: Subway \$5 **(must be ordered by Tuesday)**

## Camp Must-Haves

- Camp shirts must be worn on all field trips
- Bathing suit, towel and sunscreen
- Socks and sneakers
- Extra snacks and water bottle
- Please make sure all of your child's belongings are labeled
- We are a nut free facility. **All food containing nuts are prohibited.**



## Additional Notes

- If you choose to buy lunch, we cannot accept check or credit card as payment.
- In order to be enrolled in camp, all health forms must be up to date along with all medications and accompanying paperwork. Failure to provide these forms upon registration will forfeit your child's place until the correct forms are submitted.

# TUITION BALANCE SHEET

Name: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Week	Dates	Field Trip	8:30AM-4:00PM \$325		7:00AM-6:00PM \$360
Week 1	Jun.24th-28th	The Cave	<input type="checkbox"/>		<input type="checkbox"/>
Week 2*	Jul. 1st-3rd	Happy Fourth	\$200 <input type="checkbox"/>		\$220 <input type="checkbox"/>
Week 3	Jul. 8th-12th	Lake Compounce	<input type="checkbox"/>		<input type="checkbox"/>
Week 4	Jul. 15th-19th	Foam Party	<input type="checkbox"/>		<input type="checkbox"/>
	Jul.17th-19th	Club Getaway Sleepaway (5th & 6th grade)	<input type="checkbox"/>		<input type="checkbox"/>
Week 5	Jul.22nd-26th	Quassy	<input type="checkbox"/>		<input type="checkbox"/>
Week 6	Jul.29th-Aug.2nd	Xtreme Play	<input type="checkbox"/>		<input type="checkbox"/>
Week 7	Aug.5th-9th	Game Truck	<input type="checkbox"/>		<input type="checkbox"/>
Week 8	Aug.12th-16th	Splashdown	<input type="checkbox"/>		<input type="checkbox"/>
Week 9*	Aug.19th-22nd	Quassy	\$260 <input type="checkbox"/>		\$288 <input type="checkbox"/>

\* Denotes short week of camp

- Camp shirts are included for 1st time campers. Alumni may order a shirt for an additional \$22.
- Cash, checks or credit cards are accepted. No refunds will be issued.
- Any changes made to registration after paperwork is submitted is subject to \$10 Processing Fee.
- In order to guarantee your child's spot, current health forms and medication paperwork must be submitted with registration.

Camp t-shirt size:

YS  YM  YL

AS  AM  AL  AXL  AXXL

Please mark the box for each week that your child will be attending. If your child is attending Club Getaway the total fee will be \$575 for the entire week.

Activity Fee \$ \_\_\_\_\_  
 T-shirt fee \$ \_\_\_\_\_

**Total family tuition** \$ \_\_\_\_\_

1/2 Tuition total due upon registration \$ \_\_\_\_\_

**Remainder due Friday May 31 2024** \$ \_\_\_\_\_

*A late payment fee of \$50 will be assessed after May 31 2024*

# REGISTRATION FORM

Kindly print – circle where appropriate. Please complete a separate registration for each child.

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Completed by June 2024: \_\_\_\_\_

Camper's Address \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Has your child previously attended Country Kids Summer Camp? Yes  No

Please list the name(s) of any siblings enrolled (if applicable): \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**In case of an emergency, if you cannot be reached, please give the names of two people who may be contacted:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have carefully read, fully understand, and agree to abide by all the policies and procedures in the Country Kids Summer Camp Handbook.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL RELEASE FORM

We are required by state law to maintain records on the following. Please read carefully and thoroughly complete each section.

## SECTION A: Topical Medication Permission

We must have the parent's written permission on file before we can apply non-prescriptive topical medications. Please check which medications we are authorized to use on your child by checking the appropriate box(es) and signing below.

Insect Repellent     Other non-prescriptive topical medications (such as sunscreen)

I, \_\_\_\_\_, authorize the use of these topical medications on my child.  
(Parent or Guardian)

## SECTION B: Emergencies

In cases of emergency, we follow one or more of the following procedures:

- Administer First Aid and/or CPR.
- Contact the emergency medical team.
- Contact our consultant pediatrician.
- Contact the parent or authorized relation.
- Contact the child's physician.

A staff member accompanies the child to the hospital and stays with the child until the parent arrives.  
Hospital Preference: If necessary, the child will be taken to Danbury Hospital unless otherwise indicated.

\_\_\_\_\_ - Hospital Preference (Danbury Hospital or New Milford Hospital only)

Before we may perform any of these procedures, we must have written authorization on file from a parent or guardian. Please sign the following:

I, \_\_\_\_\_, authorize Country Kids to perform any of the above  
(Parent or Guardian)  
emergency procedures deemed necessary.

## SECTION C: Medication and Allergy Alert

If your child takes medication daily, has any allergies or suffers from asthma, please provide the following information:

Allergies: \_\_\_\_\_ Medication

Authorization: When absolutely necessary, Country Kids may administer medications, accompanied by doctor's orders, with clear directions for dispensation, the name of the medication, the child's name clearly marked on the medication and turned into the administrative office.

I authorize administration of medication.     I **DO NOT** authorize administration of medication.

Child's Name: \_\_\_\_\_ Grade Completed by June 2024: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FIELD TRIP AUTHORIZATION FORM

\_\_\_\_\_ (Child's Full Name)  
has my permission to ride on a bus or van to camp approved events during the summer camp session. I understand that this authorization applies to all outings and field trips that may occur throughout the season, including those that may be determined on the day the trip will take place.

I understand and believe the necessary precautions and plans for the care and supervision of the children will be taken. Beyond this, we will not hold Country Kids Play Farm, Inc. or those supervising the trip responsible.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact Form

Child's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**ALLERGIES/SPECIAL HEALTH NEEDS:**

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
 Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SECTION B (Bank Account)

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

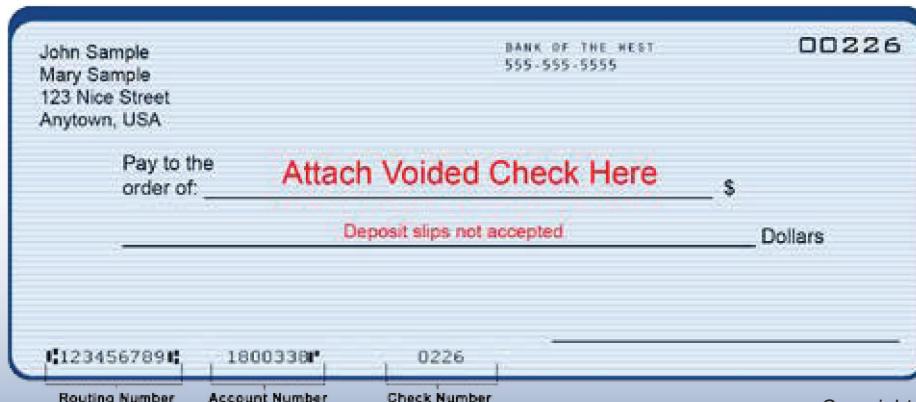
\_\_\_\_\_  
 Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

\_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_



A service of

