

# KIDCO Child Care Center

2175 Berlin Turnpike Newington, CT. 06111 (860) 667-7191

## 2026 CAMP APPLICATION

DATE: \_\_\_/\_\_\_/\_\_\_ DOOR ENTRY CODE: \_\_\_ \_\_\_ \_\_\_ \*

CHILD'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_ GENDER: M / F

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT 1 FULL NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

HOMEADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ HOURS: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ .com

PARENT 2 FULL NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ HOURS: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ .com

### **EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK UP YOUR CHILD (other than parent 1 or 2):**

1. NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ ALT. PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT:** Yes / No **AUTHORIZED TO PICK UP CHILD:** Yes / No

2. NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ ALT. PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT:** Yes / No **AUTHORIZED TO PICK UP CHILD:** Yes / No

3. NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ ALT. PHONE: (\_\_\_\_) \_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT:** Yes / No **AUTHORIZED TO PICK UP CHILD:** Yes / No

**PARENT(S) SIGNATURE:** \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS, ALLERGIES (FOOD OR MEDICATION), OR OTHER INFORMATION REGARDING YOUR CHILD THAT OUR STAFF SHOULD BE AWARE OF:

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**\*Note: A current physical (less than 3 years old) for your child must accompany application form.**

**EMERGENCY RELEASE**

IN A MEDICAL EMERGENCY, I GIVE PERMISSION FOR MY CHILD, \_\_\_\_\_, TO BE GIVEN EMERGENCY TREATMENT BY A STAFF MEMBER CERTIFIED IN FIRST AID. I ALSO GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED IN CASE OF A MEDICAL EMERGENCY TO THE NEAREST HOSPITAL.

**PARENT(S) SIGNATURE:** \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY AND A PARENT/GUARDIAN CANNOT BE CONTACTED, I GIVE PERMISSION FOR MEDICAL TREATMENT TO BE ADMINISTERED TO MY CHILD AS ADVISED BY AN ATTENDING PHYSICIAN.

**PARENT(S) SIGNATURE:** \_\_\_\_\_

**FIELD TRIP PERMISSION**

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN FIELD TRIPS OFFERED BY KIDCO IN WHICH THE CHILD MAY BE TRANSPORTED TO ANOTHER LOCATION BY EITHER A KIDCO BUS/VAN OR ALTERNATE BUS (DATTCO).

**PARENT(S) SIGNATURE** \_\_\_\_\_

CAMP WEEK SELECTIONS: **CHECK ALL THAT APPLY**

WEEK ONE: June 22 – June 26 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3 days (\$260)

WEEK SIX: July 27 – July 31 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3days (\$260)

WEEK TWO: June 29- July 3 \_\_\_\_\_ closed 7/3

Circle: Monday thru Thursday (\$270) \*no part time this week

WEEK SEVEN: August 3 - August 7 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3 days (\$260)

WEEK THREE: July 6 – July 10 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3 days (\$260)

WEEK EIGHT: August 10– August 14 \_\_\_\_\_

Circle: Monday thru Friday (\$315) \* no part time this week

WEEK FOUR: July 13 – July 17 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3 days (\$260)

WEEK NINE: August 17 – August 21 \_\_\_\_\_

Circle: Monday thru Friday (\$315) \* no part time this week

WEEK FIVE: July 20 – July 24 \_\_\_\_\_

Circle: Monday thru Friday (\$315) or 3 days (\$260)

**\*3 day spots based on availability , please indicate three days your child will be attending \_\_\_\_\_.**

A 10 hour schedule must be submitted with registration to allow for proper staff scheduling.

Circle One: 6:30-4:30

7:00-5:00

7:30-5:30

8:00-6:00

-----To Be Filled Out By KIDCO-----

# OF FULL WEEKS: \_\_\_\_\_ × \$315.00 = \_\_\_\_\_

# OF 3 day WEEKS: \_\_\_\_\_ × \$260.00 = \_\_\_\_\_

BALANCE DUE: \_\_\_\_\_`

Deposit Paid: Date: \_\_\_\_\_

Check# \_\_\_\_\_

Amount: \_\_\_\_\_