



## REGISTRATION — SUMMER CAMP 2020

Dear Friend,

We wanted to take the opportunity to update you regarding our summer camp during this unprecedented time that we are in. We have been in ongoing communication with the state to assure that we are up to date with accurate information about holding our annual camp. Our utmost concern is the health and safety of all of our customers. We also know how especially important the need for enrichment and socialization is for our children, as well as the need for childcare.

With all this considered, we are happy to announce that we WILL be open for summer camp! Due to the regulations, our class size will be limited to a max of 30 children in Shelton and 10 children in Bethel. Children in Shelton will be divided into consistent groups of 10 children each day spread out between our 3 divided rooms. All children will need to attend all 5 days of the week to assure consistency in class groupings. In addition, we are asking all new sign ups to register for full day camp at the new price of \$275.00 per week. This increase is due to the limited number of campers and the additional expenses required to ensure the safest camp environment. Those who have already signed up for half day and old pricing we will honor that.

All children will have the temperature taken at drop off and any child with a temperature over 100 degrees will not be allowed to stay for camp. We are still working on the specifics for drop off and pick up to ensure the least amount of contact amongst our families. In addition, we will practice increased cleaning in accordance to the CDC and the state of CT.

As a small business, we truly appreciate your support during this difficult time for all of us. Unfortunately, at this time, we are unable to offer refunds for camp. We look forward to a fun and safe summer with your children.

If you have any further questions or concerns, please feel free to give us a call.

Stay safe and healthy!  
All our love,  
The Giggling Pig Gang



## REGISTRATION — SUMMER CAMP 2020

Full Day Camp 9 AM – 3 PM \$275 per week  
Extended Day: \$10 per hour (8:00 AM until 4:00 PM)

Select location:

**BETHEL**

**SHELTON**

This form can be filled out within the PDF

<input type="checkbox"/>	JUNE 15 – JUNE 19	A LITTLE OF EVERYTHING	\$
<input type="checkbox"/>	JUNE 22 – JUNE 26	CRAFTY CREATIONS	\$
<input type="checkbox"/>	JUNE 29 – JULY 3	WHIMSICAL WORLD	\$
<input type="checkbox"/>	JULY 6 – JULY 10	FOREST FRIENDS	\$
<input type="checkbox"/>	JULY 13 – JULY 17	OCEANS OVER & UNDER	\$
<input type="checkbox"/>	JULY 20 – JULY 24	AUTHORS & ILLUSTRATORS	\$
<input type="checkbox"/>	JULY 27 – JULY 31	UNICORNS & PEGASUS	\$
<input type="checkbox"/>	AUGUST 3 – AUGUST 7	FAMOUS FACES & PLACES	\$
<input type="checkbox"/>	AUGUST 10 – AUGUST 14	HUNGRY ANIMALS	\$
<input type="checkbox"/>	AUGUST 17 – AUGUST 21	SWEETS & TREATS	\$
<input type="checkbox"/>	AUGUST 24 – AUGUST 28	SCULPTURE CAMP	\$
<input type="checkbox"/>	EXTENDED DAY NUMBER OF HOURS: _____		\$
			<b>TOTAL \$ 0.00</b>

child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_

address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

parent/guardian name: \_\_\_\_\_ contact pref: home cell

home tel: \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

address (if different): \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_

emergency contact/relationship: \_\_\_\_\_ tel: \_\_\_\_\_

### Discounts for summer camp & full week camps only.

1st Child Discount: Attend 3 or more weeks, receive 10% off 3rd & additional weeks.

2nd Child Discount: Receive 10% off total for 2nd child. Must be minimum of 5 days.

Sibling discount is given to child with equal or fewest days. Total discount cannot exceed 10% and cannot combine offers.

### TO BE COMPLETED BY STAFF ONLY

Notes: \_\_\_\_\_

Sibling

SUB-TOTAL \$ \_\_\_\_\_

Attending  
3+ weeks

10% DISCOUNT \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**



## REGISTRATION — SUMMER CAMP

Please complete the following forms and return to The Giggling Pig Art Studio. **A physical exam, including immunization records, must be provided BEFORE the First Day of Camp.**

### Student Medical Information

Allergies: No Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any pertinent medical problems that would affect your child's participation at camp: \_\_\_\_\_

\_\_\_\_\_

Please list anything that we should know about your child: \_\_\_\_\_

\_\_\_\_\_

### General Policies and Procedures

\_\_\_\_\_ 1. Initial that you acknowledge if your child is absent from a class and you do not inform us via email or phone The Giggling Pig Art Studio prior to the start of class, you will forfeit your session.

\_\_\_\_\_ 2. Initial that you acknowledge we are a "nut free" facility.

\_\_\_\_\_ 3. Initial to give us permission to post photos to The Giggling Pig's Facebook page. (Names will NOT be used!)

### Authorization for Pick-Up

 The following people are authorized to pick-up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

### Discipline/Behavior Policy for Campers

Inappropriate behavior shall be defined as, but not limited to: disruptive behavior, fighting, bullying, disobedience, or insubordination, actions which jeopardize the safety of staff and/or campers during supervised activities. Upon the 1st offense, the "unruly" camper shall be verbally warned. Upon the 2nd offense, the "unruly" camper shall be asked to sit out from that day's activities, the parent shall be called. Upon the 3rd offense, the "unruly" camper shall receive a 1 day suspension from camp. Any further unruliness may result in expulsion from camp and forfeiture of par/all camp fees.

THERE ARE NO REFUNDS FOR SUMMER CAMP.

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



## YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPER & STAFF

Physical exams are valid for 3 years from date of last examination. Please return the completed form to The Giggling Pig Art Studio. **A physical exam, including immunization records, must be provided BEFORE the First Day of Camp.**

This form is for:

CAMPER

STAFF

name: \_\_\_\_\_ DOB: \_\_\_\_\_ age: \_\_\_\_\_

address: \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_

parent/guardian name (if applicable): \_\_\_\_\_ contact pref: home cell

home tel: \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

emergency contact/relationship: \_\_\_\_\_ tel: \_\_\_\_\_

### **TO BE COMPLETED BY MEDICAL PRACTITIONER**

Date of Exam: \_\_\_\_\_

\_\_\_\_\_ May participate in camp activities \_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies:

\_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)?  NO  YES:

Please list medication(s): \_\_\_\_\_

Does this individual have allergies?  NO  YES, please list: \_\_\_\_\_

Is this individual on a special diet?  NO  YES, please explain: \_\_\_\_\_

Does this individual have special needs?  NO  YES, please explain: \_\_\_\_\_

This camper/staff is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Measles <input type="checkbox"/> YES <input type="checkbox"/> NO	Chickenpox <input type="checkbox"/> YES <input type="checkbox"/> NO	Diphtheria <input type="checkbox"/> YES <input type="checkbox"/> NO	Pneumococcal <input type="checkbox"/> YES <input type="checkbox"/> NO
Mumps <input type="checkbox"/> YES <input type="checkbox"/> NO	Tetanus <input type="checkbox"/> YES <input type="checkbox"/> NO	Pertussis <input type="checkbox"/> YES <input type="checkbox"/> NO	Conjugate
Rubella <input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis B <input type="checkbox"/> YES <input type="checkbox"/> NO	Polio <input type="checkbox"/> YES <input type="checkbox"/> NO	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Medical Care Provider Information (Please Print)**

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

\_\_\_\_\_  
Signature of Physician, P.A., APRN or RN

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Date Form Signed