



**KELLYS KIDS SIBLING SUMMER FARM CAMP 2023
Registration Form**

Date: August 4, 2023

Time: 9am-7pm

Address: 18 Spring Rd, Prospect CT 06712

Please print clearly the following required information:

Child's Name _____ Gender _____

Date of Birth _____ Age: _____ Grade _____

School Attending/Town _____

Parent/Guardian Name _____

Phone # _____

Email _____

Emergency Contact (Other than parent/guardian)

Name _____

Relation to program participant _____

Phone # _____



Are special provisions required to enable your child to participate in our program?

Please list all medications (prescribed/OTC) and/or conditions affecting your child, including allergies: _____

Child's Pediatrician: _____ Phone # _____
Hospital Preferred: _____

DO NOT release my CHILD to the following individual(s): A copy of court order must be attached) Name _____ Relation to Child _____
Address _____

I authorize KELLYS KIDS Inc. to have and/or use photographs of my child for public relations Parent/Guardian
Signature _____ Date _____

I, _____ parent/guardian of _____ do hereby give my permission for my child to participate in KELLYS KIDS Sibling Summer Farm Camp. I, for myself, my child/guardian and on behalf of my heirs, assume all risks and hazards incidental to the conduct of an activity, including those associated with transportation to outside field trips. I, for myself, my child/guardian and on behalf of heirs, assigns and next of kin, agree to hold KELLYS KIDS Inc., it's subsidiaries, officers, officials, employees, agents and servants harmless and waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against KELLYS KIDS Inc., its subsidiaries, officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any illnesses as a result of participation in the KELLYS KIDS Summer Farm Camp. I also grant permission for medical treatment and, if necessary, hospitalization by ambulance transport.

Parent/Guardian Signature _____ Date _____

Please email the completed form to kellykidscamp@yahoo.com and reference "SUMMER SIBLING CAMP REGISTRATION" in the subject line

Please notify us of any special situations or conditions. If they are not made known to us, we may not be able to best meet the participant's needs. Not disclosing may be grounds for dismissal from the program. Falsifying any information may result in expulsion from the program without a refund.



Individuals authorized to pick up my child:

Name: _____ Relation to Child: _____

Phone Number: _____

Name: _____ Relation to Child: _____ Phone
Number: _____

Name: _____ Relation to Child: _____ Phone
Number: _____

Getting to know your child:

Kellys kids believes that every child is unique with his or her own needs. Please answer the following questions:

Please explain if there are any situations that may cause your child difficulty:

How can we best work with you to help your child in these situations?

What limitations does your child have?
