



REGISTRATION FORM

KIDS ARTS: THE CHILDREN'S CIRCUS



Deliver completed form to the Arts & Culture Office, 245 DeKoven Drive, Room B-11, Middletown, CT 06457

Please read the PARENT/PARTICIPANT GUIDE for full program guidelines.

The Children's Circus is a unique blend of traditional summer camp with an immersive arts performance-based enrichment program, serving kids age 5 - 15 yrs. old. KIDS ARTS is sponsored by the City of Middletown Arts & Culture Office/MCA and presented by Oddfellows Playhouse Youth Theater.

PROGRAM INFORMATION

DATES: JULY 6th 2021 - AUGUST 6th 2021

TIME: 9:00 a.m. - 3:00 p.m., Monday - Friday, NO CAMP Monday July 5th

LOCATION: Site #1 MacDonough Elementary School | Site #2 Bielefield Elementary School

PLEASE NOTE: Space is available to city residents on a first-come, first-served basis. Nonresidents may register on/after April 19th.

PARTICIPANT REGISTRATION

(One Form Per Participant)

PARTICIPANT NAME: [] RETURNING PARTICIPANT [] NEW TO PROGRAM

STREET ADDRESS: CITY/STATE/ZIP:

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FORM: Any participants requiring medication administration during camp hours must submit a form as signed by the child's Physician at the time of registration. Forms are available online and by request at 860-638-4510

CURRENT GRADE: CURRENT AGE: GENDER: DATE OF BIRTH:

MEDICATION INFO: List medications currently in use and any conditions or other special needs concerning the participant that staff should be aware of. Also include seasonal and food allergies. Provide Physician's name and practice phone number if applicable. List here:

NAME OF SCHOOL CURRENTLY ATTENDING/ENROLLED, OR HOMESCHOOLER:

[] PICK UP, LIST ALL AUTHORIZED NAMES HERE: (Participants are released at dismissal only to those listed on this registration form as authorized, with ID.)

[] I'M A NEIGHBORHOOD WALKER AND MY WALKING PARTNER'S NAME IS, LIST NAME HERE: (Neighborhood walkers must indicate if walking alone/with permission, and/or provide names of walking neighborhood partners.)

[] BUSSER: Please check box if you are requesting bus transportation. You will be notified of the bus schedule 2 weeks prior to the start day of the program.

PARENT/GUARDIAN INFORMATION

NAME PARENT/GUARDIAN 1: Relationship to Participant:

STREET ADDRESS: CITY/STATE/ZIP:

PRIMARY PHONE: # SECONDARY PHONE: # EMAIL ADDRESS:

NAME PARENT/GUARDIAN 2 Or EMERGENCY CONTACT: Relationship to Participant:

STREET ADDRESS: CITY/STATE/ZIP:

PRIMARY PHONE: # SECONDARY PHONE: # EMAIL ADDRESS:



COMPLETE REGISTRATION BELOW BY CHOOSING SITE, GROUP & FEE!

Step 1. CHOOSE SITE HERE → SITE 1 BIELEFIELD (Participants per site: 60) SITE 2 MACDONOUGH (Participants per site: 60)

Step 2. CHOOSE GROUP HERE → Teeny Tiny Troupe (Enrollment limit: 15 per site) Core Circus Troupe (Enrollment limit: 45 per site)
Ages 5-7 only *Entering grade 3 - age 15*

Step 3. <u>Fee Rate</u> →	Resident Standard Rate <i>Fees per each participant.</i>	*Resident Reduced Rate <i>Refer to Income Eligibility chart→ for determining reduced rate. Call 860-638-4510 for assistance.</i>	*Resident Reduced Rate <i>Based on 2020-21 USDA Income Eligibility Guidelines Weekly Gross Income Chart for determining reduced rate.</i>	Non Resident Flat Rate <i>Fee per each nonresident participant.</i>
	<input type="checkbox"/> \$300 1 st PARTICIPANT	<input type="checkbox"/> \$120 1 st PARTICIPANT	# Family WKLY Gross Income	
<input type="checkbox"/> \$180 2 nd SIBLING	<input type="checkbox"/> \$60 2 nd SIBLING	1 \$454	<input type="checkbox"/> \$600	
<input type="checkbox"/> \$120 EACH ADDITIONAL SIBLING	<input type="checkbox"/> \$60 EACH ADDITIONAL SIBLING	2 \$614		
		3 \$773		
		4 \$933		
		5 \$1,092		
		6 \$1,251		
		7 \$1,411		

Continued, Step 3. Fee Rate → WAIVERS & ASSISTANCE: SUBMIT VERIFICATION OF BENEFITS TO THE ARTS OFFICE AND CALL 860-638-4510 FOR FURTHER ASSISTANCE.

Parent/guardian signature is required after reading the following information.

-MEDICAL RELEASE/PARENTAL PERMISSION: I hereby give permission for my child to participate in the KIDS ARTS program. I hereby give permission for my child's photograph or video image to be used for program and/or organization promotional purposes. I understand and agree that this program can be physically demanding but I feel my child has the physical ability needed to participate. In the event of an emergency and the parent/guardian/third contact person cannot be reached, I hereby give permission for my child to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown, Oddfellows Playhouse, and its employees from any injuries or damages caused by or resulting from participation in this program. A photo static copy of this waiver form with my signature shall be considered as valid as the original.

-BUSINESS POLICY: I have read and acknowledge all bussing information as outlined in the [Parent/Participant Guide](#) available on our city website

-DISMISSAL POLICY: I agree to sign out my child with his/her counselor at camp dismissal each day at 3 p.m. and I will provide identification. I give permission to the authorized persons listed on this document to pick up my child from camp.

-REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of KIDS ARTS (e.g. weather, equipment failure).

-SUNSCREEN POLICY: I give permission for the City of Middletown staff members to put sunscreen on my child. Additionally, I understand that I must provide the sunscreen and it will be labeled with my child's name.

-PARENT GUIDE: I hereby agree that I have read and will abide by the policies and participant rules as outlined in the [Parent/Participant Guide](#) available on our city website.

-COVID19: The Kids Arts/Oddfellows Playhouse will adhere to all guidelines set forth by the Office of Early Childhood with regard to COVID. Specific guidelines will be posted on the Arts Office/Kids Arts [website](#) when available. I understand that my child's participation in any Kids Arts program is contingent upon compliance with CDC guidelines and COVID protocols and Kids Arts reserves the right to remove any enrolled participant for failure to follow COVID protocols and procedures.



Parent/Legal Guardian Signature: _____ **Date:** _____

PAYMENT IS REQUIRED FOR REGISTRATION!

SUBMIT Payment Amount \$ _____ **Check made payable to:** City of Middletown

Deliver to: City of Middletown, ATTN: Arts & Culture Office, Room B-11, Municipal Bldg.

245 DeKoven Drive, Middletown, CT 06457

This form and all supplemental documents are made available at

<https://www.middletownct.gov/296/Kids-Arts-Summer-Enrichment-Program>

For questions call the Arts Office at 860-638-4510 | Email to arts@middletownct.gov

Office use only: Medical Form Informed Consent _____ Date Processed _____ Staff Initials _____ Amt. rcvcd. _____ Ck#/CASH

