

# Hartford's Camp Courant



A free summer camp for  
Hartford children ages 5-12

Opens June 21, 2010  
Closes July 30, 2010

***The number of camper spaces is limited this year  
due to financial constraints***

*Rules for acceptance and participation in the program are the same for all Hartford children  
ages 5-12 without regard to race, color, national origin, age, sex, or handicap.*

**One set of forms is required for each child. Call 241-3792  
if you need more forms. All of the enclosed forms must be completed  
and signed by a parent or guardian in order for it to be accepted.**

*Administrative Offices are located at 285 Broad Street, Hartford, CT 06115*





## Important Questions and Answers

### Camper Space is Limited This Year!


We regret to inform our camper families that after 116 years of saying, "Yes" to any Hartford child that wanted to attend camp, Camp Courant for the first time must put a limit on the number of children who can attend summer camp. This is due to reduced individual, corporate, government and foundation funding. **Camper registration will be capped at the first 450 registrants for the first week of camp.** Please read the following information carefully.

### How will I know when my child can begin camp?

- Only the first 450 registrants will be considered for the first week of camp.
- Registrations will be taken on a first come, first served basis by the date received at the Camp Courant office where they will be dated and numbered.
- **Although registration forms will be collected through the schools, we strongly suggest that parents/guardians drop off or mail their child's registration form/s to Camp Courant, 285 Broad St., Hartford, CT.**
- To be accepted, applications must be filled out completely and correctly, and signed.
- The last date to register for Camp Courant this year is: July 9, 2010.
- You will receive a **green letter** in the mail stating the date your child can begin camp.
- **Please do not bring your child to a bus stop until you have received a green letter. Children who have not received letters will not be on our registration list and therefore will not be permitted to board the bus.**
- Children who register after the limit for the first week is reached (450) will be put on a waiting list.

Dear Parent/Guardian,  
We are very excited that you have chosen to have your child attend Hartford's Camp Courant this summer. The children who attend Camp Courant participate in many fun activities, such as swimming, arts and crafts, computers, sports, games, dancing and much more. They also have opportunities to learn from many educational programs and guest speakers.

Sincerely,

  
Stan Glowiak, Director

### What happens if my child is placed on the waiting list?

- If space opens up, or if additional funding creates more spaces, then registrants on the waiting list (in the order the applications were received) will be notified by letter that they may attend.
- Attendance will be monitored daily and evaluated weekly to determine how many children on the waiting list will be able to attend camp this summer.

### Are there any fees?

No, all activities and services at Camp Courant are still offered FREE of charge to Hartford children.

### What happens if it rains?

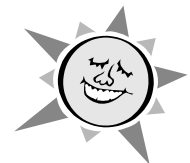
Camp Courant is open everyday, rain or shine.

### What time will my child be picked up and dropped off?

Children must be at their designated bus stop at 8:30am to be picked up, and they are dropped off again between 3:00 and 3:15pm (See the list of the bus stops on the registration form.) A bus counselor is on every bus, supervising and taking attendance. Children must get on the bus and off the bus at the same stop each day. Parents may NOT drop off their children directly at camp; these rules are for the safety of the children.

### Can I visit the camp?

Yes, there will be a Parent's Day on Thursday, July 1, 2010. A notice containing all the details will be sent with your **green letter**.



# Hartford's Camp Courant 2010 Registration Form

Both sides of this form must be filled out completely and signed by a parent or guardian for it to be accepted. Children eligible for registration must be Hartford residents between the ages of 5 and 12 or be current participants in the Bank of America Junior Leadership Program. You must fill out a new registration form each year. Please clearly print all information except signatures.

## General Information About Your Child:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender:  Male  Female Child's Social Security No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address: Street \_\_\_\_\_, Hartford CT Zip Code \_\_\_\_\_

School Name \_\_\_\_\_ Grade Completed in June \_\_\_\_\_

Has your child ever been registered for Camp Courant before?  Yes  No

Has your child attended any pre-school programs?  Yes  No If yes, where? \_\_\_\_\_

## Emergency Contact Information:

Parent or Guardian's Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

All children attending Camp Courant must have working home and/or emergency phone numbers. Failure to provide working home and/or emergency telephone numbers will result in your child not being able to attend camp.

Home Phone (860) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_

## REQUIRED: If parent or guardian cannot be reached in case of emergency please notify:

Full Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Can your child be released from Camp Courant to this person in case of emergency or illness?  Yes  No

Can your child be released to anyone other than the above named parent or guardian?  Yes  No

If yes, please specify (clearly print full name) \_\_\_\_\_

**OVER**

\*\* Both sides of this form must be completed along with the Medical Forms on the continuing pages.\*\*

## Transportation Information:

If this question is not answered, your form will not be accepted!

Is your child allowed to walk home from the bus stop without an adult?  Yes  No

If no, please list the names and phone numbers of the people allowed to pick your child up from the bus stop:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Which bus stop will your child use ? Please check only one.

### North End of Hartford

- 1. SAND School on Main Street
- 2. Wish School on Barbour Street
- 3. Horace Bushnell Church on Vine Street
- 4. Fox Middle School on Blue Hills Avenue
- 5. Weaver High School on Granby Street

### South End of Hartford

- 6. Hartford Public High School on Forest St.
- 7. Kennelly School on Cheshire Street
- 8. Bulkeley High School on Wethersfield Ave.
- 9. Parkville Community School/New Park Ave.
- 10. Moylan School on Catherine Street

**Please Read Carefully!**

### Bus Stop Information

- Before checking off a bus stop, parents and guardians will need to be sure that they can get their children to the chosen bus stop on time in the morning and be on time to pick them up in the afternoon if they are not allowed to walk home.
- You will receive a **green letter** in the mail stating the date your child can begin camp.
- **Please do not bring your child to a bus stop until you have received a green letter. Children who have not received letters will not be on our registration list and therefore will not be permitted to board the bus.**
- We recommend that you remain with your child/children at the Camp Courant bus stop until they have safely boarded the Camp Courant bus and be there promptly to pick them up at the end of the day.

### Registration Information

- Only the first 450 registrants will be considered for the first week of camp.
- Registrations will be taken on a first come, first serve basis by the date received at the Camp Courant office where they will be dated and numbered.
- **Although registration forms will be collected through the schools, we strongly suggest that parents/guardians drop off or mail their child's registration form/s to Camp Courant, 285 Broad St., Hartford, CT.**
- To be accepted, applications must be filled out completely and correctly, and signed.
- The last date to register for Camp Courant this year is : July 9, 2010.
- The only items we suggest your child bring to camp are a bathing suit and a towel. If you child does not have a bathing suit, one will be provided. Camp Courant is not responsible for personal belongings and suggests that your child not bring anything valuable to camp.

### Field Trips

Camp Courant may arrange for offsite field trips for the campers in addition to regular camp activities. The field trips may include local attractions, special tours, and sporting events. Camp Courant arranges all transportation to and from the campsite.

Do you give your permission for your child to attend these field trips?  Yes  No

### Swimming 101

Camp Courant will offer swimming lessons for up to 150 interested campers. The lessons take place during the normal camp day and are taught by licensed lifeguards and instructors. Registration is required for this special program. Campers are accepted into the program on a 'first come, first served' basis.

Would you like your child to participate in the Swimming 101 Program?  Yes  No

If this is not signed, your form will not be accepted!

Permission/Refusal for field trips and Swimming 101:

Signature of Parent/Guardian \_\_\_\_\_

Please detach form carefully along perforation.

# Hartford's Camp Courant 2010 Medical Form

This form must be completed and submitted for each child along with their registration form.

Child's full name \_\_\_\_\_ Age \_\_\_\_\_

## Authorization for the Administration of Non-prescription Treatments by Camp Personnel

The Camp Courant nurse has a list of non-prescription medications and treatments to be used for routine medical situations that commonly occur at camp. They include: insect bites and stings; headaches; stomach aches; diarrhea; sprains and strains; colds, sore throats and fever; minor cuts and bruises and similar situations. According to state camp licensing regulations, our nurse needs your permission to give your child non-prescription medicines and topical treatments to include the following and similar items: Aspirin and other over the counter pain relievers, antibacterial/antiseptic ointments, creams or wipes, calamine lotion, cortisone solution, Band-Aids, adhesive tape and sterile dressings, Epi-Pens (in case of allergic reactions), hydrogen peroxide, Keopectate or Pepto-Bismol for diarrhea, ice packs, petroleum jelly and sterile eye wash.

**Do you give permission for your child to be given these and other non-prescription medications and treatments if needed?**

Yes, I give permission.     No, I refuse.

## Dental Care:

**Would you like your child to have a free dental screening at camp?**

Yes, I accept     No, I refuse

If yes, please read the following and sign below.

I give permission for my child to receive dental care to include screening, referral and/or treatment. I understand that in order to receive treatment, my child will travel by bus provided by Camp Courant to the dentist's office and back to camp, during regular camp hours. In consideration of dental care at no cost being made available to my child by Camp Courant, I, on behalf of myself, my child and all who might claim under any right each of us might have had hereby remise, release and forever discharge Camp Courant, Inc., its successors, assigns, affiliates, officers, employees, attorneys and agents from all actions, causes of action, suits, debts, accounts, covenants, controversies, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which I or my child and those who might claim under a right either of us has can, shall or may have for, upon or by reason of my child's participation in this free dental care program. I understand that I will be notified in advance of any referral and/or treatment scheduled and will retain the right to refuse referral and/or treatment for my child.

**If this is not signed, your form will not be accepted!**

**Permission/Refusal for non-prescription treatments and dental care:**

Signature of Parent/Guardian \_\_\_\_\_

Please detach form carefully along perforation.

**Medical Information:**

Name of Child's Pediatrician or Pediatric Clinic:

Pediatrician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Does your child have any medical problems, operations, injuries or special restrictions?

Yes  No If yes, explain:

Does your child take any daily medications?  Yes  No

If yes, explain:

If yes, will medication(s) need to be administered by the camp nurse during the camp day?

Yes  No

*If yes, it will be necessary to have your child's pediatrician complete the next page of this form.*

Does your child wear glasses or contact lenses?  Yes  No

Date of last tetanus booster: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Health History: Check if your child has had the following:

Chicken Pox  Measles  German Measles  Mumps  Whooping Cough

Other \_\_\_\_\_

Allergies: Check if "yes"

Hay Fever  Insect Sting  Asthma  Ivy, Oak, etc.

Drugs: specify \_\_\_\_\_

Foods: specify \_\_\_\_\_

Other (including odors): specify \_\_\_\_\_

Chronic Illness: Check if "yes"

Earaches  Sinus  Throat Problems  Heart  Stomach  Infections

Diabetes  Menstrual Problems  Rheumatic Fever  Epilepsy  Asthma

Other: specify \_\_\_\_\_

**Health Insurance Information:**

Does your child have health insurance?  Yes  No If yes, is it HUSKY?  Yes  No

(For HUSKY information call 1-877-CTHUSKY)

Name of insurance company or managed care plan if your child is covered by HUSKY

Insurance, HUSKY or Medicaid client ID No. \_\_\_\_\_

Please detach form carefully along perforation.

## Authorization for the Administration of Medications by Camp Courant Personnel

If a youth camp chooses to administer medications, Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse, first aider, the director, alternate director or youth camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician or dentist's name and the date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

Physician or Dentist's Order:

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Condition for which drug is being administered during camp hours:

\_\_\_\_\_

Name of drug, dose and method of administration: \_\_\_\_\_

Times of administration \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Medication shall be administered from \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Relevant side effects to be observed, if any:

\_\_\_\_\_

If there are side effects, plan for management:

\_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_

Allergies to food or drugs? If YES, list:

\_\_\_\_\_

Physician's/Dentist's name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_

### Permission for the Administration of the Above Medication:

To Camp Courant nurse:

Date \_\_\_\_\_

I hereby request that the above medication, ordered by the above named physician/dentist for my child (print child's name) \_\_\_\_\_, be administered by the nurse at Camp Courant.

I understand that I must supply Camp Courant with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name.

I understand that this medication will be destroyed if it is not picked up within one (1) week following termination of the order.

**If this is not signed, your form will not be accepted!** ↓

Name of Parent/Guardian (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Permission:**

I hereby request that my child be enrolled as a camper at Camp Courant this year.

I give permission for my child to participate in all camp activities (except for restrictions noted on the medical form), which may include supervised trips. I understand that Hartford's Camp Courant is responsible for my child only during the regular camp day, while my child is being transported to and from camp, is at camp, or is participating in a scheduled camp activity.

I understand and certify that my child's participation in Camp Courant and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the Camp Courant events and program and particularly, but not limited to, the activities of horseback riding, swimming, and low ropes course, and I acknowledge that although Camp Courant has taken safety measures to minimize the risk of injury to camp participants, Camp Courant cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize, and have instructed my child in, the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants.

If I cannot be reached in a medical or dental emergency involving the child listed on this form, I hereby give permission to any medical or dental personnel selected by the camp director to hospitalize and/or secure or provide treatment for that child, including injections, surgery and all procedures that the selected medical or dental personnel deem necessary or appropriate to treat the emergency condition.

I understand that prevention and health awareness programs, including discussions about AIDS, will be part of the curriculum for the 9-12 year olds.

I hereby further give permission to such social workers, as may be selected by the camp director, to provide mental health services as deemed necessary. Such services will be provided at the camp site.

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likenesses of any kind made of the child are and shall remain the property of Camp Courant, Inc., its successors, and assigns. I give my irrevocable consent that said works, or any part thereof, may be published, displayed, reproduced, and circulated in any form by Camp Courant, Inc. or anyone else authorized by Camp Courant, Inc. with or without the child's name, for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

**If this is not signed, your form will not be accepted!**

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return this form to your child's teacher no later than May 19.

If registering after May 19, please mail form directly to Camp Courant at 285 Broad Street, Hartford CT 06115 or bring it to the front security desk at The Hartford Courant.

**You will receive a green letter when your child has been accepted. Children who have not received green letters will not be allowed to board the bus.**

Please detach form carefully along perforation.