

MURPHY RECREATION PARK
SUMMER CAMP APPLICATION 2022

RECREATION DEPT. WEBSITE ADDRESS (www.putnamct.us)

IMPORTANT: REGISTRATION DEADLINE JUNE 24, 2022

FOR CHILDREN AGES 5-13 YEARS (**ALL CHILDREN MUST BE 5 YEARS OLD AND BATHROOM TRAINED**)

Camp begins Monday: July 11, 2022 and ends Friday August 12, 2022. End Trip Thursday 8/11 rain date 8/12

Day begins 8:30 AM/ PARENT DROP OFF NO EARLIER THAN 8:00 AM AT Murphy Park or 8:20 at the Middle School Cafeteria for a free Breakfast. (Lunch is free) Camp ends at 3:30.

Unfortunately due to the rising cost of fuel and transportation fees Putnam Recreation at this time cannot provide buses to and from camp. Camp will be Parent drop off and Parent pick up only. (If your child is at Summer School they will still be picked up after lunch time to walk to Camp.) To keep our camp fees economical we will only be providing buses for field trips. With this in mind, we are initiating a late pick up that will run till 4:30 pm for an additional fee of \$10 dollars flat fee per week (limited space).

CAMP FEES 2022

Resident \$10 /Day \$50/week

Three or more children from same family 3rd child is \$5/per day

Late Pick up fee \$10 per week flat fee

Non-Residents \$16/Day \$80/week

Camp T-Shirts are available for \$8 dollars but are not mandatory

Payments for Camp must be paid every week the first day that week the child attends. (Field trip payments are separate from camp fees and fees will be posted prior to the trip.)

Payments made by a third party are the responsibility of the parent or guardian and all paperwork to be filled out. Parent or guardian is responsible for the Childs camp payments.

IF MEDICATION NEEDS TO BE ADMINISTERED AT CAMP, AN AUTHORIZATION FORM MUST BE COMPLETED BY YOUR DOCTOR WHICH IS INCLUDED WITH THIS APPLICATION.

Registration Forms Available at Town Hall Parks and Recreation Dept., (second floor). Please check web for hours of operation), Putnam Elementary School, and Putnam Recreation Web Page.

Call (860)963-6811 for any further info.

¹Please fill out all pages of this application form and return to Town Hall Parks and Rec Dept by date above or mail to Parks and Rec. Dept. 200 School Street , Putnam, Ct.06260

REGISTRATION FORM

FORM MUST BE COMPLETED BEFORE CHILD IS ALLOWED TO ATTEND CAMP

Child's Name: _____ Age _____

Address: _____

Full Address Town State

Cell Phone# _____ Work phone# _____

Emergency Phone #'s:(Indicate person's name, relationship to the child, and phone#)

_____/_____/_____

_____/_____/_____

I, the undersigned, release the Town of Putnam and its employees for any and all claims or damage I may have against them for all injuries suffered by the individual registered above in said camp program.

Date

Parent/Guardian Signature

2022 Pulaski Park Field Trips:

I will allow my child to attend field trips that are run by the Summer Day Camp.

Parent/Guardian Signature _____ Date _____

We will be going to Pulaski Park Every Friday Please answer the question below.

SWIMMING QUESTION: Can your child swim? _____ YES _____ NO

Please remember Fridays to send your camper with a bathing suit, towel and change of clothes. Campers will not be allowed in water without these items. Please, no water toys are allowed.

PUTNAM SUMMER DAY CAMP RULES

Our goal is basically to provide a good time for all campers. In order for this to occur, certain guidelines are necessary to regulate behavior. Please make sure that you are completely aware of the following statements. All campers are expected to respect the Park, the counselors and their fellow camper. Destroying Park property. Disrespect to the Recreation Department Staff, or harassment of a camper could all result in permanent expulsion from the Summer Camp and (or) Murphy Park. Everything depends on the severity or the frequency of a particular offense. The Recreation director reserves final judgment on any action to be taken.

The following are specific rules:

1. Swearing, scuffling, disrespect to a counselor, bullying.
1st offense: Removal to the cooling off area for at least one activity period.
2nd offense: One-day suspension from camp.
3rd offense: One-week suspension from camp.
4th offense: No longer allowed to attend camp and possible expulsion from Murphy Park itself.
2. Leaving the Park without parental permission but known by Park Staff.
1st offense: Immediate notification of a Parent and five-day suspension from the camp.
2nd offense: Same as above but no longer allowed to participate in camp activities
3. Serious Punching, Fighting or Stealing,
1st offense: A parent will be asked to pick-up the child immediately and a five-day suspension from
2nd offense: same as above and no longer allowed at Murphy Park.
4. Destroying Park Property of inflicting injury on another person.
1st offense: permanent expulsion from Murphy Park for the duration of the summer.

Inclement weather can cause the cancellation of camp for the day. Cancellations will be reported to WINY Radio 1350 between 7:00 and 8:00 AM. Please make alternative plans in case of inclement weather.

All State of Connecticut Health Protocols will be followed.

I have read camp rules and arrangements for inclement weather on the top portion.
Please sign and return with application.

Campers Name _____

Parent/Guardian Signature _____

Date _____

DAY KIMBALL HOSPITAL
EMERGENCY DEPARTMENT

PATIENT CONSENT FORM

FULL NAME (patient): _____ AGE: _____

ADDRESS: (home): _____

TELEPHONE NUMBER (home): _____ RELIGION _____

TELEPHONE NUMBER (work/other): _____ AUTO LICENSE# _____

SOCIAL SECURITY# (Parent or Guardian): _____

CHILD'S SOC. SEC.# _____

NAME: (Parent or Guardian): _____

EMPLOYER: (Parent or Guardian): _____

EMPLOYER ADDRESS: _____

HEALTH INSURANCE NAME AND # _____

AUTOMOBILE INSURANCE (Name Agency): _____

GUARANTOR: (person carrying insurance): _____

FAMILY MEDICAL DOCTOR: _____

CURRENT MEDICATIONS: _____

ALLERGIES TO MEDICATIONS: _____

PERTINENT MEDICAL HISTORY: _____

LAST TETANUS IMMUNIZATION: _____

In the event your efforts to reach me are unsuccessful, I, parent or legal guardian consent to Emergency evaluation, treatment and/or admission to Day Kimball Hospital as determined by the physician in charge of the care of the above-named person.

DATE: _____

SIGNATURE: _____

(Parent or Guardian)

EXPIRES: _____

PUTNAM RECREATION DEPARTMENT MEDICATION/ALLERGY FORM

The Connecticut State Law requires a written medication order by physician or authorized prescriber along with a parent(s)/guardian(s) permission for administration of medication by camp nurse or authorized personnel. Medication must be in the original properly labeled container and dispensed by a physician/pharmacist.

Putnam Summer Day Camp:

Camper: _____

Date Form Received: _____

Date of Birth: _____

**MEDICATION ORDER TO BE COMPLETED BY THE PHYSICIAN OR
AUTHORIZED PRESCRIBER**

Reason for medication: _____

Name of medication: _____

Form of Medication/Treatment

___ tablet/capsule ___ liquid ___ inhaler ___ nebulizer ___ other _____

Instructions (schedule and dose to be given at camp): _____

Start: _____ date form received Other date: _____ Stop: _____

end of camp season Other date/duration: _____

Instructions and/or important side effects: ___ none anticipated (or)
___ yes. Please describe: _____

This student is both capable and responsible for self-administering this medication: ___ No ___ Yes

Supervised ___ Yes ___ Unsupervised. This student may carry this medication: ___ No ___ Yes

Date: _____ M.D. Signature: _____

Physician's Name: _____

Address: _____

Telephone: _____ DEA Number _____

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

I give permission for (name of child) _____ to receive the above medication at camp. I understand I must provide no more than a 45 camp day supply of medication in the original pharmacy labeled container. I also understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of camp.

Signature _____ Relationship: _____

Date: _____ Telephone: _____

Emergency: _____