

Camper Name: _____ Male Female

Date of Birth: ____/____/____ Grade Entering in Fall: ____

Parent/guardian name: _____

Phone #: _____ - _____ - _____ e-mail: _____

Address: _____

City: _____ State: ____ Zip: _____

Check all weeks for which you are registering your child.		
Week / Dates	Lunch?	Rates and Notes
<input type="checkbox"/> 1 / Jun 24 - 28	<input type="checkbox"/>	<input type="checkbox"/> Member (\$200 / week)
<input type="checkbox"/> 2 / Jul 1 - 5	<input type="checkbox"/>	<input type="checkbox"/> Guest (\$310 / week); Sponsoring Member name: _____
<input type="checkbox"/> 3 / Jul 8 - 12	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Lunch is available for an additional \$40 / week ▪ Payment, in full, is required 1 week before the week(s) your child is attending. Checks can be made out to Highfield Club ▪ Questions: 203-758-9101 or camp@highfieldclub.com ▪ Registration can be mailed (256 White Deer Rock Rd, Middlebury, CT 06762), faxed ((203) 598-7593) or emailed (camp@highfieldclub.com)
<input type="checkbox"/> 4 / Jul 15 -19	<input type="checkbox"/>	
<input type="checkbox"/> 5 / Jul 22 - 26	<input type="checkbox"/>	
<input type="checkbox"/> 6 / Jul 29- Aug 2	<input type="checkbox"/>	
<input type="checkbox"/> 7 / Aug 5 - 9	<input type="checkbox"/>	
<input type="checkbox"/> 8 / Aug 12 - 16	<input type="checkbox"/>	

The State of Connecticut requires that some campers have an individual plan of care if the child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at camp.

Does your child have food and/or environmental allergies?

No Yes, complete Plan of Care

Does your child have Asthma?

No Yes, complete Plan of Care

Does your child have any health care needs that the staff needs to be aware of?

No Yes, explain: _____

Does your child have a special health care need or disability? Please explain.

No Yes, explain: _____

Parent/guardian signature: _____ Date: _____