



# 2019 SUMMER PROGRAM



**REGISTRATION**  
**[www.soncca.org](http://www.soncca.org)**



# 2019 SONCCA SUMMER PROGRAM REGISTRATION PACKET

## TABLE OF CONTENTS

Page 1: Checklist of Registration Forms

Page 2: Tuition Fee Schedule

### **Registration Forms**

Pages 3 - 4: Parent Agreement

Page 5: Registration Form

Page 6: Notification and Child Release Form

Page 7: Weekly Wet `N` Wild Day Field Trip & Transportation Permission Forms

Pages 8-14: Field Trip Transportation Permission Forms

Pages 15-17: Lunch Selection Forms

Page 18: Photograph Permission Form

Pages 19-21: Important Summer Program Policies Acknowledgment Form

Page 22: Grant Information Questionnaire

Pages 23 - 25: Physical Form

# 2019 SONCCA SUMMER PROGRAM REGISTRATION PACKET

## Check List of Forms

Please Complete, Sign and Return all Registration Forms listed below along with your \$15.00 Registration Fee and required deposit to:

SONCCA, INC.  
256 Bank Street  
Seymour, CT 06483

- Parent Agreement
- Registration Form
- Notification & Child Release Form
- Wet "N" Wild Permission Forms
- Field Trip Permission Forms
- Lunch Selections Forms
- Photograph Permission Form
- Important Summer Program Policies Form
- Grant Information Questionnaire
- Physical Form

## 2019 SONCCA Summer Program Fee Schedule

**Fees Are Weekly & All-Inclusive in Full Time, Full Day Schedules  
Two-Week Minimum Registration Required  
Program Operates June 24 - August 16, 2019**

### **Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.	\$119
Schedule II: 1:00 p.m. - 6:00 p.m.	\$119
Schedule III: 8:00 a.m. - 6:00 p.m.	\$202

### **Additional Child Discount**

Schedule I: 8:00 a.m. - 1:00 p.m.	\$109
Schedule II: 1:00 p.m. - 6:00 p.m.	\$109
Schedule III: 8:00 a.m. - 6:00 p.m.	\$179

### **Part Time (1-3 Days)**

Schedule I: 8:00 a.m. - 1:00 p.m.	\$82
Schedule II: 1:00 p.m. - 6:00 p.m.	\$82
Schedule III: 8:00 a.m. - 6:00 p.m.	\$164

AM Coverage (per week)	\$24
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**Full Day Drop-Off Fee: \$55**

**Half Day Drop-Off Fee: \$35**

**Registration Fee: \$15**

**Late Child Pick-Up Fee - \$20.00/15 minutes**

**Late Tuition Payment Fee: \$25.00**

# 2019 SONCCA SUMMER PROGRAM PARENT AGREEMENT

Registration for: \_\_\_\_\_

As parent/guardian of the above child, I hereby request SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) provide care for my child at the SONCCA-Seymour Middle School location.

**Please check all appropriate schedules, times and days needed.**

**Week 1: June 24, 2019 - June 28, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 2: July 01, 2019 - July 05, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Closed Thursday

Friday

**Week 3: July 8, 2019 - July 12, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 4: July 15, 2019 - July 19, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 5: July 22, 2019 - July 26, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 6: July 29, 2019 - August 02, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 7: August 05, 2019 - August 09, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

**Week 8: August 12, 2019 - August 16, 2019**

**Full Time (4-5 days)**

Schedule I: 8:00 a.m. - 1:00 p.m.

Schedule II: 1:00 p.m. - 6:00 p.m.

Monday

Tuesday

Wednesday

**Part Time (1-3 days)**

Schedule III: 8:00 a.m. - 6:00 p.m.

AM Drop Off: 7:00 a.m. - 8:00 a.m.

Thursday

Friday

*(Continued on next page)*

**PAYMENT AGREEMENT:**

Enclosed is the \$15.00 non-refundable registration fee and other amounts I agree to pay: Please place a checkmark next to your choice.

- A non-refundable deposit of \$50.00 per week registered, at the time of registration and the balance of \$ \_\_\_\_\_, with the first four weeks to be paid by June 14th, and a balance of \$ \_\_\_\_\_, for the last four weeks by July 12th.
- Full tuition of \$ \_\_\_\_\_ for weeks (circle weeks) 1-2-3-4-5-6-7-8 at the time of registration.

The registration and tuition fees are payable by check or money order made out to:  
**SONCCA, Inc., 256 Bank Street Seymour, CT 06483**

I understand that these fees are payable regardless of the number of days my child attends. I understand that I will be liable for any and all collection fees, legal fees and court fees incurred by SONCCA in its attempt to collect all tuition and fees as agreed upon in this registration contract. I have received a copy of the PARENT HANDBOOK or read the one on line, including the Discipline Policy, and agree to abide by the policies contained therein. I also grant permission to the following:

1. For the Site Supervisor or any other qualified staff member to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:
  - A) Administering emergency first aid (by State-approved first aid certified SONCCA personnel);
  - B) Contacting the parent or guardian, either by calling them at their place of employment, or by attempting to contact them through any of the persons listed on the emergency information form. **(This form MUST be kept updated!);**
  - C) Contacting the child's physician or dentist;
  - D) Contacting another physician or calling an ambulance, if neither parent nor child's physician can be reached;
  - E) Accompanying your child in the ambulance to the hospital emergency room you have selected, if possible, otherwise, taking your child to Griffin Hospital;
  - F) Any expenses incurred will be borne by the parents.
2. For my child to use all of the playground equipment and to participate in all of the SONCCA program activities, unless exceptions are noted here: \_\_\_\_\_.
3. For my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips provided that I signed the specific permission slip for the planned activity. Means of transportation, if any, will be noted.
4. For my child to be included in photographs and evaluations associated with the program.
5. I understand that SONCCA will not be responsible for anything that may happen as a result of false information given at the time of enrollment or during program period.
6. I understand that parents are responsible for the daily signing in and signing out of their children and that SONCCA will not assume responsibility for any child not signed in by a responsible adult upon arrival in the morning.
7. Parents are expected to carry insurance for their children. SONCCA does not carry "medical payments for children" insurance or pay medical reimbursement.
8. I give permission for financial information to be shared with \_\_\_\_\_, who is responsible for partially or totally paying for my child's tuition fee.

**9. IF BOTH PARENTS DO NOT SIGN THIS PAGE AND BOTH PARENTS WANT TO BE ALLOWED TO PICK UP THE CHILD, THE OTHER PARENT'S NAME MUST BE INCLUDED ON THE AUTHORIZED PICK-UP PAGE.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**2019 SONCCA SUMMER PROGRAM REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade Entering in 9/19: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size:     Youth Small (6-8)     Youth Medium (10-12)     Youth Large (14-16)  
                          Adult Small (34-36)     Adult Medium (38-40)     Adult Large (42-44)

**Mother's (Legal Guardian's) Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address if different from above: \_\_\_\_\_  
verification purpose

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Father's (Legal Guardian's) Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address if different from above: \_\_\_\_\_  
verification purpose

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Below please provide an e-mail address where you would like to receive correspondence.**

E-mail: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

---

**ADMINISTRATIVE OFFICE USE ONLY:**

Date Starting Program: \_\_\_\_\_  
( ) Tuition Deposit Amount Received \$ \_\_\_\_\_ ( ) Check # \_\_\_\_\_  
( ) Registration Fee Enclosed ( ) Check # \_\_\_\_\_

Pro Care \_\_\_\_\_

Billing \_\_\_\_\_

# 2019 SONCCA SUMMER PROGRAM NOTIFICATION & CHILD RELEASE AUTHORIZATION

Child's Name: \_\_\_\_\_

If SONCCA cannot reach me, I authorize the following person(s) to be notified. I also authorize SONCCA to release my child to any of the following person(s). This (these) individual(s) have my permission to sign him/her in or out in the event that I am unable to do so. State regulations require that at least one person other than parents be listed (at least one of the persons listed must be local, within a 10-minute drive, and available for an emergency pickup). **Please cross out and initial any black areas, changes can only be made in person.**

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

- I understand that my child will be permitted to leave SONCCA ONLY with those individuals listed above, all of whom are at least sixteen years of age.
- I also understand that if both parents have not signed the forms and are not listed on this page, they will not be allowed to pick-up their child.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**2019 SONCCA SUMMER PROGRAM FIELD TRIP &  
TRANSPORTATION PERMISSION**

Child's Name: \_\_\_\_\_  
As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Destination: Community Chapel Swimming Pool, Oxford

<u>Dates</u>	<u>Departure Time</u>	<u>Return Time</u>	
June 28, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
July 05, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
July 12, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
July 19, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
July 26, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
August 02, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____
August 09, 2019	12:15 p.m.	5:30 p.m.	Parent Initials: _____

**\*\*CHILDREN WILL BE SERVED LUNCH BEFORE DEPARTURE OR ON LOCATION.**

**\*\*\*CHILDREN WITH A 1:00 PM TO 6:00 PM SCHEDULE NEED TO ARRIVE AT 11:30 AM ON THE DAYS LISTED ABOVE. THE BUS LEAVES PROMPTLY AT 12:15 PM OR YOU MAY BRING YOUR CHILD DIRECTLY TO OUR STAFF AT COMMUNITY CHAPEL (Formally Colonial Tavern)**

Departure Location: Seymour Middle School

Return Location: Seymour Middle School

I/ We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, June 26, 2019

Departure Location: Seymour Middle School

Destination: **Amity Bowl** - 30 Seldon Street, Woodbridge, CT 06525

Departure Time: 9:30 a.m.

Return Time: 1:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 03, 2019

Departure Location: Seymour Middle School

Destination: **Riverview Cinemas 8** - 690 Main Street South, Southbury, CT 06488

Departure Time: TBD

Return Time: TBD

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 10, 2019

Departure Location: Seymour Middle School

Destination: **Old New-Gate Prison & Copper Mine** - 115 Newgate Road, East Granby, CT 06026

Departure Time: 9:00 a.m.

Return Time: Between 4:00 p.m. & 5:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 17, 2019

Departure Location: Seymour Middle School

Destination: **Old Sturbridge Village** - 1 Old Sturbridge Village Road, Sturbridge, MA 01566

Departure Time: 9:00 a.m.

Return Time: Between 5:00 p.m. & 6:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 24, 2019

Departure Location: Seymour Middle School

Destination: **Beardsley Zoo** - 1875 Noble Ave, Bridgeport, CT 06610

Departure Time: 9:00 a.m.

Return Time: Between 2:30 p.m. & 3:30 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 31, 2019

Departure Location: Seymour Middle School

Destination: **Quassy Amusement Park** - 2132 Middlebury Road, Middlebury, CT 06762

Departure Time: 10:00 a.m.

Return Time: Between 5:00 p.m. & 6:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2019 SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, August 07, 2019

Departure Location: Seymour Middle School

Destination: **Nomads Adventure Quest** - 100 Bidwell Road, South Windsor, CT 06074

Departure Time: 9:00 a.m.

Return Time: Between 4:00 p.m. & 5:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

---

PARENT/GUARDIAN SIGNATURE

---

DATE

---

PARENT/GUARDIAN SIGNATURE

---

DATE





**2019 SONCCA SUMMER PROGRAM - Wet & Wild Days  
LUNCH FORMS**

Lunch is provided on Wet & Wild days. Please indicate your child's choice below. If any of the selections below are not acceptable to your child, please pack a brown bag lunch on that day.

Child's Name: \_\_\_\_\_

---

**Monday: June 24, 2019**

No choice needed. Mac & Cheese will be served.

Pack Own Lunch

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**Friday: June 28, 2019**

No choice needed. Pizza will be served.

Pack Own Lunch

---

**Monday: July 01, 2019**

Hamburger

Cheese Burger

Chicken Nuggets

Pack Own Lunch

---

**Friday: July 5, 2019**

No choice needed. Ziti will be served.

Pack Own Lunch

---

**Monday: July 8, 2019**

Soft Taco

Hard Taco

Pack Own Lunch

---

**Friday: July 12, 2019**

No choice needed. Chicken Nuggets, fries and apple sauce will be served.

Pack Own Lunch

---

**Monday: July 15, 2019**

Hamburger

Cheeseburger

Chicken Nuggets

Pack Own Lunch

---

**Friday: July 19, 2019**

No choice needed. Mac & Cheese will be served.

Pack Own Lunch

**2019 SONCCA SUMMER PROGRAM - Wet & Wild Days  
LUNCH FORMS**

Lunch is provided on Wet & Wild days. Please indicate your child's choice below. If any of the selections below are not acceptable to your child, please pack a brown bag lunch on that day.

Child's Name: \_\_\_\_\_

---

**Monday: July 22, 2019**

No choice needed. Ziti will be served.

Pack Own Lunch

---

**Friday: July 26, 2019**

No choice needed. Pizza will be served.

Pack Own Lunch

---

**Monday: July 29, 2019**

Soft Taco

Hard Taco

Pack Own Lunch

---

**Friday: August 2, 2019**

No choice needed. Mac & Cheese will be served.

Pack Own Lunch

---

**Monday: August 5, 2019**

No choice needed. Chicken Nuggets, fries, & apple sauce will be served.

Pack Own Lunch

---

**Friday: August 9, 2019**

No choice needed. Ziti will be served.

Pack Own Lunch

---

**Monday: August 12, 2019**

Hamburger

Cheeseburger

Chicken Nuggets

Pack Own Lunch

---

**Friday: August 16, 2019**

No choice needed. Pizza will be served.

Pack Own Lunch

**SONCCA SUMMER 2019  
PROGRAM PHOTOGRAPH PERMISSION FORM**

Child's Name: \_\_\_\_\_

I give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to  
 take and use photographs of my child participating in the SONCCA program for publicity  
and fund development purposes, some of which may be included on the SONCCA website.

I do not give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association,  
 Inc.) to take and use photographs of my child participating in the SONCCA program for  
publicity and fund development purposes, or to be shown on the SONCCA website

**I also understand that SONCCA does take pictures and/or video for internal  
purposes only, even if I do not give permission for SONCCA to use them for  
publicity and fund development purposes, or to be used on the website. They are  
only for administrative purposes and are deleted.**

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SONCCA SUMMER 2019**  
**IMPORTANT SUMMER PROGRAM POLICIES ACKNOWLEDGEMENT FORM**

**Please read carefully and initial where indicated.**

**Dress Requirements**

- Children should dress appropriately for weather conditions. Comfortable, loose-fitting clothes should be worn to permit child to participate in physical activities.
- Children must wear appropriate footwear. Sneakers and closed-toed, rubber-soled shoes are encouraged. **Open-toed or open-backed shoes, flip-flops and crocs are prohibited for safety reasons. Children who arrive in open-toed or open-backed shoes, flip-flops or crocs will not be allowed to participate in the program.** To avoid problems, you may want to keep an extra pair of sneakers in your child's cubby.
- Every child must bring his/her bathing suit, water shoes and towel on scheduled Wet 'N' Wild days. Please refer to the Wet & Wild schedule, which you received in your Summer Program Parent Handbook.
- SONCCA Program T-Shirts will be issued on the first day of the program. T-shirts are required to be worn on all bus trips.
- Every child should also maintain one t-shirt and pair of shorts at the site in his/her personal cubby.

**Health Care Issues**

- The Site Supervisor and office must be notified of any and all health-related issues which could affect your child's participation in the program. Such issues include, but are not limited to, food and environmental allergies.
- **Children should have sunscreen already applied upon arrival at the program.**
- Every child is required to maintain a bottle of sunscreen at the site in his/her personal cubby. The sunscreen should be brought to SONCCA on the first day of the program. The bottle should be clearly marked with the child's name. Children will be provided with an opportunity to re-apply sunscreen several times daily.

**Dress Requirements & Health Care Issues - Parent Initial: \_\_\_\_\_**

**Medication Waiver Statement**

When a child's physical form states s/he takes a medication, but the parent does not provide SONCCA with that medication, SONCCA requires a signed statement from that parent saying:

Although my child's physical form states that s/he takes medication for \_\_\_\_\_ (fill in the name of the illness), I do not feel it is necessary to provide SONCCA with the medication to be kept on site.

I understand, if the medication on the physical form is one which counteracts an emergency situation, like an asthma attack, an allergic reaction or a seizure, SONCCA requires an Action Plan signed by the child's doctor.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Lunch

- A Field Trip Lunch Selection Form is provided and must be completed for children registered for the program during scheduled trip days. If your child requires a special diet, please provide lunch for him/her on those days.
- Parents must supply a brown bag lunch two days per week as indicated by the Activity Calendar. Lunches should include a beverage. Please note that beverages should be stored in a thermos. Glass containers are not allowed. Cooler bags and lunch boxes are encouraged. Please do not pack lunches which require heating; unfortunately, the program does not have the facilities to accommodate that. If a child arrives on a brown bag day without a lunch, a \$5 charge will be added to the parent's account for the lunch supplied by the program.
- On Community Chapel days, children with an 8:00 a.m. to 1:00 p.m. schedule will not be served lunch.

## Field Trips

- On scheduled field trip days, children must arrive to the site no later than 8:15 a.m.; buses leave promptly.
- A signed Field Trip Permission Form must be completed and on file for your child(ren) to attend field trips.
- Children must wear their Summer SONCCA T-shirt.
- If a scheduled field trip falls on a day a child is not registered to attend, the child may attend the trip for an additional charge of \$55.
- **Depending on the times of a field trip, half day children (8:00 - 1:00 or 1:00 to 6:00) may pay to attend the trip or choose not to attend SONCCA on that field trip day. No staff will be available at Seymour Middle School during any field trips.**

## Sign In/Sign Out

In the morning, you are required to escort your child into the center and sign in by recording initials and time of arrival on the appropriate form. Parents picking up their children from SONCCA are required to sign them out using initials and noting time of departure. Once signed out, the child must remain with the adult. The only individuals permitted to sign the child out are the full-time legal guardians and those listed on the current child-release authorization form. **Due to State regulations, there can be NO exceptions to this policy!** We cannot accept telephone or fax instructions adding additional pick-up persons. Authorizing additional persons must be completed in person by writing the name(s) on the child's registration form and dating and initialling the change.

**Lunch, Field Trips & Sign In/Sign Out - Parent Initial:** \_\_\_\_\_

## **Wet `N' Wild Days**

- Wet `N' Wild Days will be provided throughout the eight-week summer program (please refer to the schedule in your Parent Handbook). Wet "N" Wild Days consist of bringing the children to Community Chapel Swimming Pool in Oxford, or will take place at the Seymour Middle School Site and will involve a variety of water activities.
- **Parents are expected to ensure that their child(ren) arrive prepared for Wet "N" Wild Days. Children should have an appropriate bathing suit, water shoes, a towel and a plastic bag to store wet clothing items.**

**Wet "N" Wild Days - Parent Initial:** \_\_\_\_\_

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### **How did you hear about us?**

My child attends SONCCA during the school year.

I got a flyer from my child's school.

A friend told me about the program.

Other: Please explain: \_\_\_\_\_

**Thank You**

**SONCCA 2019  
SUMMER GRANT INFORMATION QUESTIONNAIRE**

It is through the receipt of grants that SONCCA is able to provide quality care for your child at reasonable tuition rates. The following information is requested from local, state, federal, and other funding sources as a grant submission and reporting requirement. Please note names are not required. This form will be removed from your child's file and placed in our Grant Statistics file to be used when grant applications are made. If you wish, you may remove it from the rest of the packet and send it to the office separately.

Please place a checkmark or fill in all blanks, as appropriate:

Town:                     Seymour                     Oxford

Child's age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade as of September 2019: \_\_\_\_\_

Child's heritage:

Asian     African-American     Caucasian     Hispanic     Native American

Other, Please write in: \_\_\_\_\_

Family Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of parents/guardians in the household: \_\_\_\_\_

Number of parents/guardians working: \_\_\_\_\_ in training: \_\_\_\_\_

- Income:     A: \$23,850 - \$32,913  
               B: \$32,913 - \$47,700  
               C: \$47,700 - \$71,500  
               D: \$71,500 - \$110,000  
               E: More than \$110,00

- Child is cared for by:  Parent(s)  
                                   A "supervising adult" (grandparents, foster parents, etc.)





# State of Connecticut Department of Education

## Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call <b>1-877-CT-HUSKY</b>
Does your child have dental insurance?	Y N	

\* If applicable

### Part I — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y	N	Diabetes	Y	N	
Any immediate family members have high cholesterol			Y	N	ADHD/ADD	Y	N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

**Physical Exam**

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

**Screenings**

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	*HCT/HGB:	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Without glasses	20/	20/	<input type="checkbox"/> Referral made			*Speech (school entry only)	
<input type="checkbox"/> Referral made						Other:	

**TB:** High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*IMMUNIZATIONS**

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

**\*Chronic Disease Assessment:**

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of the **Asthma Action Plan** to School

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** If yes, please provide a copy of the **Emergency Allergy Plan** to School

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II

**Other Chronic Disease:**

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program

participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports

participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <b>Provider</b> Name and Phone Number
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# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year)** Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>DTP/DTaP</b>	*	*	*	*		
<b>DT/Td</b>						
<b>Tdap</b>	*				Required 7th-12th grade	
<b>IPV/OPV</b>	*	*	*			
<b>MMR</b>	*	*			Required K-12th grade	
<b>Measles</b>	*	*			Required K-12th grade	
<b>Mumps</b>	*	*			Required K-12th grade	
<b>Rubella</b>	*	*			Required K-12th grade	
<b>HIB</b>	*				PK and K (Students under age 5)	
<b>Hep A</b>	*	*			See below for specific grade requirement	
<b>Hep B</b>	*	*	*		Required PK-12th grade	
<b>Varicella</b>	*	*			Required K-12th grade	
<b>PCV</b>	*				PK and K (Students under age 5)	
<b>Meningococcal</b>	*				Required 7th-12th grade	
<b>HPV</b>						
<b>Flu</b>	*				PK students 24-59 months old – given annually	
<b>Other</b>						

**Disease Hx** \_\_\_\_\_  
**of above** (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by) \_\_\_\_\_  
**Exemption:** Religious \_\_\_\_\_ **Medical:** Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Renew Date:** \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
 Medical exemptions that are temporary in nature must be renewed annually.**

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

\*\* **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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