

**This document is fillable!**  
To use this option, open document and download to fill. Once complete, print and hand in to the EXCL Office for processing.

**FARMINGTON EXTENDED CARE & LEARNING**  
**SUMMER CAMP 2025 - RESERVATION FORM**  
**NEW CAMP LOCATION: East Farms Elementary**



**Reg Fee/Deposit:**  
Check #: \_\_\_\_\_  
Rcv'd: \_\_\_\_\_  
\_\_\_\_ Google Form  
\_\_\_\_ Billed in PC  
\_\_\_\_ Supervisor Initials  
*Office Use ONLY*

Enroll \_\_\_\_\_ for the following sessions:

(Student's Name)

<u>WEEK/DATE/THEMES</u>	<u>5 DAYS (\$315)</u>	<u>SLA Combo (\$215)*</u>	<u>3 DAYS (\$189)</u>	<u>Choose Days (check days)</u>	<u>Amount Due:</u>
Week 1: June 23-27 Time Travelers				M T W TH F	
Week 2: June 30- July 3 Stars & Stripes	<u>4 Day Price- \$252</u>			M T W TH	
Week 3: July 7-11 Get Your Green On!				M T W TH F	
Week 4: July 14-18 Red Carpet-Hollywood				M T W TH F	
Week 5: July 21-25 Splash Into Adventure				M T W TH F	
Week 6: July 28- Aug 1 Once Upon a Time				M T W TH F	
Week 7: August 4-8 Color Games				M T W TH F	
Week 8: August 11-15 Secret Agent Spy				M T W TH F	

**Please fill out if applicable:** THIS PROGRAM IS INVITE ONLY BY CHILDREN'S HOME SCHOOL TEACHERS/CASE MANAGER.

**\*Summer Learning Programs to Combine with EXCL Summer Camp**

**COST: \$215 A WEEK(M-TH 11:45-5 pm & F 8-5 pm) & 5-day option ONLY.**

*(Check one on the right if applicable to the child)*

<b>Summer Exploration Academy (SEA)</b> Gr K-6 June 30th- July 24th (8:15 am-11:45 pm, M-TH) _____	<b>Extend School Year (ESY)</b> Grades Pre K-6 June 30th- July 24th (8:15 am-11:45 pm, M-TH) _____	<b>Reading, Writing &amp; Math</b> Grades 7th & 8th June 30th- July 24th (8:15 am-11:30 pm, M-TH) _____	<b>SLC Summer School</b> June 30th- August 7th (8:30 am-1:30 pm, M-TH) _____
--	--	---	---

Please note that all summer school programs are located at *IAR Middle School*. We do not offer a before-summer school option(8:00-8:15 am). Students who enroll in the summer school & EXCL combo will be guided & walked by staff to East Farms School where EXCL Camp will be located. **Pick-up from there will be located at East Farms Main entrance.**

**Registration Fee :**

\_\_\_\_\_ My child was enrolled in EXCL/FCP during the 24-25 school yr. (Reg. Fee \$20)  
\_\_\_\_\_ My child was **NOT** enrolled for EXCL/FCP during the 24-25 school yr. (Reg. Fee \$40)

Total Tuition Cost \$ \_\_\_\_\_ (+)  
Registration Fee (2 wks) \$ \_\_\_\_\_  
(=) Grand Total \$ \_\_\_\_\_  
(-) Less Deposit Enclosed \$ \_\_\_\_\_  
**(=) TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**PLEASE NOTE THE FOLLOWING:**

Registration cannot be processed without a registration fee, a deposit of two weeks tuition and the completed registration paperwork. Summer Camp tuition covers the entire program day, from **8:00 am to 5:00 pm**. Tuition is due for all the times reserved; additional sessions can be added on a space-available basis only. **Fees and tuition due for all dates reserved are non-refundable and we do not prorate tuition for holidays (Independence Day), vacations, or illness.** Late registrations will require an administrative wait of 2 business days and additional fees for your child to be actively enrolled. By signing below, you have used the QR code to read and understand the policies and procedures of the EXCL Camp of 2025.



Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Printed Name: \_\_\_\_\_

**FARMINGTON EXTENDED CARE & LEARNING  
SUMMER CAMP 2025 - ENROLLMENT FORM**

**STUDENT INFORMATION:**

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ M \_\_\_ F \_\_\_ Non Binary  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Elementary/FCP School(check one):    EF    NW    UN    WD    WWUE    IAR    Grade 25-26 SY \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian #1 \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian #2 \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Guardian(s) are (circle one):**

Single      Married      Separated      Divorced

**Court Order(s) (circle one):**      Yes      No

*\*If there is a court order, please supply a copy for our confidential files*

**FIELD TRIP PERMISSION:**

My child **MAY /MAY NOT\*** (check one) attend any of the EXCL summer camp field trips planned. I give the EXCL Summer Camp staff permission to take whatever medical action might be necessary in the event of a medical emergency while off-site.

**Not applicable for Preschool age students\*\***

**MEDICAL TREATMENT AUTHORIZATION-**

Please read the following statement and complete the following information:  
*"In case of an accident or serious illness, I request that Farmington EXCL contact me. If EXCL is unable to reach me, I hereby authorize their personnel to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, or in the judgment of Program Staff immediate medical attention is needed, EXCL may make whatever arrangements seem necessary."*

Hospital: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list any known allergies and/or medication for your child  
 Allergies/Dietary Restrictions: \_\_\_\_\_

Medication: \_\_\_\_\_  
 Special personal/medical needs for your child: \_\_\_\_\_

Will medication be needed while at EXCL Summer Camp (circle one):      Yes      NO

**AUTHORIZATION LIST FOR CAMPER PICK-UP/EMERGENCY CONTACT:**

Other than Parent/Guardian, the following adults (must be 18 years of age) are authorized for student pick-up:

Name, Relationship:

Can we contact in an emergency situation and cannot reach the guardian?

- |          |           |          |
|----------|-----------|----------|
| 1. _____ | _____ Yes | _____ No |
| 2. _____ | _____ Yes | _____ No |
| 3. _____ | _____ Yes | _____ No |

*\*Adults authorized for student pick-up will be asked for a picture ID upon arrival.*

**Photography Permission:**

I **DO/ DO NOT** (check one) give permission for my child to be photographed by EXCL for program use, and or the news media to publish those photographs

**TUITION PAYMENTS:**

Please list the name(s) of the person(s) responsible for tuition payments:

Name(s): \_\_\_\_\_  
 Relationship(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_

*By signing below, you have filled out the form completely and given all accurate information about the participant. You are agreeing that you have used the QR code on the first page to read and understand the policies and procedures of the EXCL Camp of 2025.*

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

Parent/Guardian Printed Name \_\_\_\_\_