

# Newington Parks & Recreation Department

Summer Sunshine Registration June 23, 2025 – August 22, 2025

## Participant Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

\*please note that all correspondence will be sent to this address

Special Concerns/Medical Concerns/Allergies: \_\_\_\_\_

If your child requires an epi-pen or emergency medication during program hours, the Authorization for the Administration of Medication by Summer Sunshine Staff form (available at [www.newingtonct.gov/parksandrec](http://www.newingtonct.gov/parksandrec)) must be completed by the authorized prescriber (doctor, physician, PA, APRN) and submitted with this registration form at the time of registration.

## Registration Information

Summer Sunshine is open to children ages 3 & 4

Option: A- Register for 2-days a week -Tuesday & Thursday

Non-Residents welcome!

Option: B- Register 3-days a week- Monday, Wednesday, Friday

Hours of operation: 7:30 a.m.-5:30 p.m.

Option: C- Register 5-days a week- Monday-Friday

## Summer Sunshine (2020222):

Week 1/June 23-27: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 6/ July 28-August 1: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 2/ June 30- July 4th (no camp 7/4): Option: \_\_\_\_\_ Fee: \_\_\_\_\_ Week 7/ August 4-August 8: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 3/July 7-11 Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 8/ August 11-15: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 4/ July 14-18: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 9/ August 18-22: Option: \_\_\_\_\_ Fee: \_\_\_\_\_

Week 5/ July 21-25 Option: \_\_\_\_\_ Fee: \_\_\_\_\_

**Total \$** \_\_\_\_\_

**Discounts \$** \_\_\_\_\_

Program Fees- Save if you register for all 9 weeks!\*

**Total Due \$** \_\_\_\_\_

-10% Sibling discount! -15% discount for registered Creative Playtime Preschool Students! \*Register for all 9 weeks and save 20%!

## Early Bird Registration Fees (On or Before May 14th)

## Registration Fees (After May 14th)

<u>Residents:</u>	<u>Non-Residents:</u>	<u>Residents:</u>	<u>Non-Residents:</u>
2-Day Pricing - (T&TH): \$148	2-Day Pricing - (T&TH): \$168	2-Day Pricing - (T&TH): \$198	2-Day Pricing - (T&TH): \$213
3-Day Pricing - (MWF): \$210	3-Day Pricing - (MWF): \$235	3-Day Pricing - (MWF): \$250	3-Day Pricing - (MWF): \$335
5-Day Pricing - (M-F): \$320	5-Day Pricing - (M-F): \$400	5-Day Pricing - (M-F): \$360	5-Day Pricing - (M-F): \$400

## Payment Information Register by mail, fax (860-665-8739) or in-person at the Parks and Recreation office.

Please Circle Payment Method:  Cash  Check  Visa  MasterCard  Discover  Debit

Checks Payable To: Newington Parks & Recreation (200 Garfield Street, Newington, CT 06111)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code (on back of card): \_\_\_\_\_

Signature for Credit Card Use: \_\_\_\_\_ Date: \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian #1 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian #1 Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian #2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian #2 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian #2 Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact Information

Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached. This person is also given authority to pick up the child from the program and make decisions regarding medical treatment in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Pick-Up Authorization

I hereby authorize the individuals named below to pick up my child from the Newington Parks & Recreation Department's Summer Sunshine Program. If there are any changes in these arrangements, I will give written notice. Please note that only the parents/guardians who have signed the bottom of this form have permission to make changes to the people named below. **Parents/guardians must be included on this release (both parents/guardians may be included).**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Liability Releases

### Assumption of Liability:

Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician.

**Emergency Medical and Surgical Treatment Release:** The information contained herein is accurate to the best of my knowledge. By my signature below, I consent to the following: Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I authorize certified staff to administer first aid/CPR and authorize that my child be transported by an emergency vehicle for any medical treatment. I authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures as in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

I agree with both of the release statements above.

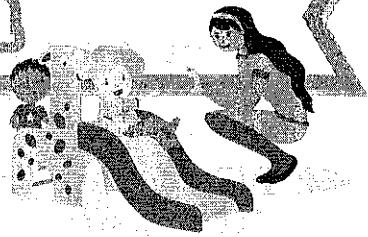
**Parent/Guardian #1 Signature**

**Parent/Guardian #2 Signature\* (optional)**

**Date**

\*Only the parent(s)/guardian(s) signing this form is/are authorized to make changes on this form, including adding/removing authorized pick-ups.  
All changes must be made in person at the Parks and Recreation office.

# Photo Release Form



I understand that my child, whose name is listed above, may be photographed at the center during normal daycare hours, field trips or activities. I understand that these photographs may be used in promoting child care services in either print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the Center's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**PARENT/GUARDIAN SIGNATURE**

**PARENT/GUARDIAN NAME**

CHILD'S NAME

**PHONE NUMBER**

DATE