

SHELTON Camp Registration

472 River Rd, Shelton CT \cdot (203) 892-8139 \cdot SHELTON@thegigglingpig.com

We're so excited to have your child attend camp at The Giggling Pig! Please email this completed form and your child's Connecticut Health Assessment Record to: SHELTON@thegigglingpig.com One camp registration is required for each child and is valid for 1 year from start date.

Registration must be completed before the 1st day of camp.

Start Date *		Camp Type *				
		Summer	Seasonal	OBoth		
Camps My Child Will Be Attending * Please list the camps your child will be attending (example: Winter Break, Princesses & Pirates)						
Camper Information						
First Name * MI * Last Name		Name *	Birthday *			
Street / Ave *		Apt / Unit City / To	own *	State * Zip Code *		
Parent / Guardian Information						
Parent / Guardian [1] First, Last Name *		Rela	Relationship to Child *			
Email *		Phor	ne *			
Parent / Guardian [2] First, Las	t Name	Rela	tionship to Child			
arene, Gaaranan [2] i neg 2as	ic i tallio		tionionip to oniiu			
Email		Phor	ne			

Emergency Contact First, Last Name *	Relationship to Child *	Phone *
Authorization for Pick-U	p	
Pick-Up Person [1] First, Last Name	Relationship to Child	Phone
Pick-Up Person [2] First, Last Name	Relationship to Child	Phone
Medical Information		
Allergies: Does your child have any allerg	ies?*	es
If yes, please explain [My child is allergic to]	Please note that we are a nut-free facility.
Please list any pertinent medical problem	s that would affect your chi	ild's participation at camp
Discontinuo del control de la	order outcomes at 1911	
Please list anything that we should know	about your child	

Health Assessment Records

Emergency Contact

Physical exams are valid for 3 years from date of last examination. Along with your registration form, please email us your completed Connecticut Health Assessment Record. A physical exam, including immunization records, must be provided BEFORE the First Day of Camp.

General Policies & Prod	cedures			
I acknowledge if my child is absent from a class and I do not inform The Giggling Pig via email or phone prior to the start of class, I will forfeit my child's session. *				
☐ I acknowledge The Giggling Pig is a	a "nut-free" facility. *			
	on to post photos of my child to The Giggling Pig's Facebook (Leave unchecked if you do not wish to grant permission)			
I understand there are NO REFUND	OS FOR CAMP. *			
Discipline and Behavior	r Policy for Campers			
disobedience, or insubordination, actions supervised activities. Upon the 1st offer offense, the "unruly" camper shall be as Upon the 3rd offense, the "unruly" care	d as, but not limited to: Disruptive behavior, fighting, bullying, ins which jeopardize the safety of staff and/or campers during inse, the "unruly" camper shall be verbally warned. Upon the 2nd sked to sit out from that day's activities, the parent shall be called. In the shall receive a 1 day suspension from camp. Any further camp and forfeiture of par/all camp fees.			
I have read the Discipline and Behav	vior Policy for Campers. *			
Email Opt-in				
Yes, please subscribe me via email t	to receive news and upcoming events from The Giggling Pig.			
Confirmation				
Signature *	Name of Parent / Guardian signing * Today's Date *			
Check List Camp Registration Form Health Assessment Record	Instructions Please email this completed form and your child's Connecticut Health Assessment Record to: SHELTON@thegigglingpig.com			

^{*} Asterisked items are required