



**2015 SUMMER CAMP REGISTRATION FORM**

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

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please list any medical /behavioral conditions the child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School & Grade:** \_\_\_\_\_

**T-Shirt Size: Small, MED, LG, XL, XXL, XXXL (Circle One)**

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address if different from above:** \_\_\_\_\_

**Emergency Contacts (other than Parent/Guardian listed above)**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please list all people who may be responsible to pick up your child. Please notify the Director any day a different person will pick up your child. Your child will not be permitted to leave camp with any unauthorized person.

**People Who May Be Authorized to Pick Up Your Child (If a Taxi service, please list direct numbers):**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Referral Contact & Funding (WCS Foster Care / UCFS / DCF/ Independent Referral):**

**1. Tuition Funding**

**Name of Funder—Parent, Organization, etc. (print & sign):** \_\_\_\_\_

**Organization/City:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

## 2. Transportation Funding

Name: \_\_\_\_\_

Organization/City: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Interests /Hobbies:

Please circle and list Interests and Hobbies.

**Hiking, Adventure Course, Fishing, Horseback Riding, Sports, Fitness Workouts, Gardening,  
Arts & Crafts, Animal Care, Group Activities, Farm, Nature Center, Camping, Group Activities,  
Movies, Reading**

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### Goals:

Please list 3 goals for your child to set out and accomplish at Camp Cuheca.  
(Academic, Health & Wellness, Social, Behavioral, Artistic, ext.)

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### Additional Information:

Please list any additional information that you would like to share about your child (Optional).

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I certify that all the above information is true to the best of my knowledge. I give my permission for the child named to attend Camp Cuheca.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## CAMP INFORMATION

All sessions 9:00 am to 3:30 pm  
Please check the week(s) you are requesting

**Week 1:**     \_\_\_ July 6th - July 10th

**Week 4:**     \_\_\_ July 27th - July 31st

**Week 2:**     \_\_\_ July 13th - July 17th

**Week 5:**     \_\_\_ August 3rd - August 7th

**Week 3:**     \_\_\_ July 20th - July 24th

**Week 6:**     \_\_\_ August 10th - August 14th

### COST:

- Weekly Tuition: \$500/week
- Weekly Transportation (From Commuter Lots in Norwich / New London):\$100/week
- 2 snacks and Lunch Included

Payment is required in full at time of registration to secure each week's placement and must be received 30 days prior to starting date of each session.

Confirmation and instructions will be forwarded upon receipt.

Please make checks payable to: Waterford Country School

Camp Cuheca

Send application form and payment to:

Tina Cote, Director  
Camp Cuheca  
Waterford Country School  
78 Hunts Brook Road,  
Quaker Hill, CT 06375

Director's Phone: 860-442-9454 ext. 290

Fax: 860.440.4345

Email: [tcote@waterfordcs.org](mailto:tcote@waterfordcs.org)