



# Newtown Summer School

Newtown Continuing Education  
12 Berkshire Road | Sandy Hook, CT | 06482

## Summer Splash Academy Registration

Child's Name:

Parent/Guardian Name:

Please provide us with the following information for your child.

Approximate Daily Pickup Time (4 p.m. Latest)

### Medical Information:

Please enter any special considerations for the selected participant (allergies, medications, etc.)

### Swim Permission:

Please select below whether your child has permission to swim and provide their swimming ability.

Choose one:

- Please provide a life vest for my child during swim time.
- My child can swim **WITH** assistance.
- My child can swim **WITHOUT** assistance.
- My child does **NOT** have swimming permission.





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## Statement: Please read the following statements and initial.

- The Newtown Continuing Education Department/Newtown Community Center agree to notify me should my child become ill. I agree that I will need to pick the child up within 30 minutes of receiving such a call. (A temperature of 100F, recurring vomiting/diarrhea, or a communicable disease would require exclusion from the program).
- I agree to inform Newtown Continuing Education [continuinged@newtown.k12.ct.us](mailto:continuinged@newtown.k12.ct.us) or (203) 426-1787) within 24 hours or by the next business day if my child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health; except for life-threatening diseases which must be reported immediately.

Please initial in agreement to the statements above \_\_\_\_\_

## Statement of Understanding:

I understand that at times, Newtown Continuing Education may have to disclose certain information to the Newtown Community Center to better serve my child (swimming ability, medical conditions in case of emergency, pick up information, etc.). Any information provided will be kept *confidential* and is between Newtown Continuing Education, Newtown Community Center, and the parent. Information will only be provided in case of an emergency or to provide your child with the care they need while at the Summer Splash program.

Please initial in agreement to the statement above \_\_\_\_\_

## Photo/Video Release:

Newtown Continuing Education may videotape, record or photograph participants enrolled in programs. Photos and/or videotapes/recordings may be used for promotional purposes by Newtown Continuing Education. I understand that if I do not want my child videoed/photographed I will need to provide a letter in writing to Newtown Continuing Education before the start date of the program to notify of such disapproval.

Please initial in agreement to the Photo/Video Release \_\_\_\_\_

