



NOVUS 2022 SUMMER CAMP REGISTRATION FORM

www.novuscamps.com
novuscamp@gmail.com

Child First Name _____ Middle _____ Last _____

Gender: Male Female Grade _____ Birth date ____/____/____

Parent/Guardian Contact Information

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

E-mail _____

Parent/Guardian #2 if applicable

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____

E-mail _____

Child lives with: _____

Emergency Contact

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Relation to child _____

Please list people, in addition to parent/guardian, who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information Insurance Information should be included on CT state required form.

The purpose of sharing medical information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent's/Guardian's Initials _____

I understand that the NOVUS Summer-Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release I hereby give permission for my child to be photographed during the NOVUS Summer-Camp . I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of NOVUS Educational Innovations LLC and its affiliates.

Parent's/Guardian's Initials _____

The Novus Educational Innovations and its co-organizers are not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's/Guardian's Initials _____

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

- TUITION RATE INFORMATION \$300 per week**
- \$580 for two weeks**
- \$870 for three weeks**
- \$1150 for four weeks**
- \$1320 for entire summer**

Full tuition fee must be paid in full at time of registration. Scholarships available for families that can show need. Please email for additional information.

CHECK MADE PAYABLE TO: **NOVUS CAMPS**

Mail completed registration form, full payment if applicable, and a copy of health insurance card to:

NOVUS
P.O. Box 4096
Madison, CT 06443

SELECT YOUR MILFORD NOVUS CAMP PROGRAM OPTION

This form is only required for mail in registration.

Each week will be held at
First United Church of Christ
18 West Main Street, Milford, CT

DROP OFF IS ON NORTH STREET. DROP OFF SIGNS WILL BE VISIBLE.

Monday-Thursday 9:00-4:30

Friday 9:00-4:00

Check Off Week/Weeks Registering

_____ **Ooey Gooley Chemical Reactions & Tech Titans**
Instructed By Deborah Rogers
Week One: June 27th-July 1st

_____ **Ooey Gooley Two & Evolution of Engineering**
Instructed By Deborah Rogers
Week Two: July 6-8 Wed-Fri (ONLY 3 DAYS DUE TO JULY 4th HOLIDAY)

_____ **Stop Motion Animation & Creation Station:**
Instructor TBD
Week Three: July 11-July 15th

_____ **Full STEAM Ahead & Spectacular Scientist**
Instructor: TBD
Week Four: July 18th-22nd
Full STEAM Ahead

_____ **Master Chef & Using Up Supplies**
Instructed By Deborah Rogers
Week five July 25-July 29th

In the event that instructors change due to unforeseen circumstances you will be notified in advance.