



2024 NOVUS SUMMER CAMP REGISTRATION FORM

www.novuscamps.com

novuscamp@gmail.com

Child First Name _____ Middle _____ Last _____

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

Street Address _____

Town/City _____ State _____ Zip code _____

Home Phone _____

Child lives with: _____

Parent/Guardian Contact Information

First _____ Last _____

Street Address _____

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

Work Phone _____ Cell phone _____

E-mail _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

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

Work Phone _____ Cell phone _____

E-mail _____

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

Health Insurance Provider _____ Policy Number _____

Primary Physician _____

Address _____ Phone _____

Hospital Preference _____

Please list any medical concerns, including any requiring maintenance medication (i.e. Allergies Diabetic, Asthma, Seizures): _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication? Yes__ No__

If yes, explain: _____

Does your child require a special diet? Yes__ No__

If yes, explain: _____

The purpose of the above listed 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 it's 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).

Cancellation/Refund Policy

- Registration cancellation by the camper/family 30 days prior to the start of camp will be refunded less an administrative fee.
- Cancellation 2 weeks prior to the start of the camp date will be refunded 50% of the cost.
- NO REFUND for cancellation less and 2 weeks prior to the start of camp.
- If a camper misses a day due to illness or other circumstances, there are no makeup days or refunds.

Covid-19 Cancellation

- If Novus has to cancel due to state or federal closures for Covid-19 related circumstances, there will be partial refunds less administrative fees. A refund will be determined based on the days/weeks that closure applies.
- If a family/camper cancels due to Covid-19 related circumstances our standard cancellation policy applies.

Weather Cancellations

If Novus must cancel due to unforeseen weather circumstances, there will be no refund for that day. If possible, we will try to offer a makeup up day if we are able due to availability days and space. Novus does have air-conditioning. There will not be cancellations do to heat unless there is power loss.

Guardian Signature: _____ Date: _____
Printed Name of Parent/Guardian: _____

TUITION RATE INFORMATION

\$320 per week
\$630 for two weeks
\$940 for three weeks
\$1,240 for four weeks

\$1,430 for entire summer

\$180 for ½ day camp for kindergarten/1st grade students only

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**

Prior to the start of camp mail completed registration forms, health forms and full payment if applicable to:

**NOVUS
P.O. Box 4096
Madison, CT 06443**

All campers are required by the state of Connecticut to complete health and registrations forms. Campers will not be able to attend without them.

2024 Weekly Options

For mail in registration only - check off weeks registering for

Full Day Programs – Current 2nd grade and up

_____ Week One: June 24th-June 28th - Ooey Gooey Chemical Reactions & 3D Printing.

_____ Week Two: July 1st-July 3rd Mon- Wed - Ooey Gooey 2 & Creation Station

_____ Week Three: July 8th-13th STEM Challenges & Spectacular Scientist

_____ Week Four: July 15th-20th Tech Titans & Epic Engineering

_____ *Week Five July 22-26th* Master Chef & Using Up Supplies

½ Day Programs – Only for current Kindergarten and 1st Grade

_____ Week One: June 24th-June 28th - Ooey Gooey Chemical Reactions

_____ Week Two: July 1st-July 3rd Mon- Wed – The Art of Science

_____ Week Three: July 8th-13th Master Chef

_____ Week Four: July 15th-20th Epic Engineering

_____ *Week Five July 22-26th* STEM Challenges

Please check the website for detailed descriptions of each week.

www.novuscamps.com