



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 COMPLETE REQUIRED STATE MEDICAL FORMS IN ADDITION TO NOVUS REGISTRATION FORMS.

Does your child require a special diet? Yes___ No___

If yes, explain: _____

The purpose of the above-mentioned 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 or 911 emergency and providing of necessary medical services by professional medical personnel in the event my child is injured or becomes ill. In case of an emergency, and if a family physician cannot be reached, I hereby authorize a 911 call in order to have my child treated by EMT medical personnel.

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 brought to summer camp. Parent's/Guardian's Initials _____

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.

Required State Cancellation

- If Novus has to cancel due to state or federal closures for health related circumstances, there will be partial refunds less administrative fees. A refund will be determined based on the days/weeks that closure applies. 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 Full tuition fee must be paid in full at the time of registration either online or by mail. Scholarships available for families that can show need. Please email for additional information.

IF PAYING IN PERSON CHECK MADE PAYABLE TO: **NOVUS CAMPS**

\$320 per week
\$630 for two weeks
\$940 for three weeks
\$1,250 for four weeks
\$1,510 for five weeks

Prior to the start of camp please mail completed registration forms, state required health form, full payment if applicable to:

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

Weekly Options: Kindly check off week/weeks registering for

_____ **Week One: June 22nd-26th 3D Printing & Homemade Circuit Robots**

_____ **Week Two: June 29th-July 2nd (Only 4 Days) Creation Station & Ooey Goey Chemical Reactions**

_____ **Week Three: July 6th-10th Full STEAM Ahead & Spectacular Scientist**

_____ **Week Four: July 13th-17th Tech Titans & Epic Engineering**

_____ **Week Five: July 20th-24th Master Chef & Using Up Supplies**