644 Danbury Road
Wilton, CT 06897
www.theplayplace.net

Summer Camp Registration Form 2026

Child's First Name _____ Last Name _____

Age _____ D.O.B ____/_____/_____ O Male O Female Grade _____

School _____ Mom's Name_____ Dad's Name _____

Address _____ City _____State _____ Zip _____

Cell Phone _____- _____-_____Home Phone _____- _____-_____Work Phone ————————_____

Email Address _____@_____

Emergency Contact #1_____ Phone # _____

Does your child have any allergies O Yes O No If Yes Please List

Choose Your Summer Camp 2026

Weekly Camp Rate $225 / Sibling 10% Discount OR $50 /Day- Minimum 3 Days/Week

READY SET MORNING- 9am-12pm OR AFTERNOON ADVENTURES 12pm-4pm

Please indicate FW for Full Week or M, T, W, Th, F for individual days

Week #	Dates	Ready Set Morning	Afternoon Adventures
1	6/22-6/26		
2	6/29-7/3		
3	7/6-7/10		
4	7/13-7/17		
5	7/20-7/24		
6	7/27- 7/31		
7	8/3-8/7		
8	8/10-8/14		
9	8/17-8/21		

Cost $ _____ Deposit $ _____ Balance $_____ Date____/____/_____

Payment Method O Cash O MC O Visa O Amex O Check

CC # _____/__ _____/_____/_____ Exp _____/_____ CV_____

CANCELLATION POLICY: No refunds. Program credit/make-ups only at director's discretion. Balance due 1st day of camp.

Waivers

I accept full responsibility for my Childs' use of any apparatus, appliance, facility, privilege, or service owned or operated by THE PLAY PLACE or while participating in any contest, game, function, exercise, or other activity organized or sponsored by THE PLAY PLACE. This waiver covers activities inside or outside the building. I agree that my child(ren) participate(s) at his/her/their own risk. I shall hold THE PLAY PLACE, its shareholders, directors, officers, employees, representatives, owners, and agents, harmless for any loss claim, injury, damage or liability sustained or incurred by my child's act or omission of an officer, employee, representative, owner or agent of THE PLAY PLACE or its affiliated companies. These hold harmless agreements cover any such loss, cost, claim, injury, damage, or liability sustained or incurred by the use of THE PLAY PLACE.

Parents Signature: _____ Date: _____ Print Name

I authorize my child to participate in videos and photographs for marketing material:

Parents Signature: _____ Date: _____ Print Name

Emergency Contact and Medical Information

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

1st Emergency Number

Home/Work Phone

Home /Cell Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts AND People Authorized to Pick Up in my Absence

Alternative Emergency Contact

Alternative Emergency Contact

Home /Cell Phone

Work Phone

Home /Cell Phone

Work Phone

Address

Address

City, ST, ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics/First Aider for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Camp and After School 2026/27 Health Record

Physical Exams & Immunization Records Are Valid For 1 Year From Date of Last Examination

Please submit a copy of a Current Immunization Record (Dated within 12 months)- Please Initial Below

Name:_____ Date of Birth:_____

_____This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

_____May participate in all camp activities.

Medical Information & Allergies

Medical information pertinent to routine care and emergencies:_____

_____

Is the child taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

_____

Does the child have allergies? YES/ NO Explain: _____

Is the child on a special diet? YES/ NO Explain: _____

Does the child have special needs? YES/ NO Explain: _____

_____

_____ _____

Parent's/Guardian's Signature Date