

The Haddam Historical Society—A Week in the Life of an Early American Child

Please circle the desired camp session: June 24-28, 2024 / August 5-9, 2024

Student's name: _____

Circle one: Girl / Boy Date of Birth (m/d/y) _____

Parent's/legal guardian's name: _____

Parent's e-mail: _____

Student's address: _____

City, State, Zip Code: _____

Daytime phone of parent: _____ Cell phone: _____

Emergency contact & phone: _____

Please list any allergies your child has (to foods, insect bites, medicines, etc.): _____

Indicate any medical conditions or medications your child may be taking (use additional sheet if necessary):

Note: Other than basic first aid, the staff of the Haddam Historical Society summer program cannot dispense medicine to your child. Any child who carries an inhaler needs written permission from a doctor.

At the end of each session, children will be released only to a parent/legal guardian or to persons 18 years of age or older who are listed below. Please print names clearly.

My child _____ can also be released to the following persons with identification:

Return this sheet along with your payment of \$159 (checks made out to the Haddam Historical Society) and mail to The Haddam Historical Society, PO Box 97, Haddam, CT 06438. Children ages 8-12 will be accepted on a first come, first served basis. Pre-registration is required as space is limited.

Note: Signature on this form gives the Haddam Historical Society permission to photograph your child during "A Week in the Life of an Early American Child." Pictures may be used by the HHS on the Society's website and/or may be sent to local newspapers.

Signed: _____ (parent/guardian signature)

*Morning sessions each day from 9 am to noon.

Fee is \$159 for the five days and includes all materials and snacks.