



Waterbury Hospital  
**FREE Spring Break Health Exploration Camp**  
Monday-Thursday, April 15-18, 2024

FOR CHILDREN ENROLLED IN GRADES 6, 7,8,9th

**Application Deadline: Wednesday, April 3, 2024**



To apply: Submit completed application, letter of recommendation from a teacher, or counselor, Copy of insurance card, and verification of flu/Covid shot

**There are only 15 places available for the 2024 Camp: Applications will be accepted strictly in order of receipt.**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Ethnicity: Asian \_\_\_ Native American \_\_\_ African American \_\_\_ Hispanic \_\_\_ Caucasian \_\_\_ Other \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

School: \_\_\_\_\_ CPR Certified: YES \_\_\_\_\_ NO \_\_\_\_\_

MOTHER'S/GUARDIAN NAME \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ Occupation \_\_\_\_\_

EMAIL: \_\_\_\_\_

FATHER'S/GUARDIAN NAME \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ Occupation \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

CHILD LIVES WITH \_\_\_ both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step parent \_\_\_ Guardian \_\_\_ Grandparents

\_\_\_ Other, please specify relationship \_\_\_\_\_

**List 4 health careers that you are interested in:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## CHILD RELEASE INFORMATION

Your child will not be released to anyone other than a parent or legal guardian unless the name is listed below or you send in written consent for your child to leave with someone else. We may ask for identification if we are unsure of the person picking up your child.

**ADDITIONAL CONTACTS** – List **2** additional contacts for the child. These individuals should be authorized to pick up the child in an emergency.

NAME \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

Are there any special needs such as asthma, allergies, previous surgery, accessibilities, diet, etc. which would require limits or restrictions on your child's activities? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child taking medications: Yes \_\_\_ No \_\_\_ If Yes, please list

\_\_\_\_\_

\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Make a copy of front and back of insurance card Yes \_\_\_ No \_\_\_ Proof of insurance must be received before your application will be reviewed.** If your child does not have insurance please call Natalie Forbes and she will help set you up with the Waterbury Health Access Program. WHAP will help you and your family to navigate the State of Connecticut Health Care System.

**Please also include proof of your flu/Covid shot.** This is a requirement to attend the Camp as the children will be interacting with staff in the hospital. **If your child HAS NOT had a flu shot but you consent to their getting one, Waterbury Hospital will arrange for a flu shot at the Hospital, to be administered at least one week before Camp.**

\_\_\_\_\_

**List activities you are involved in:** (e.g.: volunteer work, church activities, music or sports, awards/accomplishments)

\_\_\_\_\_

\_\_\_\_\_

**Personal statement about why you want to attend this camp:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT FORM and PHOTO RELEASE**  
**PARENT/GUARDIAN PLEASE READ CAREFULLY**

I hereby give permission for my child \_\_\_\_\_ to participate in the 2024 Waterbury Hospital Spring Break Health Exploration Camp. Activities may include off-site events, academic mentoring, job shadowing, and recreational programs.

I will be responsible to transport my child to and from Waterbury Hospital.

I understand that my child will travel by bus or public transportation on field trips.

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call 911, if necessary, for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I agree that if a health condition exists now or in the future which would impact the participation of my child, I will notify the Waterbury Hospital Staff.

In addition, I give my consent to Waterbury Hospital to take photographs and or video recordings of my child during program activities, to be used for education and public relations purposes.

**I hereby certify that I have read, understand and agree to the information above:**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Name of Child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Director Signature \_\_\_\_\_

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**For Additional Information, email application, please contact:**

**Angela Holmes, Ed.D - Community Outreach Specialist**

**Waterbury Hospital, 64 Robbins St. 3<sup>rd</sup> fl.**

**Room# 3333, Waterbury, CT 06708**

**Email: [aholmes@wtbyhosp.org](mailto:aholmes@wtbyhosp.org) Tel: 203.573-7679**

**Office Use Only**

Registration Form Complete \_\_\_\_\_

Flu Shot \_\_\_\_\_

Health Insurance Card \_\_\_\_\_

Reference \_\_\_\_\_

Consent Form Signed \_\_\_\_\_