

Healthy Beginnings



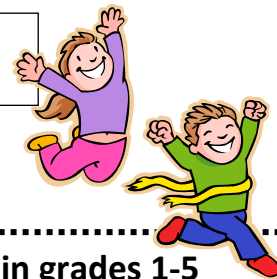
A State of Connecticut Interdistrict Grant Program

www.educationconnection.org

- Try new fitness activities.
- Spend time outdoors.
- Fun ways to learn about healthy food choices.
- Make new friends from different schools.
- Fun and non-competitive group games.
- A perfect way to spend your spring vacation!



\$25 registration/snack fee.
No other program fees.



Students in grades 1-5

from

Barkhamsted, Canaan, Colebrook,
Cornwall, Litchfield, Norfolk, North
Canaan, Regions 6 & 12, Salisbury,
Sharon, Torrington & Winchester

Where: YMCA Camp Jewell in Colebrook

When: Monday thru Friday, 9am – 3pm

Dates: April 13, 14, 15, 16 & 17 (April vacation week)

(Students are expected to attend all 5 days.)

Encouraging Everyday Healthy Choices

Please return this completed registration/permission form, along with a check for \$25 (*fee waived for financial hardship*) made payable to **EDUCATION CONNECTION**, by March 20 at 4pm to: Lauren Contorno, **EDUCATION CONNECTION**, 355 Goshen Road, P.O.Box 909, Litchfield, CT 06759. Acceptance is by lottery. We will notify you by March 25 whether or not your child has been accepted, via email and US mail. Registration/snack fee will be returned if your child is not accepted. Questions? Contact Lauren Contorno at (860) 567-0863 or contorno@educationconnection.org. **One registration form per child, please!**

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Healthy Beginnings

Student's LAST name: _____ Student's FIRST name: _____

Home address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Age: _____ Gender: Boy Girl

Parent/Guardian's name: _____

Best contact phone #: (_____) _____ - _____ AND Alternate phone #: (_____) _____ - _____

Parent/ Guardian Email: _____

Emergency contact name: _____ Emergency contact phone: (_____) _____ - _____

Allergies or special needs: _____

Please choose your transportation (check ONE): I will transport my child to and from Camp Jewell: ☐

Bus 1: Vogel-Wetmore School ☐

Torrington School ☐

Bus 2: Sharon Center School ☐

Salisbury Central School ☐

North Canaan Elem. School ☐

Bus 3: Litchfield Center School ☐

Hinsdale School (Winchester) ☐

I understand that my child is expected to attend all 5 days and I give her/him permission to participate in all activities on those days.

☐ I have enclosed my \$25 registration/snack fee (check payable to **EDUCATION CONNECTION**/waived for financial hardship). I understand that this fee is non-refundable if my child is accepted into the program. (Checks will be returned if child is not accepted by lottery.)

☐ I understand that there are **no medical or special education services provided** on site at this program and that it is my responsibility to alert the staff of any special needs that my child may have.

☐ I give permission for photos of my child to be used for publicity, including the agency's website and blog spot.

Parent Signature: _____ Date: ____/____/2015