



**2026 SUMMER  
PROGRAM  
REGISTRATION  
[www.SONCCA.org](http://www.SONCCA.org)**

## **2026 SONCCA Summer Program Fee Schedule**

**Fees Are Weekly & All-Inclusive in Full Time, Full Day Schedules**

**Two-Week Minimum Registration Is Required**

**Operates June 24 - August 5, 2026**

### **Full Time (4-5 days) Per Week**

7:30 a.m. - 5:30 p.m. \$292

### **Full Time Additional Child Discount Per Week**

7:30 a.m. - 5:30 p.m. \$257

### **Part Time (1-3 Days) Per Week**

7:30 a.m. - 5:30 p.m. \$235

Registration Fee: \$35 per child

**If your child is attending summer school, please call the office for adjusted fee.**

Check/Money Order payments only will receive a \$7.00 discount for full time and a \$3.00 discount for part time care services weekly Per Family.

**Late Child Pick-Up Fee - \$30.00/15 minutes**

**Late Tuition Payment Fee: \$25.00**

**If your is enrolled part time and you would like to add a day the cost is \$75.00**

**Registration forms and payment must be submitted by June 15th in order to start the first week. When submitting Registration forms and payment after the start of our program, all forms and payment must be in our office the Monday prior to the week you would like to start.**

**SONCCA E.I.N. # (Tax I.D. Number): 06-1155484**

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	*CVV	
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
<b>Date Received</b>
_____
<b>Employee Signature</b>

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## SUMMER 2026 TUITION EXPRESS

SONCCA Tuition Express Clients

Summer Tuition Bills are due on the 15<sup>th</sup> of June for weeks 1-4 and the 6<sup>th</sup> of July for weeks 5-7. Please indicate below how you would like your payment processed:

All Enrolled Weeks Processed on the 15<sup>th</sup> of June. (Your \$100 deposit will be applied)  
Weeks 1-4 Processed on the 15<sup>th</sup> of June/Weeks 5-7 Processed on the 6<sup>th</sup> of July.  
(Your \$100 deposit will be applied on the July 10<sup>th</sup> payment)

**The summer deposit of \$100 and the registration fee of \$35 per child must be paid by check or money order even if you're paying your tuition thru Tuition Express.**

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



# **2026 SONCCA SUMMER PROGRAM REGISTRATION PACKET**

## **Check List**

### **Registration Forms**

Parent Agreement  
Registration Form  
Notification and Child Release Form  
Photograph Permission Form  
Trip Permission Forms  
Lunch Forms  
Important Summer Policy  
Sunscreen Permission Form  
Forms Grant Information Form  
Health Assessment Record  
Medication Form (If Needed)  
Action Plan (If Needed)

### **PLEASE READ**

**\*Please provide us with a current copy of your child's (ren) physical. All children must have a copy of their physical to start Summer Camp.**

**(Registration can still be turned in without medicals; we just need them prior to the first day.) \*Please note if we do not have them on the first day your child will not be able to continue to attend.**

**\*Any needed medications must be given on your child(ren) 's first day, with the correct paperwork, or they will not be able to attend. We are a licensed program, and the state mandates that we have the appropriate forms and medication for your child to attend. If you have any questions, please feel free to contact the office.**

**\*SONCCA Summer hours have changed to 7:30 A.M. till 5:30 P.M.**

**\*Registration forms and payment must be submitted by June 15th in order to start the first week. When submitting registration forms and payment after the start of our program, forms and payment must be in our office on the Monday before the week you would like to start.**

## 2026 SONCCA SUMMER PROGRAM PARENT AGREEMENT

Registration for \_\_\_\_\_

As parent/guardian of the above child, I hereby request SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to provide care for my child at the SONCCA-Seymour Middle School Location. **Please check all the appropriate schedules, times and days needed.**

**Week 1: June 24, 2026 - June 26, 2026**

**Part Time (1-3 days)**

*Wednesday*

*Thursday*

*Friday*

**Week 2: June 29, 2026 - July 02, 2026 (Due to the holiday we are closed Friday)**

**Full Time (4-5 days)**

**Part Time ( 1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

**Week 3: July 06, 2026 - July 10, 2026**

**Full Time (4-5 days)**

**Part Time (1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

**Week 4: July 13, 2026 - July 17, 2026**

**Full Time (4-5 days)**

**Part Time (1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

**Week 5: July 20, 2026 - July 24, 2026**

**Full Time (4-5 days)**

**Part Time (1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

**Week 6: July 27, 2026 - July 31, 2026**

**Full Time (4-5 days)**

**Part Time (1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

**Week 7: August 03, 2026 - August 05, 2026**

**Part Time (1-3 days)**

*Monday*

*Tuesday*

*Wednesday*

**\* Please be sure to check all that apply.\***

**Please note\*Summer SONCCA is open from 7:30 A.M. till 5:30 P.M.\***

(Continued on next page)

**PAYMENT AGREEMENT:**

**Enclosed is the \$30.00 non-refundable registration fee and the \$100 deposit payable by check, money order or Tuition Express only. Please place a check-mark next to your choice.**

A non-refundable deposit of \$100.00 is required at the time of registration by check or money order. The first four weeks balance of \$ \_\_\_\_\_ to be paid by June 15th and a balance of \$ \_\_\_\_\_ for the last four weeks less the deposit by July 6th.

Full tuition of \$ \_\_\_\_\_ for weeks (circle weeks) 1-2-3-4-5-6-7 at the time of registration.

The first 4 weeks to be paid in full by June 15th and the last three weeks less your deposit by July 6th.

Tuition to be paid by Tuition Express. (Please sign both Tuition Express forms in regards to payment.)

Tuition fees are payable by Tuition Express, check or money order made out to:

**SONCCA, Inc., 256 Bank Street, Seymour, CT 06483**

I understand that these fees are payable regardless of the number of days my child attends. I understand that I will be liable for any and all collection fees, legal fees and court fees incurred by SONCCA in its attempt to collect all tuition and fees as agreed upon in this registration contract.

I have received a copy of the PARENT HANDBOOK or read the one on line, including the Discipline Policy, and agree to abide by the policies contained therein. I also grant permission to the following:

1. For the Site Supervisor or any other qualified staff member to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:
  - A) Administering emergency first aid (by State-approved first aid certified SONCCA personnel);
  - B) Contacting the parent or guardian, either by calling them at their place of employment, or by attempting to contact them through any of the persons listed on the emergency information form. **(This form MUST be kept updated!);**
  - C) Contacting the child's physician or dentist;
  - D) Contacting another physician or calling an ambulance, if neither parent nor child's physician can be reached;
  - E) Accompanying your child in the ambulance to the hospital emergency room you have selected, if possible, otherwise, taking your child to Griffin Hospital;
  - F) Any expenses incurred will be borne by the parents.
2. For my child to use all of the playground equipment and to participate in all of the SONCCA program activities, unless exceptions are noted here: \_\_\_\_\_.
3. For my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips provided that I signed the specific permission slip for the planned activity. Means of transportation, if any, will be noted.
4. For my child to be included in photographs and evaluations associated with the program.
5. I understand that SONCCA will not be responsible for anything that may happen as a result of false information given at the time of enrollment or during program period.
6. I understand that parents are responsible for the daily signing in and signing out of their children and that SONCCA will not assume responsibility for any child not signed in by a responsible adult upon arrival in the morning.
7. Parents are expected to carry insurance for their children. SONCCA does not carry "medical payments for children" insurance or pay medical reimbursement.
8. I give permission for financial information to be shared with \_\_\_\_\_, who is responsible for partially or totally paying for my child's tuition fee.

**9. IF BOTH PARENTS DO NOT SIGN THIS PAGE AND BOTH PARENTS WANT TO BE ALLOWED TO PICK UP THEIR CHILD, THE OTHER PARENT'S NAME MUST BE INCLUDED ON THE AUTHORIZED PICK-UP PAGE.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**2026 SONCCA SUMMER PROGRAM REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade **Entering** in 9/26: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size:     Youth Small (6-8)     Youth Medium (10-12)     Youth Large (14-16)

Adult Small (34-36)     Adult Medium (38-40)     Adult Large (42-44)

**Mother's (Legal Guardian's) Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address if different from above: \_\_\_\_\_  
verification purpose

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Father's (Legal Guardian's) Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address if different from above: \_\_\_\_\_  
verification purpose

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Hospital Preferred:** \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please provide an e-mail address where you would like to receive correspondence.**

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**ADMINISTRATIVE OFFICE USE ONLY:**

Date Starting Program: \_\_\_\_\_  
( ) Tuition Deposit Amount Received \$ \_\_\_\_\_ ( ) Check # \_\_\_\_\_  
( ) Registration Fee Enclosed ( ) Check # \_\_\_\_\_  
( ) Tuition Express Forms

Pro Care \_\_\_\_\_

Billing \_\_\_\_\_

**2026 SONCCA SUMMER PROGRAM NOTIFICATION & CHILD RELEASE AUTHORIZATION**

Child's Name: \_\_\_\_\_

If SONCCA cannot reach me, I authorize the following person(s) to be notified. I also authorize SONCCA to release my child to any of the following person(s). This (these) individual(s) have my permission to sign him/her in or out in the event that I am unable to do so. State regulations require that at least one person other than parents be listed (at least one of the persons listed must be local, within a 10-minute drive, and available for an emergency pickup). **Please cross out and initial any black areas, changes can only be made in person.**

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**I understand that my child will be permitted to leave SONCCA ONLY with those individuals listed above, all of whom are at least sixteen years of age.**

**I also understand that if both parents have not signed the forms and are not listed on this page, they will not be allowed to pick-up their child.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SONCCA SUMMER 2026  
PROGRAM PHOTOGRAPH PERMISSION FORM**

Child's Name: \_\_\_\_\_

I give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs of my child participating in the SONCCA program for publicity and fund development purposes, some of which may be included on the SONCCA website.

I do not give permission to SONCCA (Seymour-Oxford Nursery & Child Care Association, Inc.) to take and use photographs of my child participating in the SONCCA program for publicity and fund development purposes, or to be shown on the SONCCA website

**I also understand that SONCCA does take pictures and/or video for internal purposes only, even if I do not give permission for SONCCA to use them for publicity and fund development purposes, or to be used on the website. They are only for administrative purposes and are deleted.**

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2026 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 08, 2026

Departure Location: Seymour Middle School

Destination: **Luck Strike Milford** - 1717 Boston Post Road, Milford CT 06460

Departure Time: 10:15 a.m.

Return Time: Between 1:30 p.m. & 2:00 p.m.

Return Location: Seymour Middle School

LUNCH: Pizza & French Fries

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2026 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 15th, 2026

Departure Location: Seymour Middle School

Destination: **Cinemark CT Post 14 IMAX** - 1201 Boston Post Rd. Suite 3000, Milford CT

06460 Departure Time: 9:30 a.m.

Return Time: Between 1:30 p.m. & 2:30 p.m.

Return Location: Seymour Middle School

Lunch Choice:    Ham & Cheese    Turkey & Cheese    Bologna & Cheese    Pack Own Lunch

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2026 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 22, 2026

Departure Location: Seymour Middle School

Destination: **Quassy Amusement Park** - 2132 Middlebury Road, Middlebury, CT

Departure Time: 10:00 a.m.

Return Time: Between 5:00 p.m. & 6:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**2026 SONCCA SUMMER PROGRAM  
FIELD TRIP & TRANSPORTATION PERMISSION FORM**

Child's Name: \_\_\_\_\_

As parent/guardian of the above child, I/we give permission for my child to participate in and be transported to and from the following field trip:

Date: Wednesday, July 29th, 2026

Departure Location: Seymour Middle School

Destination: **Urban Air** - 425 Bank Street, Waterbury, CT

Departure Time: 9:30 a.m.

Return Time: Between 1:30 p.m. & 2:00 p.m.

Return Location: Seymour Middle School

**\*CHILDREN NEED TO ARRIVE 45 MINUTES PRIOR TO DEPARTURE TIME IN ORDER TO BE READY AND IN THEIR GROUPS. THE BUS LEAVES PROMPTLY.**

I/We waive and release any and all rights and claims of any nature that I/we may have against SONCCA and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages which my child may suffer while taking part in any activities associated with this event.

**\*Parents must also sign the the Urban Air waiver form.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## 2026 SONCCA SUMMER PROGRAM - MONDAY/FRIDAY LUNCH FORMS

Please indicate below whether your child would prefer to bring their own lunch or will not be in attendance that day.

Child Name: \_\_\_\_\_

### MONDAY

### FRIDAY

June 29, 2026 No choice is needed; Ziti & Meatballs will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	June 26, 2026 No choice is needed; Pizza will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance
July 06, 2026 No choice is needed; Chicken Tenders will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	July 3, 2026 <p style="text-align: center;">CLOSED Happy 4<sup>th</sup></p>
July 13, 2026 No choice is needed; Mac & Cheese will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	July 10, 2026 No choice is needed; Pizza will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance
July 20, 2026 No choice is needed; Ziti & Meatballs will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	July 17, 2026 No choice is needed; Pizza will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance
July 27, 2026 No choice is needed; Chicken Tenders will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	July 24, 2026 No choice is needed; Pizza will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance
August 03, 2026 No choice is needed; Mac & Cheese will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance	July 31, 2026 No choice is needed; Pizza will be served. <input type="checkbox"/> Pack Own Lunch <input type="checkbox"/> Not in Attendance

NOTE: All pizza lunches will have a side salad, Chicken Tenders with mashed potatoes, and mac and cheese with cut hot dogs. For all lunches, we will also offer Milk or 100% Juice.

## Lunch

- A Field Trip Lunch Selection Form is provided and must be completed for children registered for the program during scheduled trip days. If your child requires a special diet, please provide lunch for him/her on those days.
- Parents must supply a brown bag lunch two days per week as indicated by the Activity Calendar. Lunches should include a beverage and ice pack for perishable foods. Please note that beverages should be stored in a thermos. Glass containers are not allowed. Cooler bags and lunch boxes are encouraged. Please do not pack lunches which require heating; unfortunately, the program does not have the facilities to accommodate that. If a child arrives on a brown bag day without a lunch, a \$6 charge will be added to the parent's account for the lunch supplied by the program.

## Field Trips

- On scheduled field trip days, children must arrive to the site no later than 8:15 a.m.; buses leave promptly.
- A signed Field Trip Permission Form must be completed and on file for your child(ren) to attend field trips.
- Children must wear their Summer SONCCA T-shirt.
- If a scheduled field trip falls on a day a child is not registered to attend, the child may attend the trip for an additional charge of \$75.

## Sign In/Sign Out

- All authorized pick-up people and Parents/Guardian should always have their ID with them at the door.
- Please be sure to include as many people needed on your pick up list last minute add-ons can not be accomafeted via phone or email. If you need to add a person you must do it in person at the site or through the office several days in advance. This is for saftey reasons.
- A staff member will be available at the door starting at 5PM, prior to 5PM upon arrivale you will need to call the number posted on our white board.  
Please be aware that cell phones often do not work in many sections of the school.  
Thank You for yoiur patcience and understanding.

## Time Change:

Please note our summer hours have changed, we will open for 7:30 A.M. and closing for 5:30 P.M.

**Lunch, Field Trips, Sign In/Sign Out & Time Change- Parent Initial: \_\_\_\_\_**

## **SNACK:**

- Snack will only be provided by SONCCA on field trip days.
- Parents will need to provide two snack per day for their child. You should send your child(ren) with a container that has their name on it. If the snack you provide is a cold snack please be aware we do not have enough refrigerator space to store your child's snack, it should be sent in a appropriate container with an ice pack to keep items from perishing through out the day. Please also keep in mind that we are a peanut free camp.

**SNACK Parent Initial:** \_\_\_\_\_  
(I have read the above statement)

## **Wet `N' Wild Days**

- **Parents are expected to ensure that their child(ren) arrive prepared for Wet "N" Wild Days. Children should have an appropriate bathing suit, water shoes, a towel and a plastic bag to store wet clothing items.**

**Wet "N" Wild Days - Parent Initial:** \_\_\_\_\_  
(I have read the above statement)

## **Discipline Guidelines /Parent Handbook Acknowledgement**

- SONCCA's Summer Program's discipline policy guidelines and behavior management techniques were discussed with me.
- I have received a copy of SONCCA's Summer Program handbook. I understand it is my responsibility to know the policies and procedures of the handbook.
- Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **How did you hear about us?**

- My child attends SONCCA during the school year.
- I got a flyer from my child's school.
- A friend told me about the program.
- Other: Please explain: \_\_\_\_\_

**Thank You**

**Parent/Guardian Authorization for the Administration of  
Non-Prescription Topical Medications by Program Staff**

**To Staff:**

**I hereby request that the following non-prescription topical medications be administered to my child by a staff member of the SONCCA Program.**

**I understand that I must supply SONCCA with the non-prescription topical medication in the original container labeled with the child's name, name of medication, and the directions of the medication administration.**

**Name of Child:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Schedule of Administration:** \_\_\_\_\_

**Site of Administration:** \_\_\_\_\_

**Reason medication is being administered:** \_\_\_\_\_

**Medication shall be administered from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

**Signature:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**STAFF:**

**Parents authorization form and medication received by:** \_\_\_\_\_  
**Signature of Staff Person**

**Medication Started:** \_\_\_\_\_ **Medication Ended:** \_\_\_\_\_  
**Date and Time** **Date and Time**

**SONCCA 2026  
SUMMER GRANT INFORMATION QUESTIONNAIRE**

It is through the receipt of grants that SONCCA is able to provide quality care for your child at reasonable tuition rates. The following information is requested from local, state, federal, and other funding sources as a grant submission and reporting requirement. Please note names are not required. This form will be removed from your child's file and placed in our Grant Statistics file to be used when grant applications are made. If you wish, you may remove it from the rest of the packet and send it to the office separately.

Please place a checkmark or fill in all blanks, as appropriate:

Town:                       Seymour                       Oxford

Child's age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade as of September 2026: \_\_\_\_\_

Child's heritage:

Asian       African-American       Caucasian       Hispanic       Native American

Other, Please write in: \_\_\_\_\_

Family Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Number of parents/guardians in the household: \_\_\_\_\_

Number of parents/guardians working: \_\_\_\_\_ in training: \_\_\_\_\_

- Income:       A: \$23,850 - \$32,913  
                   B: \$32,913 - \$47,700  
                   C: \$47,700 - \$71,500  
                   D: \$71,500 - \$110,000  
                   E: More than \$110,00

Child is cared for by:  Parent(s)

A "supervising adult" (grandparents, foster parents, etc.)