

# Harbor Light Summer Adventures



2025

Parent/Camper  
Welcome Packet

# Hello Parents and Campers!

Everyone at Harbor Light Summer Adventures is hard at work preparing for another exciting summer! This packet provides important information about our policies and outlines what campers will need each day. It also includes required forms that must be completed and submitted by May 15, 2025.

Water activities are scheduled daily, so we recommend that campers arrive wearing their swimwear and bring a change of clothes for after.

Please Note: Late arrivals are not permitted due to ESY summer programming. All campers must arrive at 9:00 AM to start the day with their groups.

If you have any questions or concerns, feel free to reach out.

We look forward to an amazing summer adventure!

Harbor Light Summer Adventures Staff

Parent Packets can be scanned and emailed to [info@harborlightfoundation.org](mailto:info@harborlightfoundation.org) or mailed to our business location:

*Harbor Light Foundation, Inc.*

*2228 Black Rock Turnpike, Stillson Plaza*

*Suite 302*

*Fairfield, CT 06825*

# 2025 Harbor Light Summer Adventures

Harbor Light Will Need the Following Items BEFORE Camp Begins:			
	Completed Registration Form		Physical- Within 3 years
	Non-Prescription Form (sunscreen)		Field Trip Permission (if applicable)
	Medication Form (if Applicable)		Photo Release
	Allergy Form		A Letter To My Counselor
	Terms and Conditions		Alternate Pick-Up (if applicable)
	Payment in Full		Signed Refund Policy

## Daily Checklist

- ◇ Brown bag lunch (Lunches are refrigerated by state code)
- ◇ Swimsuit
- ◇ Sunscreen (non-prescription form MUST be completed)
- ◇ Snack (Please pack snacks separately from lunch).
- ◇ Appropriate shoes (flip flops and "Crocs" are not recommended but can be sent in bags for water play)
- ◇ Towel
- ◇ Change of clothes

*Many children wear their bathing suits to camp in the morning and change into dry clothes after water play.*

## Drop-off/Pick-up Information

The camp is located at 2475 Easton Turnpike, Fairfield, CT 06825

### Drop-Off Procedure (9:00 AM)

The main entrance for our camp is located at the rear of the building near the "Purple Deer Music School" sign. Detailed instructions for each group will be sent via email the week before camp.

We use a flag system for both drop-off and pick-up. Please look for the flag color assigned to

your group (included in your welcome email) at each entrance.

Be sure to check in daily with the counselors at your designated drop-off location. If you are unsure where to go, please head to the main entrance (near the "Purple Deer" sign), and a director will assist you.

△ Important Reminders:

- Staff supervision begins at 9:00 AM. We cannot accommodate early arrivals due to morning preparations.
- Late arrivals are not permitted due to ESY summer programming. All campers must arrive on time to start the day with their group. Thank you for your cooperation!

Pick-Up Procedure (2:00 PM)

Pick-up takes place on the lawn next to "The Mighty Oak," located around the corner from our main entrance.

For the safety of all campers, please drive slowly and cautiously in the parking lot, as children will be transitioning to their vehicles. Look for the colored flag corresponding to your child's group.

All parents/guardians must sign out their child each day. A director or counselor will be stationed at each exit to assist with the sign-out process. Thank you for your cooperation!

If your child is going to be late or absent, please call (203) 365-0556 to inform us.

Would you like your child to be paired with any specific campers?

*While we do our best to accommodate group requests, we cannot guarantee all preferences will be met.*

*Please note that group assignments are primarily based on age.*

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## Non-Prescription Topical Medication Form

PARENT/GUARDIAN (Physician signature not required) AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS (i.e. sunscreen, bug spray, etc.) BY CHILD CARE PERSONNEL

To Childcare Medical Director:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the summer camp. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration. This authorization is limited to the following topical medications: One form is required for each medication.

1. Non-prescription medication powders.
2. Non-prescription insect repellents.
3. Non-prescription sunscreen free of aminobenzoic acid (PABA) or its derivatives.

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

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

Medication: Name, Method of administration, area of application \_\_\_\_\_

Schedule of administration: \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Reason for which medication is being administered \_\_\_\_\_

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

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel  
*In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication administration, and date of the prescription.*

*Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):*

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_  
 Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_  
 Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? YES NO Condition  
 for which drug is being administered: \_\_\_\_\_ Specific  
 Instructions for Medication Administration \_\_\_\_\_  
 Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_  
 Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_ Medication shall  
 be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  
 Relevant Side Effects of Medication \_\_\_\_\_ None Expected  
 Explain any allergies, reaction to/negative interaction with food or  
 drugs \_\_\_\_\_  
 Plan of Management for Side Effects \_\_\_\_\_  
 Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_ Prescriber's  
 Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 School Nurse Signature (if applicable) \_\_\_\_\_

*Parent/Guardian Authorization:*

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Parent  
 /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Home Phone #  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

*Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.*

Prescriber's authorization for self-administration: YES NO \_\_\_\_\_

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

Parent/Guardian authorization for self-administration: YES NO \_\_\_\_\_

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

School nurse, if applicable, approval for self-administration: YES NO \_\_\_\_\_

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

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 Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_  
 Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

# ALLERGIES/MEDICAL CONDITIONS

CAMPER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE LIST ANY KNOWN MEDICAL CONDITIONS/ALLERGIES:

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STEPS TAKEN TO TREAT THESE ALLERGIES/CONDITIONS:

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PLEASE NOTE ANY ADDITIONAL IMPORTANT INFORMATION:

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NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# AUTHORIZATION FOR ALTERNATE PICK UP/DROP OFF

NAME OF CAMPER: \_\_\_\_\_

DATE(S) OF ALTERNATE PICK UP\*: \_\_\_\_\_

\*If your alternative pick-up will be allowed to pick up your camper throughout all of Harbor Light Summer Adventures 2025, simply list "ALL" as the dates of pick up.

ALTERNATE PERSON(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the parent or legal guardian of the above camper, I authorize the alternate person listed above to pick up the camper listed above in my place. I understand that Harbor Light Summer Adventures will request verification of the alternate person through a valid photo ID. I understand that this agreement is valid ONLY on the date(s) listed above. Any further alternate arrangements will need to be made individually.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## Trip Permission Slip

Depending on your child's session, campers who are entering first grade and older will have the opportunity to enjoy a few special day trips. Harbor Light contracts with a local bus company to transport campers. When campers travel outside of camp, their primary counselors as well as other staff members will supervise.

If you choose not to give permission, your child will be placed with another group during the time period of the field trip. Please note that the groups that stay behind are

I give permission for my child(ren) \_\_\_\_\_ to participate in field trips away from Harbor Light during the following weeks:

1 2 3 4 5 6 7 (please circle all weeks that your child(ren) will be participating in field trips)

\_\_\_\_\_  
Parent's Signature and Date

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## Photo Permission Slip

I give my permission for photos of my child(ren) \_\_\_\_\_ taken during the 2025 camp season to be used by Camp Harbor for our website galleries, and or publications.

Please note that any photo used on our website or brochures will not have your child's name on it.

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

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## Harbor Light Summer Adventures Refund Policy

Cancellations or changes to camp registration are eligible for a full refund (minus a \$60 non-refundable processing fee) if requested on or before May 15th.

The \$60 processing fee is non-refundable once registration has been processed. After May 15th, no refunds will be issued for cancellations, withdrawals, or schedule changes that result in a reduction of sessions.

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

# A Letter To My Counselor

Dear Counselor,

My name is \_\_\_\_\_

My friends call me \_\_\_\_\_

I would describe myself as

(circle those that are most like you and add any others that you wish)

Quiet Noisy Shy Out-going Athletic Artistic

\_\_\_\_\_

I am going to camp because:

\_\_\_\_\_  
\_\_\_\_\_

I hope to be able to do the following things at camp:

\_\_\_\_\_  
\_\_\_\_\_

During my free time, I like to:

\_\_\_\_\_  
\_\_\_\_\_

My best friends are people who are:

\_\_\_\_\_  
\_\_\_\_\_

Things I don't like are:

\_\_\_\_\_  
\_\_\_\_\_

Returning Campers Only:

This is my \_\_\_\_\_ year at Harbor Light Summer Adventures.

New Campers Only:

This is my first year at camp and I am concerned about the following:

\_\_\_\_\_  
\_\_\_\_\_

HARBOR LIGHT SUMMER ADVENTURES  
LIABILITY WAIVER AND RELEASE FORM

### Participant Information

- Child's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Emergency Contact Number: \_\_\_\_\_

### Acknowledgment of Risk & Assumption of Liability

As the undersigned parent or legal guardian of the child named above, I acknowledge that participation in Harbor Light Summer Adventures involves a variety of activities, including but not limited to water play (inflatables), field games, arts and crafts, sports, field trips, and other recreational events. I understand that these activities carry inherent risks, such as physical injury, illness, allergic reactions, insect bites, exposure to weather conditions, and other unforeseen incidents related to camp participation.

By signing this waiver, I voluntarily accept full responsibility for any risks associated with my child's participation in the camp, whether on or off camp premises. I acknowledge that Harbor Light Summer Adventures, along with its staff, volunteers, affiliates, and representatives (collectively referred to as "Camp Staff"), are not liable for any injuries, damages, or losses, including those caused by negligence.

I/We assume all associated risks and accept responsibility for any injury, disability, paralysis, or death that may result, regardless of whether such incidents are due to the negligence of the released parties mentioned below.

### Release of Liability

I/We hereby release, discharge, waive, and agree not to take legal action against Harbor Light Foundation, Inc., its facilities, owners, managers, promoters, event organizers, premises inspectors, underwriters, consultants, and any affiliated individuals or entities who provide guidance or risk assessments. This release applies to all claims, demands, damages, and losses, including those arising from injuries, property damage, or fatalities linked to camp participation, whether due to negligence or other causes.

### Medical Authorization

In case of an emergency, I authorize the Camp Staff to seek and arrange medical treatment for my child, including transportation to the nearest medical facility if necessary. I acknowledge that I am responsible for all medical expenses incurred. Additionally, I agree to provide accurate medical and allergy information prior to my child's participation.

## Indemnification Agreement

I agree to indemnify and hold harmless Harbor Light Summer Adventures from any and all claims, lawsuits, or damages, including attorney fees, that may arise due to my child's participation in camp activities.

## Acknowledgment and Signature

By signing below, I confirm that I have read and fully understand this liability waiver. I certify that I am the legal parent or guardian of the child named above and that I am signing this document voluntarily.

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

Printed Name: \_\_\_\_\_

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