

Center for Urban Research, Education and Training (CURET), Inc.

GRADES K – 12 FULL-DAY SUMMER ACADEMIC ENRICHMENT/RECREATIONAL PROGRAMS

LOCATION: CREC Metropolitan Learning Center for Global and International Studies
1551 Blue Hills Avenue, Bloomfield, CT 06002

July 8 – August 1, 2019

Morning: 7:30 am – 12:00 noon: Academic Focus: Reading, Writing, Vocabulary Development, Math, Integrating Computer

Afternoon: 12:30 – 3:00 pm: Enrichment/Recreational

Fridays: Field Trips

APPLICATION

Name of Student _____

Present Grade (June 2019): _____ Birth date: _____ Gender: _____

School Attending _____

Name of Parent/Guardian: _____

Address: _____

Telephone: _____ (H) _____ (W)

Emergency Contact _____ Relationship _____

Address _____ Telephone _____

Has your child ever attended CURET Summer Programs? Yes ____ No ____

What does your child hope to learn during this year's Summer Programs?

What is your reason for sending your child to the Summer Programs this year?

RETURN THESE COMPLETED FORMS TO: Center for Urban Research, Education and Training (CURET) Inc., 1443 Albany Ave., Hartford, CT 06112 (860) 247-0123 Email: info@curetinc.org

COST FOR THE FOUR-WEEK SUMMER PROGRAMS: \$140.00 * (Not including field trips)

*** Depending upon pending funding and on teacher contract for the programs and the minimal cost per student, cost is final and there will be no refund.**

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of CURET Inc. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by CURET, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

Parental Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators hereby release, waive, acquit and forever discharge the Center for Urban Research, Education and Training (CURET), Inc., its representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors, or volunteers, from all liability, claims, demands or causes of action for any and all loss, damage injury or death any claim of damages, resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organization either at or away from the programs. I understand that CURET Inc. is not responsible for lost or stolen items.

Signed: _____

Date: _____

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Medical Form

Student Name _____ **Date of Birth** _____ **Grade** _____

Has your child had any of the following? (All items must be checked “yes” or “no”)

1. Allergies?	Yes	No
Food (s)		
Bee Stings/Insect Bites		
Medications		
1a. Does your child have an EpiPen?		
1b. Does your child need Benadryl		
2. Asthma/Wheezing		
2a. Does your child use an asthma inhaler/pump?		
3. Bleeding Disorder?		
Frequent Nose Bleeds?		
Sickle Cell Anemia?		
Hemophilia?		
4. Diabetes?		
5. Heart Problems?		
6. Chest Pain?		
7. Convulsions?		
8. Does your child take any daily medications? If yes, please list medications:		

If you answered “yes” to any of the above questions, or if your child has any other medical conditions, please explain _____

Child’s Doctor/Clinic _____ Telephone _____

Hospital of Choice: CCMC ___ St. Francis UConn Medical Center Other _____

To the best of my knowledge the above information is complete and accurate.

Date _____ Parent/Guardian _____

Emergency Contact: Name _____ Telephone _____

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