



KENT HISTORICAL SOCIETY SEVEN HEARTH'S MUSEUM

4 Studio Hill Rd, Kent, CT | 860-927-4587 | info@kenthistoricalsociety.org
kenthistoricalsociety.org

Summer Camp Registration Packet 2025

Kent Historical Society presents weekly Summer Camps exploring art and history at Seven Hearths Museum located at 4 Studio Hill Road, Kent, CT. Please note that activities take place in the Art Barn & Seven Hearths Museum, built in 1751. There is no air conditioning and no nurse on duty. We will make every effort to ensure your child's health and safety during their time at Summer Camp. Please use an additional registration form for a sibling or other child. **INFO & POLICIES ON PAGE 5**

Registration

1. Primary Parent / Caregiver:

First Name: _____ Last Name: _____
Primary Address: _____ City, State, Zip: _____
Summer Address: _____ City, State, Zip: _____
Primary Contact Email: _____ Mobile Phone: _____
Alternate Phone: _____ Work Phone: _____

2. Emergency Contact: (other than parent / guardian) In the event of an emergency, Kent Historical Society staff will make every effort to first contact the parent or guardians of the child. In case we are unable to reach you, you give the following people permission to take responsibility for your child, including pick up if necessary:

First & Last Name: _____ Relationship: _____
Phone #1: _____ Type: mobile ___ | work ___ | home ___
Phone #2: _____ Type: mobile ___ | work ___ | home ___

3. Student Info

First Name: _____ Last Name: _____
Birthdate: _____ Grade entering in Fall, 2025: _____
Health & Wellness: *Knowing more about your child helps our instructors to tailor their teaching and classroom management and to respond appropriately in cases of emergency.*
Allergies including food, insects, and drugs: _____
Additional info: _____

4. Fees & Payment

Family Members: \$225 | Non-Member: \$250

Future Family Member: \$275 (includes Family Membership ~ pay for one session and then each additional session is charged at the Family Members price)

Please check below which session you are registering for:

- ___ Fee: \$_____ **Session 1** Art Through History | July 7 - 11 | 9:30am - 12:30pm [Ages 6 - 8] [Register online >>](#)
- ___ Fee: \$_____ **Session 2:** Art Through History | July 7 - 11 | 1:00pm - 4:00pm [Ages 8 - 12] [Register online >>](#)
- ___ Fee: \$_____ **Session 3:** History Camp | July 14 - 18 | 9:30am - 2:30pm [Ages 8 - 12] [Register online >>](#)
- ___ Fee: \$_____ **Session 4:** Art in the Garden | July 21 - 25 | 9:30am - 12:30pm [Ages 6 - 8] [Register online >>](#)
- ___ Fee: \$_____ **Session 5:** Art in the Garden | July 21 - 25 | 1:00pm - 4:00pm [Ages 8 - 12] [Register online >>](#)

Total Amount: \$_____ | Check to Kent Historical Society Enclosed ___ I am paying online with a credit card



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Summer Camp 2025 Release

Name of child: _____ Date of Activity: July 7 - 25, 2025

I/We the undersigned Parent(s) or Guardian(s) of the above named child agree to the following understandings:

1. The Activity begins when my child is signed off at camp each morning by me with an agent, employee or volunteer of the Kent Historical Society and ends when I pick up my child and sign off as having picked up my child from the Activity.
2. I agree to release Kent Historical Society, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns and not to sue such parties for any claims, liabilities, demands and causes of action arising out of, or connected to, personal injury, illness, death or property damage resulting from any cause whatsoever including but not limited to their own negligence or omissions. I agree to indemnify, defend and hold harmless Kent Historical Society and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any damages resulting from any events over which they have no control such as, but not limited to, Acts of god, strikes, accidents or governmental actions. In addition, I will indemnify, defend and hold harmless Kent Historical Society, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any claims, liabilities, costs or expenses arising out of personal injury or property damage occurring during the Activity resulting from any cause whatsoever including but not limited to their own negligence or omissions.

RELEASE AND AGREEMENT

3. I will, to the extent allowed by law, indemnify, defend and hold harmless Kent Historical Society, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests, as well as their heirs, successors and/or assigns from any claim, liability and damage to person or property of others that my child or I either cause or contribute to during the Activity.
4. I will instruct my Child and I will abide by such rules, regulations and directions of Kent Historical Society, and any of its agents, employees, volunteers, committee members, officers, directors, invitees and/or guests in charge of and/or involved in the Activity issue orally or in writing.
5. If my Child, _____, becomes ill or incapacitated, Kent Historical Society, and any of its agents, employees, volunteers, Committee members, officers, directors, invitees and/or guests involved in the Activity, may take any action it/they deem necessary for my Child's safety and well-being including securing medical aid and transportation all at my expense. I have provided Kent Historical Society with complete current and accurate medical information regarding my Child. I authorize any licensed physician to administer any proper medical treatment to my child in the event of a medical emergency occurring during the course of the Activity. I understand that this authorization is given prior to any need for medical care and is given to avoid any unnecessary delay for whatever emergency medical the physician may deem appropriate and advisable in the exercise of his/her judgment. I assume that a reasonable effort will be made to contact me as I have provided Kent Historical Society with complete current and accurate contact information for me and my spouse [if applicable].

I authorize Kent Historical Society staff, and any of its agents, employees, volunteers, Committee members, Officers, directors, invitees and/or guests involved in the Activity to arrange for emergency transportation away from the Activity program site to a medical facility.

Kent Historical Society | Summer Camp 2025 Release cont'd

6. I give permission to the Kent Historical Society to photograph, or videotape, my child. I also give permission to the Kent Historical Society to use the photographs, or videotape, of my child for promotional purposes, including but not limited to the Kent Historical Society website, brochures and other marketing and communication materials.

7. Pick Up/Child Release Policy

I (the parents/legal guardians) understand I must arrange for my child/children to be picked up on time from class at Kent Historical Society. I realize that KHS does not have an aftercare program and teaching faculty & staff should not be left responsible for children after the close of the scheduled program.

If outstanding circumstances prevent prompt pick-up, I or people acting on my behalf agree to call KHS before the end of the class to inform staff of a reasonable arrival time, even if I have to arrange an alternate pick-up plan.

I have read this Release and Agreement and fully understand its terms. I further understand that by signing this Release and Agreement I am giving up substantial legal rights. I have not been induced to sign this Release and Agreement by any promise or representation and I sign it voluntarily and of my own free will.

Parent / Guardian First & Last Name: _____

Signature: _____ Date: _____

Parent / Guardian First & Last Name: _____

Signature: _____ Date: _____



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PHYSICIAN'S EXAM/RECORD

A valid school physical or copy of recent physical may be substituted for this form.

Date of Exam (within 3 years) _____

Name _____ Date of Birth _____
Guardian _____ Address _____
Home Phone _____ Cell Phone _____
Emergency Contact _____ Telephone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

GENERAL APPRAISAL:

_____ May participate in all camp programs
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO
If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the Individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Yes		No	
Measles		Hepatitis B	
Mumps		Diphtheria	
Rubella		Pertussis	
Chickenpox		Polio	
Tetanus			

Print name of medical provider: _____

Medical Care provider's address: _____

Signature of Physician, APRN or PA _____

Date Form Signed: _____

Telephone Number: _____

Please return the Physician's Form / Medical Record **at least one week before** the first day of your child's Summer Camp session. Email to info@kenthistoricalsociety.org



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Summer Camp Information & Policies

Snacks: Please provide your child with a **NUT-FREE** snack and water.

What to wear: Students should wear clothes that may get messy from painting and other hands-on activities. Please, no open-toed shoes such as flip-flops or sandals. Sneakers are suggested, unless noted otherwise.

Registration:

- All paperwork for a camper must be received by KHS by the FRIDAY before Camp begins.
- REGISTRATION CLOSES at 11:55pm on the Friday before Camp starts.
- A valid e-mail must accompany your registration as we send forms and communication via e-mail. Please ensure your e-mail is up-to-date upon registration.
- Registration must be accompanied by payment in full.
- KHS must have at least 6 students registered in order to run.
- Children must have reached the required age prior to the first class of the session.
- If you cannot submit a medical form due to religious exemption or contraindication, we must have notification. Please click [here](#) for information on State of CT regulations for exemptions to camp physicals and for needed notification forms.

Refunds

Please plan carefully. Camps are not prorated and refunds are not eligible after the first day of camp.

- There is a \$25 administrative fee per session for all refund requests.
- All requests must be submitted via email to info@kenthistoricalsociety.org
- A full refund is given if requested by email at least 2 weeks in advance of the first day of camp.
- A 75% refund is given within 2 weeks of the first day of camp.
- Written withdrawal requests received after the first day of camp are not eligible for a refund unless deemed an emergency situation. *These will be considered on a case-by-case basis.*
- Campers who are out due to illness, whether kept home by parents or deemed ineligible due to CDC guidelines (temperature, etc.), will not be eligible for a refund.
- If any program is cancelled by in full or in part, a refund will be issued equal to the tuition for the cancelled portion without an administrative fee.
- Membership payments made in conjunction with summer camp registrations are non-refundable.