World Language Camps Application Information 2023

Please type in your responses, then print, sign and mail with check to: World Language Summer Camps c/o Ms. Amanda Robustelli-Price, 628 Hebron Avenue P.O. Box 191, Glastonbury, CT 06033. Applications for ML Summer Camps should be sent to ML Summer Camps, c/o Debbie Howard, Smith Middle School, 216 Addison Rd, Glastonbury, CT 06033. Applications are not considered complete until both the application and a check for the amount of the program, payable to Glastonbury World Language, have been received. Some programs have varying prices based on Glastonbury residency; if multiple prices are listed the first is for Glastonbury residents, the second for non-residents.

Select a program:

☐ Let's Talk Spanish (K-5) ONLINE ONLY $25	☐ ML (K-12) $25/$50	☐ French (3-6) $200/225
☐ Chinese (2-5) $200/$225	☐ Russian (3-6) $$200/225	☐ Spanish (2-5) $200/225

Student Information	
Student's Name:	
Student's Grade 2023-2024:	Current World Lang Teacher:
T-shirt size (please check one): ☐Child Small ☐Child medium ☐Child large ☐Child extra-large	
Does the student have any experience with the language? If yes, explain.	
Parent/Guardian Information	
Parent/Guardian Name:	
Street Address:	
City: , CT	Zip Code:
Daytime Phone: ( )	Cell Phone: ( )
Email:	
Emergency Contact Information *(Please provide a contact other than the parent(s)/guardian(s) listed above.)*	
Name:	
Relationship to student:	
Street Address:	
City: , CT	Zip Code:
Daytime Phone: ( )	Cell Phone: ( )
Health Insurance for Student	
Policy Holder's Name:	Policy #:
Student Allergies:	Last tetanus shot:
Special health considerations *(Please attach additional sheets, if necessary):*	

Extended-day Aftercare Program – AVAILABLE FOR ALL PROGRAMS IN 2023!

Are you interested in having your child participate in our extended-day aftercare program? The program will be offered if enough interested families participate. Students will need to bring a lunch from home and will have time to eat along with recreation time and cultural activities. The program will run from 12:00pm until 3:00pm, for an additional cost of $250.

This program is available to Chinese, French, ML, Russian, and Spanish students.

☐Yes, I am interested ☐No, I am not interested

In an emergency, I hereby give permission for my child to be transported to a physician's office or hospital. I also give my permission to the selected licensed physician to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I grant permission for the program coordinator to administer a parent-provided Epi-Pen in the event of an allergic reaction. I certify that my child is in good mental and physical health to participate in camp activities.

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Signature of parent/guardian Date