

KIDS ARTS 2026 – The Children’s Circus of Middletown Registration Form

IN-PERSON registration is required at Oddfellows Playhouse

128 Washington Street, Middletown

Office hours: 10:00 AM - 5:00 PM

Doors open for registration 10:00 AM, March 9, for Middletown residents only; April 13 for non-residents.

Registration confirmation will be delivered by email from circus@oddfellows.org

EMAIL SUBMISSIONS ARE NOT ACCEPTED. Questions? Call (860) 347-6143 or email circus@oddfellows.org. Thank you!

PROGRAM RATES (check one):

Resident Standard Rate	Resident Reduced Rate	Waivers and Assistance	Non-Resident Rate (Registration opens April 13)
<input type="checkbox"/> \$450 1st child <input type="checkbox"/> \$270 2nd sibling <input type="checkbox"/> \$180 each add'l sibling <u>All registrants must provide documentation of Middletown residency (tax or utility bill with name and address) and a photo ID.</u>	<input type="checkbox"/> \$150 1st child <input type="checkbox"/> \$90 each add'l sibling <i>For households with income up to \$10,000 above the CT reduced lunch rate guidelines.</i> <u>Present current documentation for reduced rate.</u> See Income Eligibility Guidelines Chart	<input type="checkbox"/> For households receiving TFA or SNAP <u>Present current benefit verification from the Department of Social Services.</u>	<input type="checkbox"/> \$750 per participant <i>City residents have first-come, first-served access to children’s arts programs. Non-residents may participate only if space remains after resident registration.</i>

CIRCUS TROUPE (check one):

- Teeny Tiny (ages 5–7 years; must be 5 years old by July 4, 2026)
- Core Circus (ages 8–15 years; must be entering 3rd grade in Fall 2026 or 15 years old or younger by July 4, 2026)

PAYMENT: Total Payment Amount: \$ _____ Make check payable to: “Oddfellows Playhouse.” Cash and credit card accepted.

PARTICIPANT INFORMATION: One (1) form per participant

First and Last Name:	Age on July 4, 2026:
Preferred Name:	Name of School:
Pronouns:	Date of Birth:
Grade Entering in Fall 2026:	Gender (optional):

PARENT / GUARDIAN INFORMATION:

Parent 1/ Guardian - First and Last Name:	Parent 2 or Emergency Contact - First and Last Name:
Relationship to Participant:	Relationship to Participant:
Address:	Address:
Primary Phone Number:	Primary Phone Number:
Email (ALL CAPS PLEASE):	Email (ALL CAPS PLEASE):

REQUIRED MEDICAL INFORMATION:

1. Medication required during program hours (9AM - 3PM)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If yes, deliver the Authorization for the Administration of Medication Form to the program nurse by Friday, June 26, 2026.		
2. Please list allergies or special needs that the nurse and program staff should be aware of:		
3. Name of participant's doctor/medical practice: _____ Phone Number: _____		

DISMISSAL PLAN (check all that apply). You MUST select at least one (1) option and may select more than one (1).

<input type="checkbox"/> Bus transportation to/from the circus program. The Children's Circus will provide all applicants with a bus schedule in April; schedule is subject to change. Provide name of desired bus stop (View sample bus schedule here as a guide): _____
<input type="checkbox"/> Aftercare. Aftercare is provided solely by the Recreation Division only. Aftercare is from 3:00 PM – 5:30 PM at the Recreation Center, 140 Wilderman's Way, Middletown. You must contact rec@middletownct.gov to register. Bus transportation will be provided from Snow School. [Office Use Only _____]
<input type="checkbox"/> Neighborhood Walker <input type="checkbox"/> Walking alone with permission OR <input type="checkbox"/> Walking with (specify): _____
<input type="checkbox"/> On-site Pick-up. Participants will be released only to authorized individuals listed below. Individuals must present a photo ID. 1. First and Last Name: _____ Phone Number: _____ 2. First and Last Name: _____ Phone Number: _____

PROGRAM DETAILS:

- Program Schedule: Monday through Friday, June 29 - July 31, 2026, 9:00 AM – 3:00 PM
- **NO DAY PROGRAM Friday, July 3rd in observance of the federal holiday**
- **NO DAY PROGRAM Friday, July 31, performance day**
- Program Location: Wilbert Snow Elementary School, 299 Wadsworth Street, Middletown
- Performance Schedule: Friday, July 31, 5:00 PM. Rain date: Saturday, August 1, 5:00 PM
- Performance Location: To be announced

PARENT/GUARDIAN SIGNATURE IS REQUIRED AFTER READING THE FOLLOWING INFORMATION!

MEDICAL RELEASE/PARENTAL PERMISSION: I permit my child to participate in the KIDS ARTS/Children's Circus program and agree to the use of their photo/video for promotional purposes. I confirm my child's physical ability to participate. In an emergency where I cannot be reached, I authorize transport to Middlesex Hospital or a nearby medical facility. I assume full financial responsibility for costs not covered by insurance. I agree to indemnify and hold harmless the City of Middletown, Oddfellows Playhouse, and its employees from any resulting injuries or damages. A photocopy of this signed waiver is valid as the original.

DISMISSAL POLICY: I agree to sign out my child with their counselor at dismissal each day at 3 PM and will provide identification. I permit the authorized persons listed on this document to pick up my child from the program.

REFUND POLICY: I understand and agree that no refunds will be given after June 29, 2026 or for circumstances beyond the control of KIDS ARTS/Children's Circus (e.g. weather, equipment failure).

SUNSCREEN POLICY: I permit the City of Middletown / Oddfellows Playhouse staff to apply sunscreen on my child. I understand that I must provide sunscreen and label it with my child's name.

PARENT GUIDE: I understand and agree to abide by the policies and rules in the Participant Guide/FAQ on the Oddfellows Playhouse site. False information on this form will result in immediate denial of this application.

Parent/Legal Guardian Signature: _____ **Date:** _____

Office Use Only:	<input type="checkbox"/> Medical Form				<input type="checkbox"/> Check # _____
	<input type="checkbox"/> Benefits Verification	Date Processed	Staff Initials	Amt Rec'd	<input type="checkbox"/> Cash
					<input type="checkbox"/> Credit Card