



Located at the Millerton Elementary School, 2nd Floor

2010 REGISTRATION FORM

- | | |
|--------------------------|--------------------------------------|
| _____ July 6 – 9, 2010 | Create a Work of Art |
| _____ July 12 – 16, 2010 | Create a Lego Solution |
| _____ July 19 – 23, 2010 | Create a Wacky Invention |
| _____ July 26 – 30, 2010 | Create a Multimedia Sensation |

Child's Name: _____ D.O.B.: _____ Gender: M F Age: _____

Home Address: _____ Mailing address (if different): _____

Email Address: _____ Home Phone _____

Grade completed in school _____

Ethnicity (circle all that apply): African-American Caucasian Asian/Pacific Islander
 Hispanic Native American Other _____

Parent/Guardian Information:

Mother's Name _____	Father's Name _____
Day Time Phone _____	Day Time Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Email Address _____	Email Address _____
Address (if different from child) _____	Address (if different from child) _____
_____	_____
_____	_____

Required Emergency Contact Information: (Name of someone besides yourself and/or spouse that may be contacted in the event of an emergency):

Name _____ First Phone # _____ Second Phone # _____

Name _____ First Phone # _____ Second Phone # _____

Child's Name: _____

Is there anything else you would like us to know about your child? (i.e. special needs, fears, talents, anything that will help us care for your child, etc.)

PERMISSIONS

Indicate your permission for each category.

Permission to Consume Food:

Each day, we provide a nutritious snack. Occasionally, an activity such as cooking will include additional food.

I **DO / DO NOT** give permission for my child to eat food provided by the NECC Creative Connection Program.

<p>My child has the following food/drink allergy:</p> <hr/> <hr/>
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Signature

Date

Permission to apply sunscreen:

I **DO / DO NOT** give permission for the NECC Summer Camp staff to apply sunscreen to my child when needed.

Signature

Date

Permission for Child's Name/Photograph to be released to the Press:

Occasionally, NECC Creative Connection staff and press organizations, such as The Millerton News, will do stories and/or take pictures of program participants. These stories/photographs benefit both the program and the participants by building community awareness and instilling pride in the participants and may be used in NECC publications, websites, annual reports and other documents. Indicate your *Press Release* preference below.

I **DO / DO NOT** give permission for my child to have their name and/or photo released to the press.

Signature

Date

Permission to Transport:

On occasion, there may be the need to transport your child (field trips, special projects, etc.). All transportation is provided by licensed staff and insured vehicles.

I **DO / DO NOT** give permission to the NECC Summer Camp staff to provide transportation as needed for my child.

Signature

Date

Child's Name: _____

Permission to Pick Up:

You must pick up your child at the Millerton Elementary School each day by 5 pm unless otherwise notified. Your child will not be released to anyone not listed below. Until we are familiar with names and faces of authorized pick-ups, we will ask for your designated person to provide us with identification. **If there are custody issues that we need to be concerned with, please provide us with a copy of your court documents for our files** (all matters will be kept confidential).

The following person/people are authorized to pick up my child:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

Other Policies:

Attached is the NECC Creative Connection Information Sheet. This sheet is yours to keep. Please read these sections and indicate below your acceptance.

Well Child Policy: I have read and understood the North East Community Center's "Well Child Policy". I understand that if my child exhibits any of the symptoms listed while in care, I will be called to pick up my child immediately and the child will not be able to return until the specified conditions are met.

Signature

Date

Ground rules and discipline policy: I understand that breaking NECC's program ground rules may result in disciplinary action including written and verbal warnings, parental contact, suspension and expulsion from the program.

Signature

Date

Child's Name: _____

PERSONAL HEALTH & MEDICAL RECORDS

IDENTIFICATION - To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____ Sex _____

Name or Parent or Guardian _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Personal Health/Accident Insurance Carrier _____ Policy No. _____

I give permission for full participation in the NECC Creative Connection Program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for the summer staff to contact the appropriate medical and/or dental practitioner. I also give permission to the licensed health-care practitioner selected by the staff member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for my child.

Date _____ Signature of Parent/Guardian _____

GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history. Explain "YES" answers on a separate sheet of paper.

ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Behavior Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer/Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions/seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any medications (including asthma inhalers/epi-pens) scheduled to be taken during program
_____ When? _____

List any physical or medical conditions (**including allergies and their manifestation**) that may affect or limit full participation in our program:

List equipment needed such as braces, glasses, contact lenses, etc.

