



Summer Connection 2016

North East Community Center's Summer Enrichment Program

A summer enrichment program for children entering grades 1-6 directed by the NECC After School staff Alex Baker, Sheila DePaola and Jan Brooks

(to be held at the Millerton Elementary School building)

REGISTRATION FORM

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

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

Email Address: _____ Home Phone _____

Ethnicity: (Please note that we need this information only for our demographics report to our funders. 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) _____

If the child lives with someone other than their parents, please include contact information for the individual(s) with whom the child currently resides:

Guardian Name _____	Guardian Name _____
Day Time Phone _____	Day Time Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Email Address _____	Email Address _____

Office Use Only

Form Received _____	Allergies _____
Deposit Paid _____	Amount Due _____
Any siblings _____	Weeks Registered _____

Child's Name: _____

Required Emergency Contact Information: (Name of someone *besides* yourself and/or spouse that may be contacted in the event of an emergency. **PLEASE NOTE THIS IS REQUIRED**):

Name _____ Phone # _____ Second Phone # _____

Name _____ Phone # _____ Second Phone # _____

Will your child be attending summer school? Yes No

If yes, what dates? _____

Child's Favorite Sports and Activities: _____

Is there anything 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. The more we know about your child, the better able we are to make this a constructive and fun experience.)

Summer Program Schedule

(Sessions are Monday through Friday of each week from 9:00 – 5:00 at the Millerton Elementary School. Your child will be able to receive lunch from "The Lunch Box" the summer free lunch program sponsored by the North East Community Center. Enrollment is limited to 40 children. Children will be accepted on a first-come, first served basis.) Please indicate which weeks you would like your child to attend.

- | | | |
|--------------|------------|---|
| _____ Week 1 | July 5-8 | Theme: Drama
Special Guest: Michael Berkeley |
| _____ Week 2 | July 11-15 | Theme: Music and Sports
Special Guest: Joshua Stone
Field Trip: Connecticut Science Museum |
| _____ Week 3 | July 18-22 | Theme: Film and Photography
Special Guest: Tory Jadov
Field Trip: Trevor Zoo |
| _____ Week 4 | July 25-30 | Theme: Art
Special Guest: Tara Lisa Foley
Field Trip: Eric Carle Museum |

Child's Name: _____

Deposits/Fees/Payment:

A deposit equal to the amount of one week's tuition is due with registration. Payment can be made weekly or once at the beginning of the first week your child attends the program, in cash or by check given to the program director. Checks should be made out to NECC. Checks can also be mailed to the North East Community Center, PO Box 35, Millerton, NY 12546.

The regular fee for the NECC Summer Connection will be \$100/session. If your child is eligible for free or reduced lunch the fee is \$50/session. Siblings may attend with a 25% discount. If you cannot afford these fees or need help with finances, please speak to Jan Brooks. Financial assistance is available. We do not want your child to miss this opportunity because of financial difficulties.

PERMISSIONS

(Indicate your permission for each category and sign at the end of this section)

Permission to Consume Food:

Each day The Lunch Box truck will stop at MES to provide children in attendance with a morning snack and a nutritious lunch.

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

My child has the following food/drink allergy:

Permission to apply sunscreen:

I **DO / DO NOT** give permission for the NECC After School Connection staff to apply sunscreen to my child when needed.

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

Occasionally, NECC 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.

ACKNOWLEDGEMENT OF OTHER POLICIES

Well Child Policy: I understand the NECC'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. _____

Child's Name: _____

Personal Health & Medical Records

(Please note that this must be completed in full and signed for the registration to be complete)

Name _____ Date of birth _____ Age _____ Sex _____

Name of Parent or Guardian _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

If parent/guardian listed above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Name of dentist _____ Phone _____

Personal Health/Accident Insurance Carrier _____ Policy No. _____

I give permission for full participation in the NECC Summer 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 NECC staff to contact the appropriate medical and/or dental practitioners. 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.

Signature _____ Date _____

GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history.

- | | | | | | |
|----------|--|---------------------|--|--|--|
| ADHD/ADD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No | Learning Disabilities | <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 | Autism Spectrum | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | High Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hemophilia | <input type="checkbox"/> Yes <input type="checkbox"/> No | (If yes, please be sure to list below) | |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Behavior Issues | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Other: _____

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

*(Please note: If your child has an inhaler or takes medications on a regular basis you will need to complete the **Written Medication Consent** form included in this packet.)*

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

*(Please note: If your child has allergies or a medical condition you will need to complete the **Individual Health Care Plan** form included in this packet.)*

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