

2017 Claverack Youth Summer Playground Registration Form
(The child must have completed kindergarten to be eligible to attend)

Child's Name: _____ Sex: _____
Mailing Address: _____
Street Address: _____
Home Phone: _____ Age: _____ Birth Date: _____
Grade last completed _____ School attended? _____

In Case of an Emergency:

Primary Contact: _____ Phone #: _____ home/work/cell
Relationship _____

Secondary Contact _____ Phone #: _____ home/work/cell
Relationship _____

Please complete the following medical information:

Health Insurance Carrier: _____
Subscriber Name: _____ Ins. Number _____

Does your child have any known allergies to bees, food, medications, etc.? If so, please list them. _____

Does your child have asthma? _____ Inhaler needed? _____

Will you provide a bee kit, inhaler, or medication to our medical officer at the playground? ____ If yes, please identify: _____

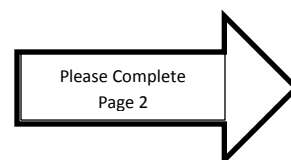
List any major illnesses or health restrictions that should be placed on your child's play:

Is your child currently taking any medication on a regular basis? _____
If yes, please list them with the dosage. _____

Any vision impairment? _____ Are glasses worn? _____ Contacts? _____
Any hearing impairment? _____ Are hearing aids worn? _____ Ear tubes? _____
Are immunizations up to date according to the public school schedule? _____
If no, explain which ones are missing. _____

Is your child exempt from immunization? _____

What is the date of your child's last tetanus shot? _____



Emergency Release and Permission Slip

I hereby give permission to the CYC staff to:

_____ Transport my child to the Columbia Memorial Hospital via the Rescue Squad. I authorize the hospital to give emergency treatment as needed in the event that I cannot be contacted.

Signed _____

Because of the great number of children in the playground program, the staff requires all parents and children to read and sign a behavior contract. The following rules will be enforced for the safety of all children and staff. **If the child repeatedly breaks the rules, three or more times he/she will be expelled from the program.**

- | | | |
|---|------------------------|-------------------------------------|
| No swearing | No hitting/fighting | No bike riding on the grounds |
| No throwing of objects | No unruly bus behavior | No un-ruly behavior on trips/events |
| No use of cigarettes/alcohol/drugs | | No inappropriate materials |
| No disrespect to counselors | | |
| No disregarding of safety rules or engaging in dangerous behavior | | |

I understand that my child can and will be expelled from the playground if he/she does not follow the rules. I have discussed these rules with my child and he/she also agrees to follow them. In addition I agree that my child will not be dropped off before 9:00 am or remain at the playground after 2:00 pm, since there will be **no supervision provided at those times.**

_____	_____
Playground Participant	Parent/Guardian

Fees: The CYC summer playground is free to all children age 5-16, who have completed kindergarten, and reside in the town of Claverack full time. A small fee will be collected for the following: (check all that apply)

Out of town resident tuition: _____ (Town) \$100.00 _____

Busing Fee (per child): \$25.00 _____

*If bus transport is needed, please write directions to your location noting the nearest intersection.

❖ A copy of every Camper’s current Immunization records must be on file with the Town prior to attending camp. These can be faxed directly to the Town at 518-672-4821