

Town of Claverack

20__ Claverack Youth Commission Summer Playground Registration

(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 _____ What School? _____
Mother's Name _____ Home # _____ Work # _____
Father's Name _____ Home # _____ Work # _____
Step-Parent _____ Home # _____ Work # _____
Step-Parent _____ Home # _____ Work # _____
Guardian(s) _____ Home # _____ Work # _____

In Case of an Emergency parents/guardians will be contacted first at home then at work. If parents/guardians can't be reached please list the names and phone numbers of other contacts.

Name _____ Phone _____
Name _____ Phone _____

Does your child have permission to go home for lunch? (yes or no) _____ (please note that this permission to leave the park covers lunch time only which runs approximately 11 am-12 pm. The playground staff will no longer be responsible for the child once he/she has left the park.)

Please complete the following medical information:

Health Insurance Co. _____
Subscriber Name _____ Ins. Number _____

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

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

Does your child have asthma? _____ Inhaler needed? _____
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? _____
Is your child exempt from immunization? _____ If yes, explain which ones are missing.

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.

Special instructions:

_____ Allow my child to participate in the traveling sports teams (kickball, soccer, softball, etc) which may require bus transportation off the grounds.

Signature of Parent/ Guardian _____ Date _____

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 3 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 unruly 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 made these rules clear to my child and he/she also agrees to follow them. In addition I agree that my child will not be dropped off before 9am or remain at the playground after 2pm, 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 _____

10 Swimming lessons: \$25.00 _____

Busing for 6 weeks: Red, Green, or Blue (circle one) \$25.00 _____

*If bus transport is needed, please write directions to your location noting the nearest intersection. Use the maps provided of the designated bus routes.