

# 2010 GREENBUSH CHILD CARING, INC. SUMMER DAY CAMP REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ GRADE ENTERING (9/10) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_

PLEASE CHECK ONE: \_\_\_\_\_ JUNIOR GROUP (GRADES 1-4) \_\_\_\_\_ SENIOR GROUP (GRADES 5-8)

PARENT/GUARDIAN #1 NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL/PAGER # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT/GUARDIAN #2 NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL/PAGER # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**IN CASE OF EMERGENCY, LIST TWO (2) PEOPLE TO BE CONTACTED IF NEITHER PARENT CAN BE REACHED.  
(MUST BE IN ADDITION TO PARENTS)**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

**I GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD. I UNDERSTAND THAT MY CHILD  
WILL NOT BE RELEASED TO ANYONE EXCEPT CUSTODIAL PARENTS, EMERGENCY CONTACTS AND  
THOSE LISTED BELOW UNLESS GCC IS NOTIFIED IN ADVANCE.**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

**CAMP DATES: PLEASE ✓ THE WEEKS YOU WISH TO REGISTER YOUR CHILD  
FEES LISTED IN PARENT HANDBOOK ON PAGES 13-14**

\_\_\_\_\_ WEEK 1: 6/28-7/2 \_\_\_\_\_ WEEK 2: 7/6-7/9\* \_\_\_\_\_ WEEK 3: 7/12-7/16 \_\_\_\_\_ WEEK 4: 7/19-7/23

\_\_\_\_\_ WEEK 5: 7/26-7/30 \_\_\_\_\_ WEEK 6: 8/2-8/6 \_\_\_\_\_ WEEK 7: 8/9-8/13 \_\_\_\_\_ WEEK 8: 8/16-8/20

**TIME OPTIONS:**

**PLEASE ✓ TO REGISTER:** \_\_\_\_\_ CAMP HOURS ONLY (8:00 A.M.-5:00 P.M.)

\_\_\_\_\_ A.M. CARE (7:00 A.M.-5:00 P.M.) \_\_\_\_\_ P.M. CARE (8:00 A.M.-6:00 P.M.) \_\_\_\_\_ A.M. & P.M. CARE (7:00 A.M.-6:00 P.M.)

**\*CAMP WILL BE CLOSED ON MONDAY, JULY 5<sup>th</sup> IN OBSERVANCE OF INDEPENDENCE DAY**

**PHOTO CLEARANCE**

[ ] GCC has permission to use photographs of my child  
for promotional purposes.

[ ] Please do not publish photographs of my child.

**Greenbush Child Caring, Inc.**

**620 Columbia Turnpike**

**East Greenbush, NY 12061**

**Phone: 518-477-4125**

**Fax: 518-479-4240**

**www.greenbushchildcaring.org**

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## PARENTAL CONSENT - DELEGATION FOR MEDICAL TREATMENT

AS PARENT/LEGAL GUARDIAN OF (NAME OF CHILD) \_\_\_\_\_, I HEREBY AUTHORIZE A STAFF PERSON (AN ADULT, 18 YEARS OF AGE OR OVER) OF GREENBUSH CHILD CARING, INC. TO GRANT CONSENT TO ANY PHYSICIAN SHE/HE DEEMS APPROPRIATE TO CONDUCT THE REQUIRED TESTS AND PROVIDE NECESSARY MEDICAL TREATMENT/CARE TO THE ABOVE NAMED CHILD IN THE EVENT OF A MEDICAL EMERGENCY IF I OR MY SPOUSE CANNOT BE REACHED.

LIST MEDICAL CONDITIONS (ALLERGIES, ASTHMA, SEIZURES, ETC.) \_\_\_\_\_

LIST ANY MEDICATIONS THE CHILD IS TAKING \_\_\_\_\_

MEDICAL RESTRICTIONS \_\_\_\_\_

PEDIATRICIAN \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

**\*PLEASE SUBMIT A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION HISTORY WITH THIS APPLICATION\*  
(IF NOT ALREADY ON FILE AT GCC)**

DOES YOUR CHILD HAVE SPECIAL NEEDS OR RECEIVE ANY SPECIAL SERVICES FROM THE SCHOOL DISTRICT?  YES  NO  
**FOR EXAMPLE:** AN IEP, SPEECH, PHYSICAL, OR OCCUPATIONAL THERAPY, COUNSELING, CLASSROOM AIDE, ETC.

IF YES, PLEASE GIVE A BRIEF DESCRIPTION OR ATTACH ADDITIONAL INFORMATION \_\_\_\_\_

### T-SHIRTS (PLEASE INDICATE YOUR CHILD'S T-SHIRT SIZE)

CHILDREN'S SIZES: \_\_\_\_\_ S (6-8) \_\_\_\_\_ M (10-12) \_\_\_\_\_ L (14-16)

ADULT SIZES: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

GREENBUSH CHILD CARING WILL ISSUE ONE T-SHIRT TO ALL CHILDREN. ADDITIONAL T-SHIRTS MAY BE PURCHASED FOR \$6.00. PLEASE INDICATE THE NUMBER OF ADDITIONAL T-SHIRTS THAT YOU WOULD LIKE TO PURCHASE. **PLEASE NOTE: THE T-SHIRT COLOR WILL REMAIN THE SAME AS LAST YEAR.** T-SHIRTS MUST BE WORN EACH FIELD TRIP DAY.

NUMBER OF ADDITIONAL T-SHIRTS \_\_\_\_\_ X \$6.00 = \$ \_\_\_\_\_ (AMOUNT TO BE ENCLOSED)

**\*\* SWIM LESSONS ARE OPTIONAL FOR ALL AGE GROUPS\*\***

**PLEASE CHECK ONE BELOW:**

\_\_\_\_\_ I **DO** WISH TO HAVE MY CHILD PARTICIPATE IN SWIM LESSONS DURING SUMMER CAMP.

\_\_\_\_\_ I **DO NOT** WISH TO HAVE MY CHILD PARTICIPATE IN SWIM LESSONS DURING SUMMER CAMP.

If your child previously participated in GCC swim lessons please indicate his/her YMCA swim level \_\_\_\_\_

### ACKNOWLEDGEMENT

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN AND BE TRANSPORTED BY EAST GREENBUSH CENTRAL SCHOOL DISTRICT TO ALL FIELD TRIPS, OUTINGS AND PROGRAM ACTIVITIES DURING THE SUMMER PROGRAM. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE GREENBUSH CHILD CARING, INC. SUMMER DAY CAMP PARENT HANDBOOK AND I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED THEREIN.

***THIS AUTHORIZATION IS VALID UNTIL AUGUST 20, 2010, UNLESS REVOKED IN WRITING.***

PARENT #1 SIGNATURE **(REQUIRED)** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT #2 SIGNATURE **(REQUIRED)** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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