**North Shore Youth Council**

P.O. Box 1286, Rocky Point, NY 11778 - (631) 744-0207 - [www.nsyc.com](http://www.nsyc.com/) - nsyc2005@aol.com

**2017 Teen Titans Summer Recreation Program - Registration Form**

**Child’s Name: - (Last)\_ (First)**

**Child’s Date of Birth Child’s Grade for the 2016-2017 School Year**

**Parent’s Name – (Last) (First)**

**Mailing Address: (town)**

**Street Address – (if different): (town)**

**Phone numbers (home) (work #1) (work #2)**

**(cell #1) (cell #2) E-mail address**

**Emergency Contact Name #1:**

**Relationship to Child**

**Address: Phone #**

**Emergency Contact Name #2:**

**Relationship to Child**

**Address: Phone #**

**Throughout the course of the summer, NSYC takes photographs of the program to include in our DVD, newsletter and/or post on our website. Please indicate below if you *do not* give permission for the North Shore Youth Council to publish pictures of your child.**

**[ ] I *DO NOT* give permission for publication of my child’s picture.**

**Signature of parent/guardian:**

**Both sides of this form must be completed in full**

**In order for us to better serve the needs of your child, please answer the following:**

Does your child have any limitations with regard to physical activity? If yes, please explain:

Does your child have any allergies or reactions to insect bites/foods/drinks, etc? If yes, please explain:

Is there anyone your child **SHOULD NOT** be released to (i.e. custody issues)?

How will your child be getting home from our Teen Titans program?

Walk: Bike: Picked up by parent/other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost of the program is $100 weekly or $400 for the full five weeks. Program runs from 1PM until 4PM, Monday through Friday. Parents may sign their children up for the full five week program or sign them up on a weekly basis\*\*.**

**Weekly: Dates you would like your**

**child enrolled in the program $100 per/week [ ]**

**From \_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_**

**Five Week Program: June 26 to July 28, 2017 $400 [ ]**

**\*\*Please note in the event we have a high volume of applicants preference will be given to those who can commit to three or more weeks of the program**

**[ ] Enclosed is my payment in full, which includes a non-refundable registration fee of $50. All refund requests must be in the form of a letter addressed to the NSYC Board of Directors at the above address.**

**For your convenience we accept:**

**Visa card/MasterCard #: Expiration Date: Name on card: Amount to be paid:**

**Checks/money orders should be made payable to North Shore Youth Council**

**RETURN THIS FORM WITH YOUR PAYMENT TO THE NORTH SHORE YOUTH COUNCIL, LOCATED ON THE GROUNDS OF THE JOSEPH EDGAR SCHOOL IN ROCKY POINT OR MAIL TO NORTH SHORE YOUTH COUNCIL, P.O.BOX 1286, ROCKY POINT, NY 11778-1286**

***DO NOT RETURN THIS FORM TO THE SCHOOL.***

North Shore Youth Council

Rules and Guidelines

* Program participants are to respect each other’s personal property.
* There will be no roughhousing with each other, the program counselors or the program directors.
* All program participants are expected to participate in all of the daily activities while they are attending the program.
* There is absolutely no use of foul language or verbal abuse of other program participants, program counselors or program directors.
* Please pay attention to instructions given by program counselors or program directors – they are there to provide for the safety of the program participants.
* There may be guest speakers during the program - please give them your attention.
* Supplies for crafts are given out by the program counselors for various activities. No one is to take home “extra” supplies for use at home.
* NSYC cannot be held responsible or assume liability for lost, stolen or damaged property. We request that your child does not bring cell phones or any expensive electronic games to the program. We also ask that your child not bring any toys or games to the program.
* If your child does not adhere to these rules and guidelines, the program director may ask your child to leave the activity. Parents or guardians will be notifed.
* For the safety of the program if your child does not adhere to these rules and guidelines, the program director may also ask that the child not attend the weekly outing.
* I understand that the NSYC cannot and will not administer any medication to my child and will only provide emergency first aid if required.

I hereby authorize and approve of my child’s participation in the 2017 Teen Titans Summer Recreation Program. I verify that the information on the registration form is true and correct.

Child’s name:

Name of parent or guardian:

Signature of parent or guardian:

North Shore Youth Council

Pick Up Permission Slip

I hereby give permission to have my child picked up from the NSYC 2017 Teen Titans Afternoon Summer Recreation Program on a day when I am not able to do so. Permission is granted to the following individuals. These individuals are aware that they may need to show photo identification at the time of pickup before the child is released.

Individuals authorized to pick up:

Child’s name:

Name of parent or guardian:

Signature of parent or guardian: