



North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - 631.744.0207 - www.nsync.com

SCHOOL BREAK FUN DAYS!

APRIL 22ND - APRIL 26TH

**AT THE NSYC REC ROOM LOCATED IN THE PORTABLES
ON THE GROUNDS OF THE JOSEPH A. EDGAR SCHOOL**

Join us for one day or everyday!

Option A: 7 AM to 6 PM

Cost: \$50.00 per day

Option B: 7 AM to Noon

Cost: \$30.00 per day

Option C: Noon to 6 PM

Cost: \$35.00 per day

Helping youth and families while school is out! This safe, supervised enrichment program is open to children in kindergarten through grade 5 and will provide age-appropriate activities and opportunities for recreation, arts and crafts, games, positive skill-building, and more!

Children must bring their own snacks and drinks; those attending full day must bring a minimum of 2 snacks and a bagged lunch.

REGISTER BY WEDNESDAY, APRIL 17TH

A limited number of spots are available! Advance registration and payment in full is required to reserve your spot. Registration is on a first-come, first served basis. Please complete the attached form and return with payment to the NSYC main office.

For more information, call 631-744-0207.



North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 – Fax: (631) 744-3565 - www.nsync.com

School Break Fun Days Registration Form Registration Deadline Wednesday, April 17th

(Please complete a separate form for each child)

Name of child: _____

School/grade: _____

Name of parent/guardian: _____

Phone number: _____

Emergency contact: _____

Phone number: _____

Individual(s) picking up your child: _____

Does your child have any allergies to food, medications, or other substances? No: _____ Yes: _____

If yes, please explain: _____

Does your child need/require the following? (circle any that apply) Epi-pen Benadryl Inhaler

We occasionally like to photograph children in our programs doing various activities to post on our website, social media, and/or include in our newsletter. Please indicate whether or not you give permission for your child's photo to be taken and used in the manner above:

[] **YES, I DO give permission** for North Shore Youth Council to photograph my child and use it in the manner listed above.

[] **NO, I DO NOT give permission** for North Shore Youth Council to photograph my child and use it in the manner listed above.

My child will attend on the following days during the following times:

		<u>\$50.00 per day</u>	<u>\$30.00 per day</u>	<u>\$35.00 per day</u>
		<u>7 AM-6 PM</u>	<u>7 AM-Noon</u>	<u>Noon-6 PM</u>
April	22 - Monday	Option A []	Option B []	Option C []
	23 - Tuesday	Option A []	Option B []	Option C []
	24 - Wednesday	Option A []	Option B []	Option C []
	25 - Thursday	Option A []	Option B []	Option C []
	26 - Friday	Option A []	Option B []	Option C []

Please be advised that days are subject to cancellation if there are not enough registrations on a particular day

Enclose payment in full. Payment may be made by check, card, or cash. Please make checks payable to North Shore Youth Council. **Registration forms must be returned to the NSYC office. You may drop off in person or fax to 631-744-3565. If your child is enrolled in our childcare programs, your account must be current and paid in full in order to register.**

Total Amount: _____ Cash: _____ Check #: _____

Card #: _____ Expiration Date: _____ CVV: _____ Billing Zip Code: _____

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Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health & safety in case of an emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Signature of Parent/Guardian: _____ Date: _____