

# Summer Learning Series

2022



## Registration Form

**Please print all information clearly.**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Individual(s) picking up your child: \_\_\_\_\_

### Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text? \_\_\_ Yes \_\_\_ No

Relationship to Child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text? \_\_\_ Yes \_\_\_ No

Relationship to child: \_\_\_\_\_

### Emergency Medical Information:

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Please list any medical conditions, diagnoses, allergies, special precautions, or restrictions your child has that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

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 child and use it in the manner listed above.

**Please indicate which week(s) your child will attend.** Note that space is limited and there is no guarantee that your child will get into the week(s) selected. You will be contacted if space allows for your child to participate.

<b>Week 1</b> (Art)	<b>Week 2</b> (Music)	<b>Week 3</b> (Stem)	<b>Week 4</b> (Film/Theater)	<b>Week 5</b> (Cooking)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 11th - July 15th	July 18th - July 22nd	July 25th - July 29th	August 1st - August 5th	August 8th - August 12th

**Below are the rules and guidelines to help our program run effectively.**

- The Summer Learning Series will run from Monday, July 11th through Friday, August 12th.
- The cost of the program is \$155 per week. Payment is **due in full** prior to the start of the weekly session(s). Payment can be made in cash or by check made out to the North Shore Youth Council.
- Please note that you will not be refunded any fees for absences during any weekly sessions.

**I have read the above guidelines, and I fully understand and agree to these terms.**

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**Name of Parent or Guardian**

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**Signature**

**Date**

# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 | Fax: 631-744-3565 | [www.NSYC.com](http://www.NSYC.com)

## 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.

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Print Name of Parent/Guardian

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Signature

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Date