

Stillwater Area Community Services Center, Inc.
RTB Preschool Junior Camp

Registration Information

CHILD INFORMATION: (PLEASE PRINT CLEARLY)

Child's name: _____ Male ☐ Female ☐
Current Age: ____ Date of Birth ____/____/____ Grade entering: ____
Home Address: _____
City/State: _____ Zip Code _____
Home Phone: _____

PARENT/GUARDIAN INFORMATION:

(1) Parent/Guardian Name: _____
Address: _____
City/State: _____ Zip Code _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____
E-mail: _____

(2) Parent/Guardian Name: _____
Address: _____
City/State: _____ Zip Code _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Employer: _____
E-mail: _____

PARENT'S MARITAL STATUS: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed

If separated or divorced who has legal custody? _____

Is the child's time divided between parents because of divorce or separation? ☐ YES ☐ NO

If so, how is it divided? _____

NOTE: COURT ORDERS ARE NEEDED IF PARENT IS DENIED ACCESS TO THE CHILD.

FEES

\$25/Day **OR** \$100/week/\$20 non-refundable registration fee

PLEASE NOTE THAT ALL FEES ARE NON-REFUNDABLE

My child will be attending the Stillwater Area Community Services Center Summer Program during the following weeks as indicated by the calendar below. **CHECK ALL THAT APPLIES**

Week 1-July 8th-12th:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Week 2-July 15th-19th:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Week 3-July 22nd-26th:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Week 4-July 29th-Aug 2nd:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Week 5-Aug 5th-Aug. 9th:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Week 6-August 12th-16th:

Days attending: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

*Stillwater Area Community Center, RTB Preschool Junior Camp Program,
PO Box 536, 19 Palmer Street, Stillwater, NY 12170
Ph: 518-664-2515 ext. 233*

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SHIRTS

Your child will receive one program t-shirt that will be provided for them at **no cost**. Please indicate the size they wear below. Circle the YOUTH or ADULT Size.

Youth/Adult Small_____ Medium_____ Large_____ X-Large_____

*** Additional t-shirts can be purchased for \$7.00**

Medical

Known Allergies:

Chronic or recurrent illness or disorders:

Name of medications child is currently taking:

Date of last tetanus shot: ____/____/____

Does your child have any disabilities? ____Hearing ____Speech ____Vision ____Seizures ____Other

Describe other:

Physical handicaps:

EMERGENCY

In an emergency, person to contact **first**: ____Father ____Mother ____Guardian

In the event I cannot be reached to make arrangements for emergency medical attention, I/We being the parent(s)/ legal guardians(s) of the above named minor do hereby appoint the Stillwater Area Community Services Center Staff to act on my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my/our absence for above named minor.

Parent/Guardian signature #1_____ Date: ____/____/____

Parent/Guardian signature #2_____ Date: ____/____/____

Child's Physician: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Specialist Requested: _____ Phone#: _____

(For pre-existing medical problem)

Name of Insurance Company: _____ Policy#: _____

LOCAL EMERGENCY CONTACTS (If parents cannot be reached)

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

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CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the Stillwater Area Community services Center, RTB Preschool Junior Camp program to the following people. I further understand that the people listed must show **photo identification** for a child to be released. It is required that parents notify staff in advance if someone else other than themselves is picking up their child.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

PARENT'S STATEMENT OF UNDERSTANDING AND AGREEMENT

-I understand that I am enrolling my child for the RTB Preschool Junior Camp of 2017. I will submit the completed registration packet with all required forms and all registration fees.

-I will be sure to provide snacks for the day, unless otherwise indicated.

-Payment guarantees my child a spot in the RTB Preschool Junior Camp.

-I understand that I will drop my child off and pick my child up at the Stillwater Area Community Center, and must sign them in and out each day.

-I understand that RTB Preschool Junior Camp staff is responsible for my child between the hours of **9am and 1:00pm only**. I will drop them off and pick them up according to these hours.

-If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact the emergency numbers indicated on the registration packet. **If the emergency is such that immediate hospital attention is necessary, 911 will be notified and an ambulance or other emergency vehicle may take my child to the hospital.**

-Children are entitled to a pleasant and harmonious environment at the program. **Children cannot be served who display chronic disruptive behavior.**

-The Stillwater Area Community Center is **not** responsible for items brought to RTB Preschool Junior Camp. Please clearly label all of your child's items.

-I will apply sunscreen to my child prior to arriving at RTB Preschool Junior Camp.

-I am responsible for any Health/Accident costs.

-I must notify staff if my child is going to be absent from the program. There will be no refunds.

-Please do not send your child to program if they are ill and unable to participate.

-I understand that RTB Preschool Junior Camp staff cannot transport my child to the program at any time.

-I understand that my child cannot leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the RTB Preschool Junior Camp registration packet and **present photo identification.**

-I understand that RTB Preschool Junior Camp is mandated by state law to report suspected cases of child abuse or neglect to the appropriate authorities.

-I give the RTB Preschool Junior Camp, in the event that emergency shelter is needed, permission to take my child to the **Stillwater Stewart's Shop.**

-I give the RTB Preschool Junior Camp permission to take of myself and/or my child, videos/photographs/appear in media coverage approved by RTB Preschool Junior Camp.

-I give permission for my child to participate in **walking field trips.**

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING AND AGREEMENT TO THE ABOVE

Parent/Guardian

Signature _____

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