



**Child's Name:** \_\_\_\_\_ **Grade in Sept. 2019 :** \_\_\_\_\_ **Gender (circle):** *M* or *F*

**Date of Birth:** \_\_\_\_\_ **T-Shirt Size (circle):** *YS YM YL S M L XL*

**Address (street, apt. #, city, state, zip):** \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Address (if different than child's):** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Address (if different than child's):** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Emergency Contact 1 & relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact 2 & relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Walking permission (circle):** My child is allowed to walk home every day at 3:30 PM. **Yes** **No**

**The following individuals are authorized to pick up my child:**

\_\_\_\_\_


**Child's Doctor:** \_\_\_\_\_ **Doctor's Address:** \_\_\_\_\_

**Allergies (food/medicine):** \_\_\_\_\_

**Medications** child takes: \_\_\_\_\_ **Health issues/activity restrictions:** \_\_\_\_\_

*Please mark those that apply:*

- My child is in good physical health and can participate in normal program activities.
- My child's immunizations are up-to-date and are on file with the child's school.

 **Sign to agree:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***EARLY BIRD ENROLLMENT - REDUCED PRICE!***

**Enroll by May 15** to lock in the price of **\$30** per child per week.

**Enroll by June 7** to lock in the price of **\$40** per child per week.


*Enrollments after June 7 will cost \$50 per child per week. These prices do not impact the cost of the Extended Day component.*

**(Optional, limited spots) Extended Day Program**

We are offering an additional Extended Day component to our summer camp. It will take place every day from 3:30 pm to 5:00pm. It will include snack for the children and an additional class, and it *will* cost an additional **\$40** a week.

- I would like to enroll my child into the optional extended day program. I understand there are limited spots in this program, and my child is not guaranteed a spot in the extended day.

I understand that my child must be picked up **between 4:45 and 5:00 pm every day**. Repeated failure to do so will incur a \$10 late fee and may result in removal of my child from the Extended Day portion of the camp.

 **Sign to agree (optional):** \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

*Drop off and pick up:* I give my child permission to attend New City Kids: Paterson (NCK) Summer Camp, Mondays-Fridays, July 8-August 2. I understand that transportation is not provided that children are to arrive no earlier than 8:30am and to be picked up at 3:30pm. I understand that my child will not be released to anyone other than the persons listed as authorized to pick up. **A late pick-up fee of \$10** will be charged for children who are picked up later than 3:40pm.

*Field Trips:* I understand that one day per week, children will attend a field trip. Parents will be notified with details on each trip during the week. I understand that my signature on this permission slip allows my child to attend the field trips. **Should I choose not to allow my child to attend a field trip, I will inform NCK staff and keep my child home on that day.**

*Photos:* NCK staff occasionally takes pictures/videos of its programs and children. I give NCK permission to use these photographs or videos in its website or promotional materials such as brochures and flyers. If this is unacceptable, please submit a written letter stating your wishes for your child's photography/video not to be used.

*Cost:* The weekly rate for Summer Camp is \$50 per child, either in cash or money order. Payment is due for Week 1 on July 8, for Week 2 on July 15, for Week 3 on July 22, and for Week 4 on July 29. \$5 late fees will be added for each day the payment is late. If your child is enrolled in the Extended Day Program, there will be an additional cost of \$40 a week.

***Behavior Expectations/Discipline Policy:*** We have a warm and loving environment at NCK and expect children to be respectful to staff and peers. In order to maintain a safe environment, we use the following discipline policy. The consequences for misbehavior are:


1. First incident – Verbal warning from teen or adult staff.\*
2. Second incident – Time out in the foyer, while meeting with adult staff to discuss the problem.\*
3. Third incident – Time out in the foyer, accompanied by a call home to parent or guardian.
4. Fourth incident – Suspension for a period of days to be decided by the Director.
5. Continued incidents – Removal from program

*\*If the incident is serious enough, a staff member may proceed directly to Step 3 and/or 4 (particularly if the child's behavior endangers him/herself or others).*

I have read the behavior expectations and the discipline policy and agree to these expectations.

*Safety/Indemnity:* I agree that New City Kids: Paterson Summer Camp (NCK) may take action, which it considers prudent to protect the safety of my child & other children using the services of NCK. I further agree to indemnify, defend & hold NCK and its Owners, Officers, Directors, Staff, Agents & Employees and New City Kids, Inc. harmless from & against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form.

*Medical authorization:* Although New City Kids: Paterson Summer Camp (NCK) does its best to provide a safe environment; I understand that it is possible that my child may get injured. If such an event occurs, I authorize NCK to follow its internal procedures, including basic first aid as reasonably appropriate; however, I understand that the staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. In the event that NCK determines that emergency medical attention is necessary for my child, I authorize NCK to act as an agent for me & give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as NCK deems necessary.

 **Sign to agree to all above:** \_\_\_\_\_ Date: \_\_\_\_\_

***For NCK Staff only – please don't fill out***

Date app. received: \_\_\_\_\_ Name of Staff received: \_\_\_\_\_

Date entered: \_\_\_\_\_ Staff entered: \_\_\_\_\_ EXT Day: \_\_\_\_\_