

## Summer Day Camp Registration Form

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_  
Regular Hour (9am-4pm) \_\_\_\_\_ Extended Hour (9am-6pm) \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F T-Shirt Size: S M L

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

Tel #: Home: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall 2011) \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Year of U.S. Settlement: \_\_\_\_\_

Health Conditions (i.e. Asthma, Allergy, Diabetes, etc.).  
\_\_\_\_\_

List any talents or special interests:  
\_\_\_\_\_

Comments/or special instructions:  
\_\_\_\_\_

Pick one Special Activity of child's choice. Write 1-2-3-4 in the order you want (you may not get the first choice).

\_\_\_\_\_ Arts & Craft                      \_\_\_\_\_ Chess                      \_\_\_\_\_ Music  
\_\_\_\_\_ Computer                      \_\_\_\_\_ Dance

Comments/or special instructions:  
\_\_\_\_\_

## Authorized Pick Up and Emergency Contact

I give the following people the permission to pick up my child from YWCA of Queens. In the event that this person cannot pick up my child, I will call the YWCA of Queens to authorize another person. At no time will an unauthorized person be permitted to pick up my child from YWCA of Queens.

**ONLY** listed names will be allowed to pick up child:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Bus Service Pick-up/Drop-off Permission Letter**

Pick-up/Drop off Service: Two-Way \_\_\_\_\_ One-Way: AM \_\_\_\_ PM \_\_\_\_\_  
I, \_\_\_\_\_, give permission to the YWCA of Queens to pick up/drop off \_\_\_\_\_.  
Name of Parent or Guardian \_\_\_\_\_ Name of Student \_\_\_\_\_

Contact Phone #: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Home/Designated Address: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

**The YWCA of Queens will schedule a pick-up/drop-off time for your child and notify you.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

AREA	One-Way		Two-Way	
	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
<b>Flushing</b> 26 <sup>th</sup> Ave-45 <sup>th</sup> Ave Main St.-150 <sup>th</sup> St.	\$155	\$145	\$255	\$245
150 <sup>th</sup> St. – 165 <sup>th</sup> St.	\$165	\$155	\$265	\$255
<b>Fresh Meadows</b> (up to 73 <sup>rd</sup> Ave) & <b>Bayside</b> ( up to Bell Blvd.)	\$175	\$165	\$275	\$265

**\*\*\*For Office Use Only\*\*\***

One Way: AM \_\_\_\_\_, PM \_\_\_\_\_

Two Way: \_\_\_\_\_

Pick-Up Time: \_\_\_\_\_

Drop-Off Time: \_\_\_\_\_

**PHOTO RELEASE**

- I hereby grant permission to the YWCA of Queens to take and publish photographs of myself and my child for any legitimate purpose including the use in the media or in the YWCA of Queens promotional materials. I release all rights to such photographs and I acknowledge that the YWCA of Queens will be the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation for their use.
- I **DO NOT** grant permission to the YWCA of Queens to take and publish photographs of myself and my child for any legitimate purpose including the use in the media or in the YWCA of Queens promotional materials. I **DO NOT** release all rights to such photographs and I **DO NOT** acknowledge that the YWCA of Queens will be the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation for their use.

**Refund Policy**

1. The registration deadline is one week prior to start date given that there are available seats.
2. YWCA Membership fee is not refundable or transferable.
3. In case of camp cancellation made by YWCA of Queens, parents will be notified at latest three days prior to start date.
4. There is a \$40 penalty fee of the tuition for cancellation.
5. Request for refund must be made in person with receipts.
6. Please allow 4-6 weeks for refunds.
7. Full credit or refund will be given to cancellation made one week prior to the first day of school.
8. 75% of the fee is refundable to cancellation made one day before the school.
9. 50% of the fee is refundable to cancellation made within the first week of the school.
10. No refund will be given to cancellation made after the first week of the school.
11. No refund will be given for weather-related cancellation days.
12. If you have any questions, please call the program staff at 718-353-4553.

I give my child permission to participate in the above programs. I permit my child to leave the YWCA of Queens premise for YWCA of Queens Summer Day Camp related trips such as field trips. I will follow the policies and regulations of the YWCA of Queens. I will follow the refund policy of the YWCA of Queens. I understand that there is limited liability at the YWCA of Queens while my child is enrolled in the school.

**Parent's Printed Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>***For Office Use Only***</b>		
Tuition: _____	Membership: _____	Total Paid: _____
Balance: _____	Date: _____	Staff: _____
Medical Record (    )	Photo Release Form (    )	Permission Slip (    )



**NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE**

**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**BUREAU OF FOOD SAFETY AND COMMUNITY SANITATION**  
253 Broadway, 12<sup>th</sup> Floor, CN 59A New York, NY 10007  
(212)676-1600

**PARENT INFORMATION STATEMENT**

YWCA of Queens  
42-07 Parsons Blvd.  
Flushing, NY 11355

This camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation located at 253 Broadway 12<sup>th</sup> Floor, CN 59A New York, NY 10007