

FOR OFFICE USE ONLY (CIRCLE ENROLLED PROGRAM) INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED						
<h2 style="margin: 0;">QUARROPAS</h2> <p style="margin: 0;">ENTERING GRADES 3 – 5 IN FALL 2019 WHITE PLAINS HIGH SCHOOL 8:45AM – 3:30PM</p>						<p>SCHOLARSHIP YES NO</p>
<p>6 WEEKS 7/1 – 8/9 (CLOSED 7/4 & 7/5)</p>						<p>DEPOSIT YES NO</p>
<p>WEEK 1 7/1 TO 7/3 CLOSED 7/4 & 7/5</p>	<p>WEEK 2 7/8 TO 7/12</p>	<p>WEEK 3 7/15 TO 7/19</p>	<p>WEEK 4 7/22 TO 7/26</p>	<p>WEEK 5 7/29 TO 8/2</p>	<p>WEEK 6 8/5 TO 8/9</p>	<p>PROGRAM FEE _____</p> <p>AMOUNT PAID _____</p> <p>BALANCE DUE _____</p>
<p>Wk 1 EARLY 7:45</p>	<p>Wk 2 EARLY 7:45</p>	<p>Wk 3 EARLY 7:45</p>	<p>Wk 4 EARLY 7:45</p>	<p>Wk 5 EARLY 7:45</p>	<p>Wk 6 EARLY 7:45</p>	<p>CASH _____ CHECK# _____</p> <p>VISA _____ MASTERCARD _____ AMEX _____</p>
<p>Wk 1 EXT.DAY 5:30</p>	<p>Wk 2 EXT.DAY 5:30</p>	<p>Wk 3 EXT.DAY 5:30</p>	<p>Wk 4 EXT.DAY 5:30</p>	<p>Wk 5 EXT.DAY 5:30</p>	<p>Wk 6 EXT.DAY 5:30</p>	<p>RECEIVED BY _____</p> <p>DATE _____</p>
<p>RELEASE OF LIABILITY & PERMISSION YES NO</p>						<p>MEDICAL/HOSPITAL RELEASE YES NO</p>

Child's Last Name _____ First Name _____

Family Last Name (if different from child's last name) _____

Street Address _____ Apt. # _____

City _____ Zip _____

Male _____ Female _____ Date of Birth _____ Entering grade in Sept. 2019 _____

School currently attending _____ Is your child fluent in English? Yes _____ No _____

Is there a sibling attending camp? Yes _____ No _____ If yes, please specify below:

First Name _____ Last Name _____ Camp _____

Parents or Guardians Contact Information

Contact #1 _____ Contact #2 _____

Contact #1 Cell _____ Contact #2 Cell _____

Contact #1 Home or work Phone _____ Contact #2 Home or Work phone _____

(Required) BEST E-mail (Please note, only one email can be entered in our contacts.)

SPECIAL NEEDS

Does your child have an IEP or 504? Yes _____ No _____

If YES, the IEP or 504 information and an interview (parent with child) are required before registration can be considered. Please contact our office to set up an appointment. You must have a registration approval form to register. Please note: We do not reserve placement.

Does your child require a smaller class size or extra assistance during the school day? Yes No

If yes, please describe these modifications _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Person other than parent or guardian (2 names required):

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

ARRANGEMENTS FOR DISMISSAL

My child (PRINT Name) _____ is to be dismissed from Camp in the following manner:

Child is to be released to the following person(s):

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Name _____ Relationship _____ Contact # _____

Special Instructions _____

FREE MEAL SERVICES

Our camps provide free meal services. Please check the box if you plan on using the service and which meals you prefer:

Cold Breakfast (Panawok & Early Drop only)

Hot Lunch

Cold Bag Lunch (Trip days only)

CAMPER MEDICAL INFORMATION

(PRINT) Child's Name _____

It is required by State Law to provide immunization information. This form must be filled out completely. NO ONE will be accepted into camp if any part is not completely filled out.

A. Medical Immunizations – Please specify date information below:

If your child has NOT received immunizations, indicate “0’s” in the date boxes.

B. Immunization Records and Dates – Records can be filled out or a copy can be provided with your application.

1. Diphtheria/Tetanus Toxoid – 4 Doses	Dates:
2. Oral Polio Vaccine – 3 Doses	Dates:
3. Measles /Mumps/rubella 2X - MMR	Dates:
4. Haemophilus Influenza Type B	Dates:
5. Hepatitis B	Dates:
6. Varicella (Chicken Pox)	Dates:

C. Allergies or Special Medical Problems (Please list)

D. Required Medication

Note: If your child is required to take any type of medication during camp hours (including over the counter medication) MEDICAL AUTHORIZATION must be provided by your PHYSICIAN and filed with the Camp Director.

E. EpiPens and Inhalers – If your child is unable to self-administer their EpiPen or Inhaler the Camp Director must be advised.

F. Please list all medications your child is taking and any required medications that are needed to address immediate medical needed (please include EpiPens and Inhalers.)

Any restrictions to physical activities while taking this medication? Yes _____ / No _____
If yes, what are the restrictions?

G. Sunscreen - Campers must be able to apply sunscreen on their own. Staff is not allowed to apply sunscreen to your child.

MEDICAL RELEASE - In case of injury or illness to my child, I authorize a camp representative to transfer my child to a hospital or other emergency medical facility for treatment.

Parent/Guardian Signature _____ Date _____

REGISTRATION CHANGES AND REFUND POLICY

Refunds will only be processed due to an illness or accident. Parents requesting a refund must notify the City of White Plains Recreation & Parks Department in writing, accompanied by a doctor's note.

Note: Deposits are non-refundable. A \$25 service fee will be charged for all changes that involve a financial transaction resulting in a reduction in enrollment.

Balance payment is due in full, no later than May 22, 2019.

I have read, understand, and agree with the terms of this policy.

Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY & PERMISSION

In consideration of your acceptance of **My Child (PRINT Name)** _____ for his/her participation in the activities/programs of the City of White Plains; **including permission to participate in busing, swimming (both on-site & off-site), and trips.** I consent to my child being videotaped/photographed for publications/broadcasts/websites. I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may be the result of strenuous activity or other causes related to these activities/programs. I agree to, for my child, release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child's participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child's physician before allowing my child to participate in any strenuous activity. **I have read, understand, and agree with the terms of this release/permission.**

Parent/Guardian Signature _____ Date _____