



CHILDREN'S HOLIDAY PROGRAM
Earth Arts - Martin Luther King Jr. Day - Monday, January 15, 2018
K-6 REGISTRATION FORM

Check here if your child is a current registered participant in our Before/After School Program for the 2017-18 school year

PLEASE RETURN THIS FORM ALONG WITH PAYMENT BY JANUARY 10TH VIA:

- Email Cheryl at ccusimano@friedbergjcc.org
- Fax at 516-766-0513
- In office, Friedberg JCC · 15 Neil Court · Oceanside, NY · 11572
- \$5 fee applies to any registrations received after the registration deadline

Child's Name _____ D.O.B. _____
Address _____ Town _____ Zip _____
Home Phone _____ Email _____
M ___ F ___ School _____ Grade _____

Parent/Guardian 1 Child resides with
Name _____ Work # _____ Cell # _____
Address _____ Town _____ Zip _____

Parent/Guardian 2 Child resides with
Name _____ Work # _____ Cell # _____
Address _____ Town _____ Zip _____

Emergency Information

The following people have permission to pick up my child. Initial _____
(Please be sure that emergency contacts reside locally in the event your child must be picked up immediately).

Emergency Contact 1: _____ Relationship to child: _____
Best Emergency Phone # _____ Alternate # _____
Emergency Contact 2: _____ Relationship to child: _____
Best Emergency Phone # _____ Alternate # _____

Health Information: (Allergies, Medications, IEP, anything that would help us to better care for your child)

Child's Doctor's Name/Phone _____
Does family have insurance? Yes ___ No ___ Coverage: Mother ___ Father ___
Health Insurance Co. & Policy _____ Parent's SS for Coverage _____

I give permission for my child, _____, to swim at the Friedberg JCC Pool located at 15 Neil Court · Oceanside, NY · 11572 for the 2017-18 school year.

Parent/Guardian's Signature: _____ Date: _____

SCHEDULE

(Please put an X next to the time)

- Earth Arts Martin Luther King Jr. Day Holiday Program (Monday, 1/15)
- 8 am–7 pm (\$64; Members, \$54)
- 8 am–6 pm (\$61; Members, \$51)
- 9 am–5 pm (\$58; Members, \$48)
- Long Beach Transportation Option (Fee: \$64; Members, \$5)

Medical Authorization and HIPAA Act

This authorization is to be carried by the Director and will be used only in the event that we have attempted and are unable to contact you. This form is for emergency use only and will never be used without first trying to contact you.

I, _____ authorize any physician, nurse or health care provider, to
(parent or guardian name)
communicate with the JCC staff, or his/her designee about the medical condition, treatment, and/or prognosis of my child, _____.
(child's name)

In case of an emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought (and whomever they may designate or their assistants) to perform any emergency procedures or operations, to give treatment and the administration of anesthetics to my child.

These authorizations are limited to be August 18, 2017 through June 22, 2018

Parent/Guardian's Signature: _____ **Date:** _____

I give my child permission to attend the above program and to use transportation provided by the Friedberg JCC.

Parent/Guardian's Signature: _____ **Date:** _____

Photo Release: I hereby give permission for the Friedberg JCC and/or their designees to use photographs (still and video) of my child taken in the course of JCC programs and activities for public media, brochures, emails/electronic messages and print, as well as on Social Media platforms including, but not limited to, Facebook, Twitter and Instagram.

Parent/Guardian's Signature: _____ **Date:** _____

Total Enclosed \$ _____ Cash Check Visa Mastercard American Express

Card #: _____ Expiration Date: _____ Security Code: _____

For Office Use Only:

Date _____ Staff Initials _____

Total Enclosed \$ _____ Cash Credit Card Check # _____

COPY TO: CHERYL CUSIMANO

