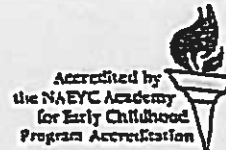




Ewing CYO @Hollowbrook

Summer Camp Child Registration



Date of Application _____ Start Date: _____

Child's name _____ Birth date _____ Age _____

Parent/Guardian _____ Home Phone # _____

Home Address _____ Cell Phone # _____

_____ Work # _____

Place of Employment and Address: _____

Email Address: _____ Hours at work: (ex. 9-5) _____

If not living at address of child, can secondary parent visit with and pick up child? (please circle) Yes No
 If no, primary parent must provide the CYO with a copy of custody papers.

Secondary Parent/Guardian _____

Address _____ Home Phone # _____

_____ Cell # _____ Work# _____

Place of Employment and Address: _____

Email Address: _____ Hours at work: _____

WFNJ Voucher CO# _____ NJCK Voucher Fam. ID# _____

PICK UP AUTHORIZATION

The following person(s) are the only ones authorized, in addition to myself to pick up my child from the CYO Pre-School Program. I have been given the DYFS policy on the release of the children.

Name & Address	Phone#	Relationship to child

(Continue on Back)

Releases:

The CYO and others may occasionally take photographs of the children. These photographs may be used in news articles, advertising, displays, etc. I as the above child's parent, understand this and (circle one) approve do not approve of my child being photographed.

_____ Initial

AGREEMENT

- o Absences for any reason (illness, vacations, religious holidays,) should be called into the Office.
- o Absences for 2 or more days should be verified by a doctor's note.
- o Scheduled vacations are approved with a written letter stating the dates of the vacation and return date.
- o Non-excused absences for more than 10 days will result in termination.
- o The program ends at 5:30 pm; I understand there is a late pick up fee of \$10 for every 15 minutes after 5:30 pm.
- o I understand the CYO does not have a partial summer camp program.

Tylenol/Motrin/Benadryl Permission Form

If my child spikes a temperature or has an allergic reaction during the course of the day, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer medication to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature _____ Date _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center. I also grant permission for my child to leave the Center under proper supervision, for neighborhood walks; to visit the Hollowbrook Branch of the Ewing Library; upstairs, etc. I know of no reason to restrict my child's activity and give permission for participation in all activities that are provided.

I understand that the CYO looks for developmental milestones in my child and that others may observe my child's development such as, nurses, social workers, etc. I agree to allow the CYO to give and receive all information regarding my child. I have made the CYO aware of my child's IEP at their present school program.

In the event that I cannot be reached in an emergency, I hereby give permission to any physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

I recognize and acknowledge that there are certain risks of physical injury and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the CYO Program. I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Program.

Signature _____ Date _____

How did you hear about the CYO Summer Camp? _____