



Summer 2009 REGISTRATION FORM

General Information

Child's Name _____ Age _____ Date of Birth _____ Sex M or F

Home Address _____
Street and Number _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home# _____ Work# _____ Cell# _____

Parent/Guardian _____ Home# _____ Work# _____ Cell# _____

E-mail address(es) _____

Emergency Contact Persons (in case we are unable to contact either parent. *must be completed*)

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

List of Those Authorized To Pick Up This Child(Other than Parent/Guardian)

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

Weekly Fees

Before June 1

\$175 per child for week 1 through week 7
\$200 per child for week 8 or week 9

After June 1

\$185 per child for week 1 through 7
\$200 per child for week 8 or week 9

Combination Deal

Sign up for at least one of the weeks 1 through 7 and pay only \$175 for week 8 and/or week 9

*******SORRY, THERE ARE NO REFUNDS AFTER JUNE 1st*******

[] Week 1- July 6 - 10

[] Week 2- July 13 -17

[] Week 3- July 20 -24

[] Week 4- July 27 – August 2

[] Week 9 August 31 – September 4

[] Week 5- August 3 -7

[] Week 6- August 10 - 14

[] Week 7- August 17 -21

[] Week 8- August 24 -28

RETURN ALL COMPLETED FORMS and PAYMENT TO:

Cayuga Heights School Age Program
110 E. Upland Road
Ithaca, N.Y. 14850
(607) 257-0368



Medical Information

I understand that parents will be contacted immediately in case of sickness or accident. I authorize the Cayuga Heights School Age Program to seek medical attention as necessary. I further understand that I am financially responsible and that my insurance company will be billed first.

I give permission for the attending physician to give emergency treatment including anesthesia, injections and X-rays as necessary on arrival, only if my child's own physician is unavailable at that time to oversee medical treatment of my child.

I verify that my Physician has examined my child and determined that he/she is physically fit and all immunizations are up to date.

Please list any allergies or medical conditions for your child _____

Please list anything else of interest for your child (ex. Vegetarian, non-swimmer) _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

PERMISSION STATEMENT

I agree to the above statement and also give permission for _____ to attend and
(child's name)
participate in the following activities:

- Walking Field Trips-----Yes or No
- Bus field trips-----Yes or No
- My child has permission to have their picture taken at camp-----Yes or No
- I give CHSAP permission to use photo's of my child- -----Yes or No

Parent/Guardian

Signature _____ **Date** _____



DETAILS AND INFORMATION:

Camp will take place at St Catherine of Sienna this summer:

*Cayuga Heights School Age Program has no affiliation with St. Catherine of Sienna.

* Due to construction at Cayuga Heights Elementary School, we have chosen this site because it best suits our needs. We will be located in building that is separate from the Parish.

* The location has a large indoor area for the children to play, as well as a huge open yard for us to use

Children will need DAILY:

- * Complete extra set of clothes
- * Sneakers and water shoes (flip flops, sandals, old sneakers)
- * Bathing suit(s) and towel
- * Life vest if necessary
- * Sunscreen
- * Bag lunch with beverage (2 snacks provided daily)
- * Goggles or other protective eyewear (children sensitive to chlorine)

Other necessary information:

*Policies for the Cayuga Heights School Age Program will also govern the Summer Cayuga Heights School Age Program.

*Summer hours are 8:00 to 5:30

*A late fee will be charged for pick up after 5:30 p.m. - \$5.00 after 5 min., \$10 after 15 min. and \$15 after 30 minutes

- *Phone # Cafeteria 257-0368
- Cell 280-2377
- Fax 257-8142
- Bruno Collins 257-0368
- Debbie Greenwood: 257-0368 (CHES for billing questions)
- E-mail saccp@icsd.k12.ny.us

Please keep this page for your information

I signed up for:

- | | | | | | |
|--------|--------|--------|--------|--------|--------|
| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 |
| Week 7 | Week 8 | Week 9 | | | |