



New Rochelle

Youth Bureau

Your Choice • Your Path • Your Future

Middle School Drop-In Program – Five Islands Park

TUESDAY, July 6th – THURSDAY, AUGUST 12th

Current Report card required

Must have at the time of registration.

\$75.00 supply fee

Personal Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Current School: _____

Street Address _____ Grade: _____

Zip code _____ Home Phone: _____

Cell Phone _____ Work Phone: _____

E-Mail _____ **@** _____ **.COM**

(Parents Email)

***** Email will be used to notify you in the event of a program change or cancellation*****

Emergency Contact Person: _____ Relationship to Child: _____

(Other than Parent)

Home Phone: _____ Cell Phone: _____

PLEASE READ & ANSWER ALL THE FOLLOWING QUESTIONS:

- Does your child have any food allergies? Yes No If yes, please list: _____
- Does your child have any medical, emotional, and/or cognitive condition that would require any modifications, adaptations or restrictions from any of the program activities? Yes No If Yes, please explain: _____
- *Children will be checked in and screened on a daily basis. This includes temperature and symptom check.*
- *Activities are conducted outdoors following current CDC protocol including restricted participant numbers and facilitated physical distancing.*
- *All equipment is sanitized daily and in between each use.*

(Over)

Please read and sign any /all sections:

- I hereby give the City School District of New Rochelle permission to release any information concerning my child to the New Rochelle Youth Bureau Administration:

Signature of Parent or Guardian: _____ Date: _____
(REQUIRED FOR ALL APPLICANTS – APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE)

- I hereby give New Rochelle Youth Bureau permission to release any information concerning my child to the Middle School Summer Drop-In staff.

Signature of Parent or Guardian: _____ Date: _____

- I understand that due to limited staff resources all program participants must leave the facility no later than **2:00pm.**

Signature of Parent or Guardian: _____ Date: _____

The undersigned hereby releases the City of New Rochelle, Youth Bureau, Department of Parks and Recreation, and City School District and its employees, agents, and volunteers of any liability in connection with any damage and/or injury that may be sustained as a result of participation in the above-named program.

I hereby give New Rochelle Youth Bureau permission to use any photographs/videos taken pertaining to the Middle School Drop-in Program.

Signature of Parent/Guardian

Date: _____

Completed forms must be submitted to: New Rochelle Youth Bureau
515 North Avenue
New Rochelle, NY 10801

FOR OFFICE USE ONLY:

SUPPLY FEE:

Form of payment: Cash Check Credit Card

PROOF OF CURRENT GRADE:

Yes Date _____ No Date _____

Comments: _____

Initialed by: _____