

WESTCHESTER COUNTY
2009 CHILDREN'S SUMMER ECOLOGY PROGRAM REGISTRATION FORM
Or Register online: www.westchestergov.com/parks/summercamps.htm

One application form per child. Make copies of the application as needed. Indicate an alternate choice for each location in case your first choice is filled. Please fill out a separate form for each location. For assistance call 914.864.7028.

Child's Full Name: _____ Entering grade: _____ in September 2009.

ECOLOGY PROGRAM (Grades Pre-K – 6).....\$225 per week (Cranberry Lake Location *Only*...\$250 per week)

Please check the grade your child will be entering in September of 2009:

- _____ Discoverers: grades Pre-K & K (offered **ONLY** at Lenoir Preserve)
- _____ Adventurers: grades 1 & 2
- _____ Trackers: grades 3 & 4
- _____ Explorers: grades 5 & 6

Please check your location:

- _____ Cranberry Lake Preserve (*three weeks maximum*)
- _____ Lenoir Preserve (*three weeks maximum*)
- _____ Marshlands Conservancy (*two weeks maximum*)
- _____ Trailside Nature Museum (*one week maximum*)

Please check the sessions you would like your child to attend: (*refer to above maximums per location*)

- | | | | | | |
|-----------------|-------------|-----------------|--------------|-----------------|----------------|
| _____ Session 1 | July 6 - 10 | _____ Session 3 | July 20 - 24 | _____ Session 5 | August 3 - 7 |
| _____ Session 2 | July 13- 17 | _____ Session 4 | July 27 – 31 | _____ Session 6 | August 10 - 14 |

CONSERVATIONISTS IN TRAINING (Grades 7, 8, and 9) at Cranberry Lake and Trailside\$700 per session

Please check your location:

- _____ Cranberry Lake Preserve
- _____ Trailside Nature Museum, Ward Pound Ridge Reservation

Please check the session you would like your child to attend: (*one session maximum*)

- | | | | | | |
|-----------------|-----------|-----------------|--------------|-----------------|---------------|
| _____ Session A | July 6-17 | _____ Session B | July 20 – 31 | _____ Session C | August 3 - 14 |
|-----------------|-----------|-----------------|--------------|-----------------|---------------|

TOTAL NUMBER OF SESSIONS _____ **TOTAL AMOUNT \$** _____

If paying by check, submit one check per child payable to: *Children's Summer Ecology Program* OR Pay by credit card:

MasterCard _____ Visa _____ American Express _____ Account # _____

Expiration date: _____ Name on card: _____ Zip code _____

Fax Completed Application with credit card information to **(914) 864-7053**

Or

Mail application and payment to:
Children's Summer Ecology Program
Westchester County Parks
25 Moore Avenue, Mt. Kisco, NY 10549

PLEASE COMPLETE BOTH SIDES OF FORM

WESTCHESTER COUNTY

2009 SUMMER ECOLOGY CAMP MEDICAL/PHOTO RELEASE FORM

My child will be entering grade: Pre-K/K* 1 2 3 4 5 6 7 8 9 in September 2009. *(4 years old by 6/1/09)

Child's Name (Last, First): Sex : M F Birth date:

Family Members' name (s):

Street: City: State: Zip:

Home Phone: Father's Work: Father's Cell:

E-mail: Mother's Work: Mother's Cell:

If parent(s) not available, please contact:

Emergency Name: Phone: Cell:

Emergency Name: Phone: Cell:

Medical History:

Doctor's name: Phone:

Medical Insurance: Policy #:

REQUIRED FOR ATTENDANCE ♦ DATES OF IMMUNIZATION and MEDICAL HISTORY

DPT/DT: Haemophilus Influenza type b: Hepatitis

MMR: Varicella (Chicken Pox): Polio:

Allergies (medication, foods, etc.):

Please list any medical problems, including the diagnosis:

Is your child currently on any medication, including inhalers? Yes No

If yes, name of medication

If yes, does the medication need to be taken during camp hours? Yes No

If yes, written permission from a parent or guardian will be necessary to accompany the medication and the medication must be self-administered.

Please describe any behavioral issues or any special needs or considerations that would be helpful for staff to know, to provide a safe and happy experience for your child.

Emergency Release:

I give permission, in the event of an emergency, for first aid to be administered to my child, and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact me.

Parent Signature

Date

I give my permission for my child to participate in all program activities. I understand that NO REFUNDS will be given for any reason except for illness substantiated by a doctor's note.

I give permission to allow my child's photographs to be taken during camp. I further give permission that these photographs may be published and used by Westchester County to promote camp programs.

Parent Signature

Date

PLEASE COMPLETE BOTH SIDES OF FORM