

Grand Street Community Arts
68 Grand Street, Albany, NY 12202
info@grandarts.org | (518)463-2222
www.grandarts.org



Completed: YES NO
Received: _____
Follow-Up: _____

2011 GRAND STREET KIDS CLUB REGISTRATION FORM

Dates for Summer 2011 are July 11th-August 12th, Monday through Friday, 9AM-3PM

CHILD INFORMATION

Name: _____ DOB: ____ / ____ / ____ Gender: ____
(Last) (First) (MI)

Preferred Mailing Address: _____
(Street/PO Box)

(City) (State) (ZIP)

Home Phone: _____ Mobile Phone: _____

Is the camper a vegetarian? YES NO Food Allergies? YES NO Please name: _____

PARENT/ GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN

Name: _____ Relationship to Child: _____
(Last) (First) (MI)

Address: _____
(Street/PO Box)

(City) (State) (ZIP)

Home Phone: _____ Cell/Pager: _____ Work Phone: _____ Email: _____

SECOND PARENT/GUARDIAN

Name: _____ Relationship to Child: _____
(Last) (First) (MI)

Address: _____
(Street/PO Box)

(City) (State) (ZIP)

Home Phone: _____ Cell/Pager: _____ Work Phone: _____ Email: _____

EMERGENCY CONTACT NAME (Please give us the name of someone other than a parent)

Name: _____ Relationship: _____ Phone: _____

ATTENDANCE INFORMATION

Check the dates that your child will be attending GSKC. Please make note of **any** exceptions for each week (IE: planned trips, vacations, or other days where your child will not attend Grand Street Kids Club)

Monday, July 11 - Friday, July 15 _____

Monday, July 18 – Friday, July 22 _____

Monday, July 25 – Friday, July 29 _____

Monday, August 1 – Friday, August 5 _____

Monday, August 8 – Friday, August 12 _____

ATTENTION, registration is not complete without signatures to the following:

GENERAL PERMISSION SLIP

Please print the name of your child in each blank for your child to participate in the GSKC activities.

I hereby give _____ permission to participate in supervised walking trips with the GSKC program.

I hereby give _____ permission to be a participant in the programs and activities, which occur in the workshop site and off-site from July 11th to August 12th.

I hereby give _____ permission to be transported via car to designated field trip sites (you will be notified of all field trips in advance).

If I, or my emergency contact cannot be reached in an emergency, I hereby give permission to GSKC program to secure medical treatment for my child.

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of you child. Please read the information, initial each statement you are in agreement with and sign the back.

_____ I understand that I am not to leave my child at the program site of Grand Street Kids Club unless GSKC staff is there to receive and supervise my child.

_____ I understand that my child will not be allowed to leave with an unauthorized person.

_____ I understand that no drugs, alcohol or people under the influence, will be allowed on premises.

_____ I understand that I am obliged to pick up my child at the designated time unless other arrangements have been made with the staff of GSKC.

Signature (Parent/Guardian): _____ Date: _____

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**THE HEALTH HISTORY FORM IS
REQUIRED FOR EACH CHILD.
Incomplete and/or unsigned
forms will prevent your child
from participating in GSKC.**

HEALTH HISTORY FORM

CHILD INFORMATION

Name: _____ DOB: ____ / ____ / ____ Gender: ____
(Last) (First) (MI)

Address: _____
(Street/PO Box) (City) (State) (ZIP)

PARENT/ GUARDIAN INFORMATION

Name: _____ Relationship to Child: _____
(Last) (First) (MI)

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Name: _____ Relationship to Child: _____
(Last) (First) (MI)

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

MEDICAL CONTACTS & INSURANCE (if available)

Name of Family Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

PERMISSION TO TREAT

The undersigned parent(s) hereby authorize the supervising staff of GSKC selected by Grand Street Community Arts, Inc. to act as my/our agent and attorney-in-fact for the purpose of consenting to medical, dental or hospital care and treatment of _____.
(Name of Child)

Such care and treatment is to be rendered by or under the supervision of a licensed practitioner, hospital, or health care facility. The agent is also authorized to have access to the health care history and records of the minor to the extent reasonably necessary to enable the agent to give informed consent of the minor's care and treatment. Any health care practitioner or facility given an original or a photocopy of this document is authorized to honor the consent of the agent for care and treatment of the minor to the same extent as if consent were given by the parent/guardian personally.

Signature (Parent/Guardian): _____ Date: _____

Child's Name: _____
(Last) (First) (MI)

HEALTH HISTORY

List any operations or serious injuries (with dates): _____

List any additional health history concerns/comments: _____

List all allergies to **food, medications** and **environmental factors**: _____

Current or Recurring Medical Conditions (e.g. Heart defect/disease, convulsions, diabetes, bleeding/clotting, asthma, hypertension, psychiatric treatment, ADD/ADHD, bedwetting): _____

Diseases:

Ear Infection _____ Rheumatic Fever _____ Hay Fever _____
Mumps _____ Whooping Cough _____ German Measles _____
Chicken Pox _____ Mononucleosis _____ Other _____

EMERGENCY CONTACT NAME (An emergency contact is an adult other than a parent or guardian)

Name: _____ Relationship: _____

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

GRAND STREET KIDS CLUB
A Program of Grand Street Community Arts, Inc.
MEDIA RELEASE FORM

As part of our communications activity, Grand Street Community Arts occasionally uses photography for publicity purposes. We would like your permission to photograph/film your child for possible inclusion in our publications, website and other publicity material, including publication in newspapers or other media intended to publicize our programs. The image(s) will remain the property of Grand Street Community Arts and will be used for the designated purpose of promoting Grand Street Community Arts aims in relation to widening access to the arts/ education. It may also be included in the central Grand Street Community Arts image library for use by other Grand Street Community Arts promotion.

I permit Grand Street Community Arts to use photographs of my child in Grand Street Community Arts publications and publicity material, and for inclusion in the central Grand Street Community Arts image library.

Name of Child: _____

Signature (Parent/Guardian): _____ Date: _____