

PARKSIDE SUMMER ARTS CAMP REGISTRATION FORM

PLEASE COMPLETE ONE FORM FOR EACH CHILD PARTICIPATING IN CAMP
 COMPLETED REGISTRATION FORMS AND PAYMENT MAY BE SENT TO:
 PARKSIDE COMMUNITY ASSOCIATION, 2318 MAIN STREET, BUFFALO, NY.

Select session desired: _____ Session I (July 10 - July 27)
 (You can choose one OR both) _____ Session II (July 30 - August 17)

*Please note, if you choose to sign you child up for both Session I and II, they contain very similar programming. Sessions are scheduled Monday-Friday from 9:00am - 3:00pm. More information can be found in our 2018 Parent Packet document. Spaces will be held on a first come/first serve basis, and cannot be held without payment.

Early drop off/late pick up fee based services requested. *Early drop off and late pick up must be coordinated with the office during registration.*

If first choice of session is not available, I am interested in the other session: Yes _____ No _____

	<u>If paid by May 11, 2018</u>	<u>If paid after May 11, 2018</u>
_____ Full registration	\$380/child/session	\$400/child/session
_____ PCA member registration	\$335/child/session.....	\$350/child/session
_____ Reduced registration	\$195/child/session	\$200/child/session
(see income limits below)		

* If you are interested in signing your child up for our 2018 Summer Arts Camp during normal camp hours, but have specific scheduling conflicts/requirements; please call our office to discuss possible accommodations to help your child attend part of the Camp.

PLEASE PRINT LEGIBLY

Child's Name: _____ **Sex:** ___ M ___ F

Home Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Names of Parent/Guardians: _____

Phone Number(s): Day: _____ **Evening:** _____ **Cell:** _____

Check if you'd like to receive text/MSM notifications about rain-day changes please provide both your full cell number AND your provider/carrier: **Cell:** _____ **Provider/Carrier:** _____

Cell: _____ **Provider/Carrier:** _____

Email Address(es): _____

Emergency Contact: _____ **& Phone Number:** _____

Child's date of birth: ___/___/___ **Age (as of July 1, 2018):** _____ **Grade entering school Fall 2018:** _____
 Child must be at least 5 years of age to participate

Household Income:

In order to qualify for reduced registration, please check the appropriate box if your gross annual income is at or below the limits listed below, according to the number of people in your household. For income level verification, please send a copy of your 2017 Form 1040.

Household Size	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Income Limit	\$40,650	\$45,750	\$50,800	\$54,900	\$58,950	\$63,000
Below Income						

Only families with household income falling below the listed income limit will qualify for reduced registration.

CAMP SIGNOUT INFORMATION

Please select one or more of the following:

- My child will be signed in/out by parent/guardian ONLY.
- My child will be signed in/out by parent/guardian AND I also give my permission for the following individuals to sign in/out my children:

- 1.) _____ Phone: _____
- 2.) _____ Phone: _____
- 3.) _____ Phone: _____
- 4.) _____ Phone: _____

- My child will sign themselves in/out
(Only for children in the 9-12 age group and must have written permission on file. Please attach a letter.)

EMERGENCY MEDICAL INFORMATION

Name of Child: _____

Physician/Clinic: _____

Insurance #: _____

Medication: _____

Allergies: _____

Special Needs: _____

Hospital (in case of emergency): _____

****Please attach a copy of your child's immunization records to this application, as we are required to file these. ****

FIELD TRIPS & MINI FIELD TRIPS

- My child may participate in walking field trips (nature walks) within 2 miles of the program site.
- My child may participate in field trips using public transportation (if applicable, more information will be provided before the program start date).

By signing below, I give my child consent to participate in the 2018 Summer Arts Camp. I understand that participation in the Summer Arts Camp involves a certain degree of risk; I have carefully considered that risk and have given consent for my child to participate in this program. As a participant of the Summer Arts Camp, I consent to the Parkside Community Association of Buffalo, Inc. ("Parkside") administering first aid to my child, and in the event of an emergency to take my child to the nearest medical facility as may be needed and in the sole discretion of Parkside. I further hereby consent to my child, his/her photograph, name, likeness, or image being included in future program promotional, marketing and publicity materials of Parkside, including but not limited to websites, social media pages, newsletters, videos, and photographs. I attest that the above information is accurate and complete. By signing this Agreement, I represent that I am a parent and/or legal guardian of my child and have the legal authority to execute this consent agreement.

Parent/Guardian Signature: _____

Date _____