

Hamilton Hill Arts Center 2021-2022 Registration Form

Ages:

5 -17 years old

Hamilton Hill Arts Center – After School Program 2020-2021

Child Information

Child's Name: _____ Sex: M F
Age ___ Date of Birth: ___/___/___ School: _____ Grade Entering: _____
Address: _____
City: _____ Zip: _____
Ethnicity: Hispanic _____ Non-Hispanic _____
Race: American Indian ___ Asian ___ Black/African American ___ Pacific Islander ___ White ___
Child receives: Free lunch ___ Reduced lunch ___

Parent/Guardian Information

Parent/Guardian Name: _____
Address: _____
City: _____ Zip: _____ Phone: _____
Employer: _____ Work Phone: _____
Cell: _____ Pager: _____ Email: _____
2nd Parent/Guardian Name: _____
Parent's Marital Status: (Married, *Divorced, Single, Widowed) _____
If separated or divorced, who has legal custody? _____
** Court order is needed if parent is denied access to a child*

Pick Up Authorization

***I authorize the following people to pick up my child from the Club's Camp Program.
All authorized persons MUST BE AT LEAST 16 years of age and be prepared to show PHOTO ID.***

Name	Relationship	Phone No.
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Please Note: Any additions to the pick-up list must be in writing.

Hamilton Hill Arts Center – After School Program 2020-2021

Medical Information

Allergies & Special Needs

Does your child have any Allergies? Y or N

Please list: _____

Does your child take any Medication? Y or N

Please list: _____

Does your child have any special needs?

Please describe: _____

Physician Information

Physician name: _____ Office name: _____

Address: _____

Phone: _____ Fax: _____

Please indicate if the camper has a history of the following:

___ contact lenses

___ fainting

___ appendicitis

___ anemia

___ diabetes

___ hay fever

___ swimmer's ear

___ high blood pressure

___ skin problems

___ hyperkinesias

___ severe headache

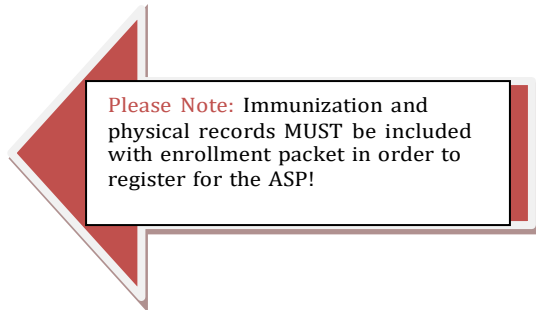
___ tonsillitis

___ asthma

___ ear infections

___ seizures

___ other: _____



Emergency Information

I being the parent/legal guardian of the above named minor do hereby appoint the HHAC staff to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization in my absence for above named minor.

Parent Signature: _____ Date: _____

Emergency Contacts (if parents cannot be reached)

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Hamilton Hill Arts Center – After School Program 2020-2021

Child's Name _____

Conditions of Acceptance

1. I agree to return all After School Program (ASP) enrollment forms to the Hamilton Hill Arts Center prior to my child(ren) starting Camp. **Children may not participate in the After School Program until all forms are completed and on file with the Center.**
2. I understand that any changes to my original registration must be submitted in writing.
3. I understand that the hours of operation are Monday through Friday from 3:00 p.m. until 6:00 p.m. Children are to be picked up by 6:00 p.m. ***** A FEE MAY BE ADDED FOR LATE PICK UP**
4. I understand that my child must comply with ASP rules and standards of behavior. I agree that the Center's ASP Staff has the right to enforce appropriate standards of conduct and may dismiss a member who infringes on the rights of others.
5. I give my permission for the use of any photographs, slides or videotapes, which may contain my child, to be used in the Hamilton Hill Arts Center promotional materials as well as social media.
6. I give my permission for my child to be transported to and from ASP field trips and activities.
7. I certify that my child is capable of participating in ASP activities.
8. I grant the Hamilton Hill Arts Center and it's agents full authority to take whatever action they deem necessary regarding my child's health and safety and I fully release the Hamilton Hill Arts Center and it's agents from any liability in connection with those decisions.

Parent Signature Date

For Office Only

Fee Paid _____ Waiver approved _____

Circle your family income level

less than	Family Size	less than	less than	MORE THAN
\$18,900	1	\$31,500	\$50,350	\$48,400
\$21,600	2	\$36,000	\$57,550	\$55,300
\$24,300	3	\$40,500	\$64,750	\$62,200
\$26,950	4	\$44,950	\$71,900	\$69,100
\$30,170	5	\$48,550	\$77,700	\$74,650
\$34,590	6	\$52,150	\$83,450	\$80,200
\$39,010	7	\$55,750	\$89,200	\$85,700
\$43,430	8 (and upwards)	\$59,350	\$94,950	\$91,250
<i>1 - VLI - 30</i>		<i>2 - LI - 50</i>	<i>3 - Mod - 80</i>	<i>4 - Not L/M - 80+</i>

Please indicate if you have access any of these services:

- Boys & Girls Club
 - Big Brothers Big Sisters
 - YMCA/YWCA
 - NYS Dept. of Social Services
 - SCAP
 - Bethesda House
 - HEAP
 - Social Security (SSI/D)
 - BNI
- Do we have permission to access your records from these agencies?_Yes

Print Name _____ Signature _____ Date _____