

Hamilton Hill Arts Center Summer 2019 Enrollment Form

Ages:

6 -17 years old

Dates:

July 8, 2019 – August 16, 2017

Days/Hours of Operation:

Monday – Friday
10 a.m. – 3:00 p.m.

Donation to defray cost:

\$35 per child, per week
(Includes lunch)

Please remember that you must submit a current physical and all immunization records for your child with your completed application.

Please return application and camp fees to:

Hamilton Hill Arts Center. 409 Schenectady St. Schenectady, NY 12307. 518.346.1262

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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.

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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:

- | | |
|--|--|
| <input type="checkbox"/> contact lenses | <input type="checkbox"/> skin problems |
| <input type="checkbox"/> fainting | <input type="checkbox"/> hyperkinesias |
| <input type="checkbox"/> appendicitis | <input type="checkbox"/> severe headache |
| <input type="checkbox"/> anemia | <input type="checkbox"/> tonsillitis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> asthma |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> ear infections |
| <input type="checkbox"/> swimmer's ear | <input type="checkbox"/> seizures |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> other: _____ |



Please Note: Immunization and physical records MUST be included with enrollment packet in order to register for the ASP!

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

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For funding purposes we are now collecting income information. Please circle the category that applies to you.

Family Size	less than	less than	less than	MORE THAN
1	\$18,150	\$30,250	\$48,400	\$48,400
2	\$20,750	\$34,600	\$55,300	\$55,300
3	\$23,350	\$38,900	\$62,200	\$62,200
4	\$25,900	\$43,200	\$69,100	\$69,100
5	\$29,420	\$46,700	\$74,650	\$74,650
6	\$33,740	\$50,150	\$80,200	\$80,200
7	\$38,060	\$53,600	\$85,700	\$85,700
8 (and upwards)	\$42,380	\$57,050	\$91,250	\$91,250
	1 – VLI - 30	2 – LI - 50	3 – Mod - 80	4 - Not L/M - 80+

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 No Initials _____

Print Name _____ Signature _____ Date _____

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 _____