

PLEASE LIST NAME OF FAMILY DOCTOR, HOSPITAL OF CHOICE IN CASE OF EMERGENCY, ALLERGIES, DISABILITIES, MEDICAL CONDITIONS & HEALTH INSURANCE INFORMATION.

FAMILY DOCTOR:	
ADDRESS:	TELEPHONE:
CITY:	STATE: ZIP:
ALLERGIES:	
MEDICATIONS CURRENTLY TAKEN:	
MEDICAL CONCERNS:	
PLEASE CHECK YES OR NO: MY CHILD DOES HAVE A DIAGNOSED SEVERE DEVELOPMENTAL DISABILITY: ____ YES ____ NO IF YES, A TREATMENT/BEHAVIOR PLAN MUST BE ESTABLISHED	
PLEASE CHECK YES OR NO: A WATERVLIET CIVIC CENTER STAFF MEMBER HAS PERMISSION TO APPLY SUNSCREEN TO MY CHILD: ____ YES ____ NO OUR AGENCY DOES NOT SUPPLY SUNSCREEN	
HOSPITAL OF CHOICE:	
HEALTH INSURANCE COMPANY:	POLICY #:

IMMUNIZATION RECORDS

EACH CHILD WHO ATTENDS THE SUMMER RECREATION PROGRAM MUST HAVE AN UPDATED IMMUNIZATION RECORD. IMMUNIZATION RECORDS CAN BE EMAILED TO wsheehy402@aol.com. IN THE SUBJECT LINE PLEASE REFERENCE IMMUNIZATION AND YOUR CHILD’S NAME. NO CHILD WILL BE ALLOWED TO ATTEND THE PROGRAM WITHOUT AN UPDATED IMMUNIZATION RECORD.

PLEASE CHECK THE SESSION/SESSIONS YOUR CHILD WILL BE ATTENDING

SESSION # 1: July 1 – July 5	SESSION # 2: July 8 – July 12
SESSION # 3: July 15 – July 19	SESSION # 4: July 22 – July 26
SESSION # 5: July 29 – August 2	SESSION # 6: August 5 – August 9
SESSION # 7: August 12 – August 16	SESSION # 8: August 19 – August 23

***Please note there is no program Thursday, July 4**

IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN. IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED, THE CHILD WILL BE TRANSPORTED TO THE HOSPITAL PRE-SELECTED ON THE APPLICATION.

MY CHILD HAS PERMISSION TO ATTEND THE WATERVLIET CIVIC CENTER 2024 SUMMER RECREATION PROGRAM. HE OR SHE IS IN GOOD HEALTH AND CAN PARTICIPATE IN ALL ACTIVITIES AND EVENTS INCLUDING SWIMMING AND FIELD TRIP

I HAVE RECEIVED A COPY OF THE WATERVLIET CIVIC CENTER 2024 SUMMER RECREATION PROGRAM PARENT HANDBOOK. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED THEREIN.

GENERAL WAIVER OF LIABILITY: MY CHILD PLANS TO PARTICIPATE IN THE WATERVLIET CIVIC CENTER 2024 SUMMER RECREATION PROGRAM, BY SIGNING THIS RELEASE AND APPLICATION FORM, I UNDERSTAND THAT THE WATERVLIET CIVIC CENTER WILL NOT BE HELD RESPONSIBLE FOR INJURY TO PERSON OR PROPERTY.

PARENT/GUARDIAN NAME:

(please print)

PARENT/GUARDIAN SIGNATURE:

DATE: _____

Extended Hours

Please check the days you will need extended hours.

<u>Day</u>	<u>Time</u>
Monday	4:00 PM – 5:30 PM
Tuesday	4:00 PM – 5:30 PM
Wednesday	4:00 PM – 5:30 PM
Thursday	4:00 PM – 5:30 PM
Friday	4:00 PM – 5:30 PM

Once the application is received, you will be notified stating that the application is complete or incomplete. If the application is incomplete, you will be informed what additional information is needed.