

Bus from CES to Catskill Community Center Yes____ No____

CATSKILL COMMUNITY CENTER SUMMER FUN PROGRAM (Pre-K – 5th Grade)
Monday – Friday 12:30 – 5:30 PM

Child's Name_____ Family Name_____

Street Address_____ Home Phone_____

City, State, Zip_____

Work Phone_____ Cell Phone_____

Child's Information: Gender_____ Ethnicity_____

Age as of July 6, 2010_____ Grade in September 2010_____

Family Doctor_____ Phone_____

Insurance Information: Name of Insured_____

Provider_____ Phone_____ Group ID_____

If you can not be reached in case of emergency, who do wish to be notified?

Name_____ Phone_____

*Is there anyone who may **NOT** pickup your child due to a Court Order, etc.?*

Name(s) please print_____

This is a Zero Tolerance Policy. General misconduct including fighting, endangering others, or behavior deemed inappropriate by employees of the program may result in suspension from the program.

Parent/Guardian Signature_____ Date_____

HOSPITAL PERMSSION FORM

Child's Name_____

Family Doctor_____ Phone_____

To Whom It May Concern:

I give permission, in the event of an emergency, to treat my child at Columbia Memorial Hospital.

Parent/Guardian Signature_____ Date_____

Phone: Home_____ Work_____ Cell_____