

**MANHASSET/GREAT NECK EOC  
SUMMER YOUTH PROGRAM  
REGISTRATION FORM  
2022**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Primary Number in Case of Emergency: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Primary Number in Case of Emergency: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Guardian's Name & Phone Number (if other than parent): \_\_\_\_\_

**ENROLLMENT SUMMER 2022**

Enroll my child for 6 5 4 3 2 1 weeks (please circle one)

What size t-shirt does your child wear? (please circle one)

Child's Medium (10 - 12)    Child's Large (14-16)    Adult    Small    Medium    Large    X-Large

OTHER CHILDREN/ADULTS LIVING IN HOUSEHOLD:

CHILD/ADULT	SEX	DOB	AGE	GRADE & SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# MEDICAL INFORMATION

Does your child have any food allergies?      yes \_\_\_\_      no \_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any other allergies?      yes \_\_\_\_      no \_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any disabilities?      yes \_\_\_\_      no \_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have nosebleeds?      yes \_\_\_\_      no \_\_\_\_

If yes, what method of treatment do you prefer?

- A. \_\_\_\_ Take to emergency room
- B. \_\_\_\_ Render first aid to stop bleeding

Does your child have any other medical conditions that we should know about? Please explain: \_\_\_\_\_

Please list any medications that your child takes: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

## EMERGENCY CONTACTS: Please list two (2) people to contact if we cannot reach you:

At the end of the day, or during any day, the child may be released only to the person(s) signing this form or the following persons. This list can be modified at parents' discretion with prior notice to the Summer Program Office.

First, Last Name	Relationship	Telephone	Pick Up List	
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

# PARENT SURVEY

The Manhasset/Great Neck EOC Summer Program strives to be responsive to the interests of each family. Please take a few minutes to tell us about your child.

What does your child most enjoy? (Please specify by circling one or more of the following)

Team Sports

Arts & Crafts

Nature & the Outdoors

Individual Sports

Performing Arts

Swimming

Science & Technology

Academic Enrichment

Other (Please specify) \_\_\_\_\_

Has your child been to camp before? yes \_\_\_ no \_\_\_ Where? \_\_\_\_\_

Has your child attended the Manhasset/Great Neck EOC Summer Program before? yes \_\_\_ no \_\_\_

What school does your child attend? \_\_\_\_\_

What grade will your child be in when school opens in September 2022? \_\_\_\_\_

Does your child have any special fears (dogs, dark, heights, etc.) \_\_\_\_\_

Did your child have any special difficulties in school or at home this year? yes \_\_\_ no \_\_\_

If yes, please explain \_\_\_\_\_

What words would you use to describe your child (easy going, shy, outgoing, etc.)? \_\_\_\_\_

How does your child handle differences with his/her peers? \_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

## ADDITIONAL COMMENTS

Please use this space (and the back of this form if necessary) to give us any additional information that would help us make your child's summer experience positive and enjoyable.

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## DISCLAIMER FORM 2022

Dear Parent/Guardian:

Please remember to write your child's name on all items brought to the Manhasset/Great Neck EOC Summer Program.

***YOUR CHILD SHOULD NOT BRING CELL PHONES, TABLETS,  
OR ANY OTHER EXPENSIVE ELECTRONICS TO THE CENTER.***

The Manhasset/Great Neck EOC is not responsible for lost items.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## AGREEMENT

1. My child has permission to participate in all programs and activities that are planned and supervised by the Manhasset/Great Neck EOC Summer Program
2. The Manhasset/Great Neck EOC Summer Program has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior, the Manhasset/Great Neck EOC is not obligated to refund the registration fee.
3. The Manhasset/Great Neck EOC has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
4. The Manhasset/Great Neck EOC has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact, or the family physician cannot be contacted in an emergency, the Manhasset/Great Neck EOC has permission to have my child examined at a hospital emergency room.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_