

**MANHASSET/GREAT NECK EOC
SUMMER YOUTH PROGRAM
REGISTRATION FORM
2023**

Date: _____

Child's Name: _____

Nickname: _____

Address: _____

Home Phone #: _____

Date of Birth: _____ Age: _____ Gender: M F Grade: _____

Parent's Name: _____

Parent's Primary Number in Case of Emergency: _____

Parent's E-Mail Address: _____

Parent's Name: _____

Parent's Primary Number in Case of Emergency: _____

Parent's E-Mail Address: _____

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

ENROLLMENT SUMMER 2023

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 2023? _____

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.

DISCLAIMER FORM 2023

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: _____