

# Add Water After-Camp Application For Admission SUMMER FORM

## **Applicant Information**

*Name*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

## **Family Information**

*Parent Name*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Home/Cell/Work) \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*Parent Name*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Home/Cell/Work) \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ married \_\_\_\_\_ partners \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ single

If applicable, please list the names of any stepparents: \_\_\_\_\_

\_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_parents \_\_\_\_\_mother \_\_\_\_\_father \_\_\_\_\_guardian

Guardian's name and relationship to applicant (if applicable)\_\_\_\_\_

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**Health Information:**

Is the applicant in good physical health? \_\_\_\_\_yes \_\_\_\_\_no

Does the applicant have any low-grade or intermittent chronic conditions (e.g., allergies, migraines, asthma)? \_\_\_\_\_yes \_\_\_\_\_no

Please note: if your child needs any medication on site it is your responsibility to speak with the director by phone or in person upon registration. All forms required to be on site will be given upon request and PLEASE NOTE: your doctor must fill out required forms. Forms and medication MUST be on site before your child can attend Add Water and Stir Ink.

If 'yes', please describe:

\_\_\_\_\_

Does the applicant use prescribed medication of any kind? \_\_\_\_\_yes \_\_\_\_\_no

If 'yes', please describe:

\_\_\_\_\_

What are you looking for in a childcare program?

\_\_\_\_\_

**Desired Schedule (Days/Hours):**

Registration Form is attached. Please indicate clearly which days and weeks you wish for your child to attend.

Add Water After Camp is a 3 hour minimum program.

This application must be signed and dated by you. Please return all forms to: Add Water After Camp c/o 119 Underhill Rd. Ossining NY 10562.

Add Water After Camp does not discriminate on the basis of race, nationality, religion, economic background, or orientation.

Your signature confirms that you have read and agreed to the Add Water and Stir Ink Policy Statement supplied to you in your parent packet.

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

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

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE REGISTRATION**

**PHOTO OF CHILD  
(Optional)**

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

Does your child have any allergies?  Yes  No  
If Yes, what is your child allergic to? \_\_\_\_\_

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Source of Dental Care/Dentist's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name Of Medical Care Facility/Hospital: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Would you like information on Child Health Plus?  Yes  No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Provider/Day Care Facility Name and Address:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:
			HOME TELEPHONE NUMBER:
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:	
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER:
		<input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
	<b>AGREEMENTS</b>		
	I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.		
	I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE:	

# Add Water and Stir Ink Nature Walk Permission Slip

I \_\_\_\_\_, give permission to Add Water and Stir Ink and any of their staff to take my child \_\_\_\_\_ around Hastings woods and to Sugar Pond for Nature walks.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Add Water and Stir Ink

## Pool Permission Slip

I \_\_\_\_\_, give permission to Add Water and Stir Ink and any of their staff to take my child \_\_\_\_\_ to the Hastings on Hudson Chemka Pool.

I have been made aware that Add Water and Stir Ink's staff have not personally been trained as life guards. I understand that the employees of Add Water and Stir depend on the trained Chemka Pool life guards to safely supervise my child when he/ she is in the pool.

I understand that there are level tests that my child must take to determine which pool they may swim in while in the care of Add Water and Stir ink.

Having been made aware of this, I give permission and release Add Water and Stir Ink and any of it's staff from responsibility with respect to in-pool safety.

### **Please indicate your childs level of ability in the pool:**

- Sprinkler Pool
- Training Pool
- Big Pool (shallow end)
- Big Pool (deep end)

Parent Signature \_\_\_\_\_

Date\_\_\_\_\_

# Add Water and Stir Ink Transportation Permission

I \_\_\_\_\_, request that, and give permission to Katie Reidy and Eryn Reiger and any of the Add Water and Stir Ink staff or consultants to transport my child \_\_\_\_\_ to the Add Water and Stir Hillside location/ Parks/ Playgorunds/ Hastings Pool or other alternate local places and venues.

I understand that this is provided as a courtesy by Add Water and Stir Ink and is not provided at a part of the after-school or after-camp child care fee.

Add Water and Stir Ink program does not charge or accept a fee for this courtesy provided and any staff member who might transport a child is not paid to do so.

I also understand Add Water and Stir has the right to discontinue providing transportation or choose not to transport my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Childs Name: \_\_\_\_\_

## Agreements and Pick Up Regulations

- I give the employees of Add, Water and Stir Ink permission to drive my child in their car if **necessary** while attending the program.
- I give permission for my child, when enrolled in the Add, Water and Stir Ink program to participate in any local field trips within the village of Hastings-On-Hudson.

In accordance with NYS Dept of Social Services Early Childhood Regulations, your child may only be released to their known guardians or others who the parent has authorized in writing to do so. Please fill out the form below.

I, \_\_\_\_\_, authorize the following people to pick up my child \_\_\_\_\_, when I am unable to do so.

Alternate pick-ups:	
1. _____ Name	_____ Phone #
2. _____ Name	_____ Phone #
3. _____ Name	_____ Phone #

Emergency Contact Name and Phone number oher than parent (MUST BE LOCAL)

\_\_\_\_\_

I, \_\_\_\_\_ have been made aware of the Add, Water and Stir Ink Policies and my signature below confirms my agreement to them.

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

# Add Water and Stir Ink

## Topical Sunscreen and ointment permission

I, \_\_\_\_\_, the parent/guardian of,  
\_\_\_\_\_ give permission for Katie Reidy and the staff of Add  
Water and Stir Ink to administer the sunscreen and/or other topical ointments I provide,  
have requested and instruct the staff to use.

Please check or color this box to indicate that it is acceptable for us to use a  
hypoallergenic sunscreen in the event that you do not pack a sunscreen for your child.

### **Please provide information for your preferred topical ointments:**

1. Name of over the counter topical ointment (SUNSCREEN)

a. Name of ointment: \_\_\_\_\_

Please provide information for your preferred topical ointments:

**2. Name of over the counter topical ointment (Wound Care and/ or lotions)**

a. Name of ointment: \_\_\_\_\_

b. Reason to give ointment: \_\_\_\_\_

c. Timing: \_\_\_\_\_

d. Where to use the ointment: \_\_\_\_\_

e. Amount to apply: \_\_\_\_\_

f. Side Effects or Adverse Reactions: \_\_\_\_\_

Please list any other ointments and their full names that you may ask us to use for your  
child.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

Parents signature: \_\_\_\_\_

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

My signature below indicates that I have reviewed and confirmed that the parent's  
instructions are consistent with the directions for use noted on the original container.

Name of Child Care Provider: \_\_\_\_\_

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

# Add, Water and Stir Ink

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

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency Contact Name and Number (MUST BE LOCAL AND OTHER THAN A PARENT)

\_\_\_\_\_

Child's Physician Name and Number

\_\_\_\_\_

Any Allergies \_\_\_\_\_

Is your child on any medications \_\_\_\_\_

if so what \_\_\_\_\_

dosage \_\_\_\_\_

Agreements:

I consent to the enrollment of my child: \_\_\_\_\_ in the Add Water and Stir, Ink Urban Illustration class/program and have been advised of the policies regarding fees, schedule, and services provided by Add, Water and Stir, Ink.

In consideration of accepting this registration form, I, the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Add Water and Stir Ink and any and all sponsors, organizers and their representatives and successors from all claims of damages, demands, action and causes of action whatsoever, in any manner arising or growing out of my participation in said program. I further attest that my child is physically qualified to participate in the program. In case of accident or injury, I authorize Add Water and Stir Ink's employees to, if deemed necessary, to either transport my child to the nearest Emergency room or to call 911.

Signed \_\_\_\_\_ Dated: \_\_\_\_\_