



Kindercamp 2017 Registration

Select Week (Circle One) : Week 1 (July 10 – 13) OR Week 2 (July 17 – 20)

AM or PM Session (Circle One) : AM Session (9:00am – 12:00pm) OR PM Session (1:00pm – 4:00pm)

Child's Name: _____ Age: _____ Date of Birth: _____
Last Name First Name

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

School your child will attend Kindergarten: _____

Male or Female (Circle One)

Is your child already registered for Kindergarten: Yes or No (Circle One)

Did your child attend a preschool or pre-k program: Yes or No (Circle One)
If yes, name of program: _____

Mother's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Family's Preferred Email Address: _____

Please list any other adult permitted to pick up your child. A Photo ID may be required when picking up a camper.

Name: _____ Relation to Child: _____

EMERGENCY CONTACTS: in case of an emergency, the camp should....

_____ Call Mother first

_____ Call Father First

In an EMERGENCY SITUATION, if parent cannot be reached call name(s) listed below:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Niagara University
Summer Camp Health Form

REGISTRATION CANNOT BE PROCESSED WITHOUT A COPY OF YOUR CHILD'S MOST RECENT VACCINATION RECORD FROM YOUR PHYSICIAN: (NYS HEALTH DEPT. REQUIRES THAT THIS BE UPDATED & SUBMITTED YEARLY.)

Parent or Guardian Health Insurance Company: _____
Policy Number _____ **Family Physician:** _____ **Phone:** _____

My child has had a physical examination recently and may participate in all activities.

Parent/Guardian Initials _____

HEALTH RECORDS

For your child's safety, a completed shot record is required by the NYS Health Department.

REGISTRATIONS WILL NOT BE PROCESSED UNLESS A COMPLETED SHOT RECORD IS SUBMITTED WITH REGISTRATION AND DEPOSIT.

Medical and personal information is requested to ensure the safety of the summer camp's staff and your child. The required information will assist in making your child's experience at Niagara University's Summer Youth Camp a safe and enjoyable experience. Children must be able to participate in a 1:12 Counselor to Camper ratio. False or inaccurate information could result in a child's dismissal from camp. ALL information is confidential.

MEDICAL INFORMATION: Medication, Allergies, Ear Plugs (other information)

PERSONAL INFORMATION: (any information that will help our staff understand your child better)

HEALTH HISTORY: Please list allergies, diseases, and/or medications (conditions physicians should be aware of):

SPECIAL NEEDS: To help us best meet your child's needs please let us know if your child is receiving any services at this time:

Waiver and release: I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspect of the youth camp. I release and forever discharge Niagara University of and from all actions, causes of action, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributes may have against Niagara University for any claim directly or indirectly arising from or out of my child's attendance at the youth camp as described in this registration. I understand that any camper who does not abide by the rules and regulations established by the university is subject to dismissal without reimbursement or recourse. If enrollment is filled, early notification will be given and deposit will be returned. I hereby authorize employees of the youth camp to act for me according to their best judgment in any emergency if I cannot be contacted. All medical information pertaining to this registered camper is accurate and up to date.

Parent/Guardian Signature

Date

PICTURE WAIVER: Initial below to give NU permission to use the image or likeness of your child for camp advertisements/publications. No compensations will be awarded for use of any pictures: _____

Mail registration form and vaccination record to:

Niagara University College of Education
Institute of Applied Learning
P.O. Box