



Summer Camp 2019 Registration Form

875 West 181st Street, New York, NY 10033
Tel: 212-543-2393 • Email: [littlerocketwg@gmail.com](mailto:littleddrocketwg@gmail.com)

Name of Child: _____

Checklist:

- Registration Form
- Child Pick-up Authorization Form
- Medical
- Medical Consent form
- Copy of Immune Record
- Policies, Rules, Procedure Liability/Photo Release Form/Permission Slip
- Payment Policy

Parent Signature: _____

Date: _____

Registration Form

Child's Name: _____

Child's DOB: _____

Parent/guardian #1 full name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Address: _____

Parent/guardian #2 full name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Address: _____

Please Mark Desired Schedule:

Check as applicable	Weekly	Five Day Punchcard	Full Summer
Half Day			
Full Day			

Child pick-up Authorization Form

Adults Authorized to pick up your child (**other than** parent/guardian):

1. Name: _____

a. Relationship to child: _____

b. Cell phone: _____

2. Name: _____

a. Relationship to child: _____

b. Cell phone: _____

Please provide 2 emergency contact names and phone numbers (**not** parent/guardian):

1. Name: _____

a. Relationship to child: _____

b. Cell phone: _____

2. Name: _____

a. Relationship to child: _____

b. Cell phone: _____

Emergency Medical Consent Form

Please print all information

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of LITTLE RED ROCKET and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____.

Signature of Parent or Legal Guardian

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Medical information

Last Tetanus _____

Special Medications, Blood Type or Pertinent Information

Insurance _____ Policy # _____

Preferred Hospital _____

Physician's name: _____

Physician's phone number: _____

Does your child have any allergies?

Foods: _____

Medications: _____

Getting to Know You (for 2-4 year olds)

Please take a moment to tell us important information about your child

Special ways to sooth my child or soothing toy:

Other special needs:

Is your child potty trained? Y N

If not, please give any special instructions:

Does your child have any fears?

Language(s) spoken at home: _____

Policies, Rules, Procedures, Liability & Photo Release

Please do not bring children to Little Red Rocket when they are ill or have a communicable medical condition. We reserve the right to restrict admission and/or send the child home, when, in our opinion, that child is ill or risks the health or well-being of other children. In the event of inclement weather, Little Red Rocket follows your school district's lead for school delays and cancellations. In the event that the Program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program. All parents or designated adult Pickup Person must enter the building to pickup their child for the safety of your children, he/she will only be released to the parents or designated pickup person. Should another adult be picking up your child, please send written notification and be advised that they may be asked for photo identification. Once a child is released to his/her parent or designated pickup person, the child's care and safety are the responsibility of the parent or designated adult. We agree to comply with all Little Red Rocket rules, policies and regulations. We fully understand that Little Red Rocket reserves the right to cancel any student's enrollment if the student's physical or mental condition, as disclosed by personal questionnaire, medical, or dental certificate or otherwise, is deemed unsatisfactory, or to dismiss a student whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of Little Red Rocket and/ or other students. In such cases, the unused portion of Little Red Rocket fees will be refunded. No refund, however, will be made on a voluntary withdrawal or violation of Little Red Rocket policies. All commitments are for the calendar school year. We agree to Hold Harmless and indemnify Little Red Rocket if our student damages property or injures or harms any individual. **NO ALLOWANCE SHALL BE MADE FOR LATE ARRIVAL OR EARLY DEPARTURE.** We understand that Little Red Rocket is not responsible and is held responsible for damage or loss of money, jewelry, equipment, clothing or other personal articles. We understand that valuable items are brought to LITTLE RED ROCKET at your own risk. I AGREE to give Little Red Rocket permission to use photographs, videos or audio recordings of myself or my child for any of Little Red Rocket promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. If it is necessary, in the judgment of Little Red Rocket personnel, to use outside medical, surgical, or dental aid for the student's health, we hereby permit and authorize him/her to do so. I have read and reviewed the contents of the Little Red Rocket Parent's Manual, and I agree to accurately carryout the policies and procedures of the Little Red Rocket program.

Child's Name: _____

Parent/Guardian's Name: _____ Date _____

Payment Policy

We require a non-refundable \$60 registration fee for any new children.

Schedule Selected and fee: i.e. half day, full day

W- I will pay by check (LRR Dual Language) or cash

W- Please charge my credit card

Credit Card Type: _____

Credit Card Number: _____

Exp. Date: _____

Security Code: _____

Credit Card Billing Address (if different from above):

If payment is made to Little Red Rocket by VISA[®], MASTERCARD[®], AMERICAN EXPRESS, OR DISCOVER[®], the issuer of the card identified is authorized to pay the amount agreed upon. By signing below, we promise to pay such total subject to and in accordance with the Agreement governing the use of such card. All balances must be paid in full by the completion of the class. A copy of this contract will be returned to you upon request.

Authorized Signature: _____ Date: _____

2017 Summer Camp Tuition

Monday July 3rd - Friday August 25th

Registration fee for new students: \$60

Half Days 8:30am - 12:30pm:

Weekly: \$275

Five Day Punchcard: \$350

Full Summer: \$2000

Full Days 8:30am - 6pm:

Weekly: \$500

Five Day Punchcard: \$575

Full Summer: \$3800

Please Note:

The five day punchcard is unique in that you can use the five days whenever you like, whether it be for five days in a row, five Mondays in a row, or any other option. Please let us know the days you are planning to attend in advance, so that we can make sure we have space that day.

Permission Slip

I, _____, the parent/guardian, hereby give permission to Little Red Rocket (LRR Dual Language) for my child _____ for the following:

To participate in excursions not involving transportation such as (but not limited to) walks in the neighborhood, walks to the playground, pools, parks and libraries.

To participate in excursions involving public transportation to locations such as (but not limited to) libraries, parks, schools, playgrounds, museums and pet stores. (for children aged 3+)

Circle one:

I DO / DO NOT give consent for my child to participate in excursions not involving transportation (please note consent is required for your child to attend LRR summer camp).

I DO / DO NOT give consent for my child to participate in excursions involving public or private transportation.

This form is valid from the above mentioned date until the date of termination.

Parent/Guardian signature: _____ Date: _____

Waiver and Release Form

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event.

This release is intended to discharge in advance Little Red Rocket, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical

personnel, a physician, or surgeon, in case of sudden illness or injury while participating

in the above activity. It is understood that Little Red Rocket will provide no medial insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Checklist - What to bring to Little Red Rocket Camp

- Nut Free Lunch (full day children only)
- Water Bottle
- Clearly labeled swimsuit, towel and water shoes
- Diapers and diaper creme/wipes if needed
- Soothing toy/comfort or blanket for nap time (full day children only)