



Summer Discovery Days at Marydell in Nyack

Summer Location: 640 N. Midland Ave, Nyack, NY 10960
Office Address: 179 South Mountain Road, New City, NY 10956
845-499-2252 info@strawtownstudio.org
www.strawtownstudio.org

Attach Child's Photo Here



NECESSARY

For First-Time Participants: Upon registration, please call for a welcome meeting.

Date: _____

Child's Name: _____
(first) (middle) (last)

Nickname: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____
(street) (city) (state) (zip)

Phone: home _____ work _____ cell _____
email _____

Parent/Guardian: _____

Address: _____
(street) (city) (state) (zip)

Phone: home _____ work _____ cell _____
email _____

Siblings: _____
(name) (age) (name) (age)

IMPORTANT:

Other than parents/guardians, who is authorized to pick up your child at the end of the day? (if more, attach info)

Name _____ relationship to child _____ phone # _____

Check Off Weeks of Attendance: for Children Ages 7 – 12, Monday – Thursday* (except Week 1, Mon-Fri, skip 4th July)

WEEK 1 ___ JULY 2ND – JULY 5TH (*SKIP 4TH) WEEK 2 ___ JULY 9TH – 12TH WEEK 3 ___ JULY 16TH – 19TH
WEEK 4 ___ JULY 23TH – JULY 26TH WEEK 5 ___ JULY 30TH – AUG 2ND WEEK 6 ___ AUG 6TH – AUG 9TH

Cost: \$580 /week x Total # of Weeks _____ = Subtotal \$ _____
- 10% discount off sibling only \$ _____
TOTAL \$ _____

Minimum 50% Deposit Required at Registration, Balance Due by June 1st \$ _____

Make Checks Payable to: Strawtown Studio, 179 South Mountain Rd. New City, NY 10956

Office use only:

Amount Due _____	Payment / Check _____	No. _____	Date _____	Cash _____	Date _____	Pd. in full _____
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Please tell us of your child's special skills, talents, and interests:

Please tell us of other nature places and experiences that your child has enjoyed:

(Locally, vacation spots, with grandparents, etc.)

What is your child's comfort level outdoors? (ie: bugs, energy/stamina, getting dirty)

Does your family have pets? Yes _____ No _____

If yes, please tell us what/and their names:

How did you hear about this program? Friend ___ Flyer ___ Website ___ FB/Social Media _____
Other _____ (please describe)

MEDICAL (Confidential)

Important: Are there any medical conditions, medical history, or medications being taken that we should be aware of?

When did your child last have a tetanus shot? Date _____

Any other traits we should know of -- strong preferences, behaviors, concerns, etc?

This helps us to help your child and you to have the best experience with us.

Is there anyone else you would like to receive the daily Summer email 'postcards'?

Name _____ Email _____ (if more attach info)

Emergency Contacts 2: (OTHER THAN parents/guardians)

1. Name: _____ relationship _____

Address: _____

Phone: H - _____ C - _____ W _____

2. Name: _____ relationship _____

Address: _____

Phone: H - _____ C - _____ W _____

Doctor: Name: _____

Address: _____

Phone: _____

Parent Signature:

Print _____ **Signature** _____ **Date** _____



GENERAL PERMISSION

I hereby release the Executive Directors and all employees of Strawtown Art & Garden Studio, Inc. from all claims of liability for any damages or injuries that may be sustained while my child is in the Strawtown Program.

Signature of Parent/Guardian _____ Date: _____

TRANSPORT PERMISSION

I hereby give permission for Strawtown Studio Summer Program Staff to transport my child on field trip outings or for necessary purposes. I hereby release the Strawtown Summer Program Directors and Staff from all claims of liability for any damages or injuries that may be sustained from a vehicular accident.

Signature of Parent/Guardian _____ Date: _____

PHOTO / VIDEO RELEASE

During our programs we may take photos/videos or be photographed by the press or television. I hereby give permission for my child's photograph to be used in Strawtown Studio publications, social media, and for artistic and promotional purposes.

I do _____ , I do not _____ give permission for *my child's name* to be written or spoken for promotional or artistic purposes.

I do _____ , I do not _____ give permission for photographs/videos including *images of my child* to be used for promotional or artistic purposes.

Signature of Parent/Guardian _____ Date: _____

POTASSIUM IODIDE (KI) RELEASE

In the event of an emissions emergency related to the Indian Point nuclear power plant, potassium iodide (KI) may be provided to inhibit the uptake of radiation by the thyroid.

I do _____ , I do not _____ give full permission for my child to be administered potassium iodide, which inhibits the uptake of radiation by the thyroid.

Signature of Parent/Guardian _____ Date: _____

REFUND POLICY

Withdrawal from the Summer program prior to June 1st, refunded total fee minus 25% administrative costs. No refund for any reason after June 1st. Some medical conditions may be exempt. I understand and agree to abide by these terms.

Signature of Parent/Guardian _____ Date: _____



SWIMMING LIABILITY RELEASE FORM

At Marydell we have the opportunity to swim in the pool with a certified lifeguard on duty. He/she will administer swim tests to each child to determine their swimming ability.

My child _____
First Name *Last Name*

Is a:
Non-swimmer _____
Beginner swimmer _____
Intermediate swimmer _____
Advanced swimmer _____

Check one below:

____ I APPROVE of my child swimming in the pool at Marydell with the supervision of a certified lifeguard, plus the Strawtown Summer Staff. I hereby release the Executive Directors and all employees of Strawtown Art & Garden Studio, Inc. from all claims of liability for any damages, injuries, loss of life that may occur while engaging in the water activities.

____ I DO NOT APPROVE of my child swimming in the pool at Marydell with the supervision of a certified lifeguard and the Strawtown Summer Staff.

In addition, no child will be allowed to swim unless the Liability Waiver is signed.

Parent/Guardian name

Signature

Date