



Summer Discovery Days at Marydell

640 North Midland Ave, Nyack, NY 10960
845-512-8279 info@strawtownstudio.org
www.strawtownstudio.org

Attach Child's Photo Here



NECESSARY

For First-Time Participants: *Prior to registration, please call us to schedule 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)

(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 Ages 7 – 12, Monday – Thursday* (except Week 1, Mon-Fri, skip 4+ July)

WEEK 1 ___ JULY 1 – JULY 5 (*SKIP 4TH)	WEEK 3 ___ JULY 15 – JULY 18	WEEK 5 ___ JULY 29 – AUG 1
WEEK 2 ___ JULY 8 – JULY 11	WEEK 4 ___ JULY 22 – JULY 25	WEEK 6 ___ AUG 5 – AUG 8
		WEEK 7 ___ AUG 12 – AUG 15

Cost: \$605 /week x Total # of Weeks _____ = Subtotal \$ _____
 - 10% discount off sibling only \$ _____
 TOTAL \$ _____
 Minimum 50% Deposit Required at Registration DEPOSIT \$ _____
 Balance Due by June 1 BALANCE \$ _____

Make Checks Payable to: Strawtown Studio, 640 North Midland Ave. Nyack, NY 10960

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? *If allergies, please describe the symptoms, severity of the reaction, and proper course of action.*

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

Strawtown employees may transport a child for necessary purposes such as an emergency or sudden change of weather while at the Nyack Beach location. Transportation will be done in shuttle form via private cars associated with Strawtown staff. I hereby give permission for Strawtown staff to transport my child 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.

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(ren)'s image to be used in connection with studio publicity, educational materials, or published in connection with Strawtown Art & Garden Studio, Inc, and/or the creative work of the lead artists.

I do _____ , I do not _____ give permission for my child(ren)'s image to be used as stated above.

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 March 15th will be refunded in full. From that point, withdrawal prior to June 1st will be refunded minus 25% of total program fee for 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*