



North Shore Youth Council

2014 SUMMER BUDDIES RECREATION PROGRAM JOSEPH A. EDGAR SCHOOL - ROCKY POINT

P.O. Box 1286, Rocky Point, NY 11778
(631) 744-0207 - www.nsync.com - nsync2005@aol.com

A fun-filled youth development program for children entering grades kindergarten through grade 7. Activities include arts and crafts, gym and playground time, movies, board games, sprinkler times, and special events.

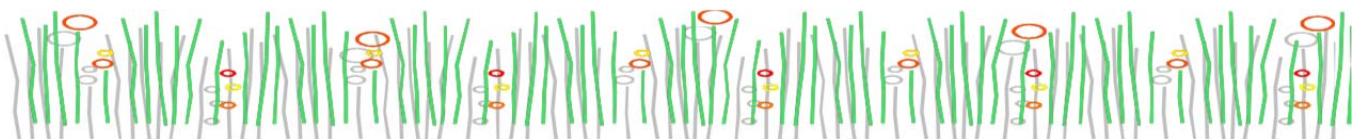
Registration is on-going and is on a first come first served basis. The first session will run from Monday, June 30 through Friday, August 1, 2014. The extended session will run from Monday, August 4 through Friday, August 15, 2014. The hours will be from 9 AM to noon. We will also have early morning child care from 7 to 9 AM.

You may register your child for the first 5 weeks or the full 7 weeks only. You may register your child from 7 AM to noon or 9 AM to noon. The program will be closed on Friday, July 4th, in honor of Independence Day.

Registration forms will be available at our office in Rocky Point or through our web page at www.nsync.com. A separate registration form is required for each child.

Your registration form must be completed in full or your child will not be able to attend the program. Completed registration forms can be mailed to North Shore Youth Council, P.O. Box 1286, Rocky Point, NY 11778 or dropped off in our office on the grounds of the Joseph A. Edgar School in Rocky Point. You may also fax your completed forms to (631) 744-0207. Do not return your forms to the school.

**PLEASE BE ADVISED THAT OUR SUMMER BUDDIES
PROGRAM IS CONTINGENT UPON APPROVAL OF THE
SCHOOL BUDGET IN MAY**



North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - (631) 744-0207 - www.nsync.com - nsyc2005@aol.com

2014 Summer Buddies Recreation Program - Registration Form Joseph A. Edgar School, Rocky Point

Child's Name: - (Last) _____ (First) _____

Child's Date of Birth _____ Child's Grade for the 2014-2015 School Year _____

Parent's Name - (Last) _____ (First) _____

Mailing Address: _____ (town) _____

Street Address - (if different): _____ (town) _____

Phone numbers (home) _____ (work #1) _____ (work #2) _____

(cell #1) _____ (cell #2) _____ E-mail address _____

Tee-shirt size (select one):

Youth - Small _____ Medium _____ Large _____ Adult - Small _____ Medium _____ Large _____

Emergency Contact Name #1: _____

Relationship to Child _____

Address: _____ Phone # _____

Emergency Contact Name #2: _____

Relationship to Child _____

Address: _____ Phone # _____

Throughout the course of the summer, NSYC takes photographs of the program to include in our DVD, newsletter and/or post on our website. Please indicate below if you *do not* give permission for the North Shore Youth Council to publish pictures of your child.

[] I ***DO NOT*** give permission for publication of my child's picture.

Signature of parent/guardian: _____

➤ Both sides of this form must be completed in full

In order for us to better serve the needs of your child, please answer the following:

Does your child have any limitations with regard to physical activity? If yes, please explain: _____

Does your child have any allergies or reactions to insect bites/foods/drinks, etc? If yes, please explain: _____

Is there anyone your child **SHOULD NOT** be released to (i.e. custody issues)? _____

Name of other children you would like your child placed with (in grade appropriate group): _____

CHOOSE YOUR PROGRAM OPTION

Early Morning Care AND Summer Buddies Program:

7 AM to noon June 30 to August 01, 2014 - 5 weeks \$558.75 []

7 AM to noon June 30 to August 15, 2014 - 7 weeks \$782.25 []

Summer Buddies Program ONLY:

9 AM to noon June 30 to August 01, 2014 - 5 weeks \$335.00 []

9 AM to noon June 30 to August 15, 2014 - 7 weeks \$469.00 []

IF YOU DO NOT REGISTER FOR THE EARLY MORNING CARE PROGRAM YOU MAY NOT DROP YOUR CHILD OFF BEFORE 9 AM.

[] Enclosed is my payment in full, which includes a non-refundable registration fee of \$50. All refund requests must be in the form of a letter addressed to the NSYC Board of Directors at the above address.

For your convenience we accept:

Visa card/MasterCard #: _____ Expiration Date: _____

Name on card: _____ Amount to be paid: _____

Checks/money orders should be made payable to North Shore Youth Council

**RETURN THIS FORM WITH YOUR PAYMENT TO THE NORTH SHORE YOUTH COUNCIL,
LOCATED ON THE GROUNDS OF THE JOSEPH EDGAR SCHOOL IN ROCKY POINT OR
MAIL TO NORTH SHORE YOUTH COUNCIL, P.O.BOX 1286, ROCKY POINT, NY 11778-1286**

DO NOT RETURN THIS FORM TO THE SCHOOL.

North Shore Youth Council

Rules and Guidelines

- Program participants are to respect each other's personal property.
- There will be no roughhousing with each other, the program counselors or the program directors.
- All program participants are expected to participate in all of the daily activities while they are attending the program.
- There is absolutely no use of foul language or verbal abuse of other program participants, program counselors or program directors.
- Please pay attention to instructions given by program counselors or program directors - they are there to provide for the safety of the program participants.
- There may be guest speakers during the program - please give them your attention.
- Supplies for crafts are given out by the program counselors for various activities. No one is to take home "extra" supplies for use at home.
- NSYC cannot be held responsible or assume liability for lost, stolen or damaged property. We request that your child does not bring cell phones or any expensive electronic games to the program. We also ask that your child not bring any toys or games to the program.
- If your child does not adhere to these rules and guidelines, the program director may ask your child to leave the activity. Parents or guardians will be notified.
- I understand that the NSYC cannot and will not administer any medication to my child and will only provide emergency first aid if required.

I hereby authorize and approve of my child's participation in the 2014 Summer Buddies Recreation Program. I verify that the information on the registration form is true and correct.

Child's name: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

North Shore Youth Council

Pick Up Permission Slip

I hereby give permission to have my child picked up from the NSYC 2014 Summer Buddies Recreation Program on a day when I am not able to do so. Permission is granted to the following individuals. These individuals are aware that they may need to show photo identification at the time of pickup before the child is released.

Individuals authorized to pick up: _____

Child's name: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____