

# 2024 Science Through ART Summer Enrichment Program

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Grade in September 2024: \_\_\_\_\_ Child's Gender/Age: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Language(s) Used in Home: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Principal: \_\_\_\_\_

## Family Data

### Parent/Guardian 1

### Parent/Guardian 2

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Please select the week(s) in which you are interested in enrolling your child:

Week 1: July 29- Aug 2 \_\_\_\_\_

Week 2: Aug 5 – 9 \_\_\_\_\_

Week 3: Aug 12 - 16 \_\_\_\_\_

Week 4: Aug 19 - 23 \_\_\_\_\_

Please sign if you will allow us to use your child's photograph for advertising purposes including social media (no names included):

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The form below MUST be fully completed and signed or we will not be able to register your child.

# Emergency Treatment Authorization Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, (We), being the parent(s) or legal guardian(s) of the above named child, hereby appoint:

Heather Christy-Robinson  
Director, ScienceThroughART

607-765-6590  
Phone number

to act in my/our behalf in authorizing medical, dental, or surgical care and hospitalization for the above named child in the event that I/we cannot be reached.

This document will be presented to a physician, dentist, or appropriate hospital representative at such time as any emergency medical, dental, or surgical care or hospitalization may be required.

## Insurance Information:

Name of Insurance Company: \_\_\_\_\_

I.D. or Contract Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Name

Phone number

## Medical Information:

Known Allergies: \_\_\_\_\_

Has all compulsory immunizations to attend public school: \_\_\_ Yes \_\_\_ No: If no, please list any administered: \_\_\_\_\_

Has Measles immunization: \_\_\_ Yes \_\_\_ No

Medication Taken on a Regular Basis: \_\_\_\_\_

Any Special Physical or Health Conditions: \_\_\_\_\_

Cell Phone Numbers of Parent(s): Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Optional)

In an attempt to help your child improve skills during our enrichment camp, please ask his/her teacher to complete the following form and return it to us on or before the first day of the program.

Student's Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

Contact Information for teacher: (email or phone number): \_\_\_\_\_

Dear Teacher,

The child named above will be participating in the Science Through ART program at the Balmville Grange. Since you have been working with this child during the academic year, you can provide us with some very helpful information by taking a few minutes to complete the form below and returning it to his/her parents. This information will enable us to best meet this student's developmental needs as we incorporate enrichment opportunities into our fun activities. Thank you! If you have any questions, you can call Heather Christy-Robinson at 845-787-4248. (Interested in a bit of summer fun? Contact me!)

Please circle any areas of concern.		Place a check in the appropriate box.		
		Above Grade Level	On Grade Level	Below Grade Level
Reading	Comprehension			
	Phonics/Word ID			
Math	Concepts/Application			
	Computation			
Writing	Expression			
	Mechanics			
	Organization			
Please use the space below to provide any additional information you believe will help us support this child's academic needs.				



## FOR PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.** As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The ScienceThroughART Program (S.T.ART) has put in place preventative measures to reduce the spread of COVID-19; however, S.T.ART **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending S.T.ART could increase your risk and your child(ren)'s risk of contracting COVID-19.**

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending S.T.ART and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at S.T.ART may result from the actions, omissions, or negligence of myself and others, including, but not limited to, S.T.ART employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any exposure or infection by Covid-19 to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at S.T.ART or participation in S.T.ART programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless S.T.ART, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of S.T.ART, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any S.T.ART program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name(s) of S.T.ART Participant(s)