

2025 Science Through ART Summer Enrichment Program

Child(ren)'s Full Name(s): _____

Date(s) of Birth: _____

Child(ren)'s Grade(s) in September 2025: _____ Child(ren)'s Gender/Age: _____

Telephone Numbers: Home: _____ Cell: _____

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

School Attending: _____ School Principal: _____

Family Data

Parent/Guardian 1

Name: _____

Address: _____

Cell Number: _____

Email: _____

Occupation: _____

Employer: _____

Parent/Guardian 2

Name: _____

Address (if different): _____

Cell Number: _____

Email: _____

Occupation: _____

Employer: _____

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

Week 1: July 28 – Aug 1 _____ Week 3: Aug 11 – 15 _____

Week 2: Aug 4 – 8 _____ Week 4: Aug 18 – 22 _____

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.				