

Summer Camp

Shepherd's Gate Registration

1725 Brentwood Road, Brentwood, New York 11717

(631) 435-3215

Web site: www.shepherdsgateacademy.com

Today's Date __/__/20

Parent/Guardian Bill To	Parent/Guardian Phone		
Mother: First Name: _____ Last Name: _____	Mothers Employer: _____ Work Phone: (631) _____		
Father First Name: _____ Last Name: _____			
Address: _____	Fathers Employer: _____		
City: _____ ZIP: _____	Work Phone: (631) _____		
Home Phone: (631) _____	Mom's Cell Phone: _____		
Home E-Mail: _____	Dad's Cell Phone: _____		
Parent: Private ☐ DSS Approved ☐ DSS Applying ☐ Scholarship ☐			

If parents are separated or divorced with whom does the child live? _____

Emergency and Alternate Contact Names

Contact Name	Phone Number	Relationship	¹ Remove from premises Authority?
			Yes / No
			Yes / No
			Yes / No
Physician: _____		Addr: _____	

Enrollment – July +August

Child's Name	DOB	AGE	All 7 weeks	Summer Camp Week Desired						
				1	2	3	4	5	6	7
1)										
2)										
3)										

Confirmation of Summer Camp week will be provided only after full payment is received. Guarantee of weeks is assured only on a first-paid first-reserved basis. Every child must pay a non-refundable registration fee of \$150. After a week is paid for, that week belongs to the parent/guardian and the paid tuition thereof is not refundable.

Please Circle One & Initial

Yes No _____ I give permission for pictures to be taken for use by Shepherd's Gate to be displayed in yearbooks, brochures and website purposes, not to be shared with any outside organization.

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Charges- Internal Use Only	Amount		Internal use only Weeks reserved
	Due	Paid	
Non-refundable Registration Fee Number of children: _____ x \$150 =			Excel ____ Procure ____ File ____
School Age-Full Day 1 st Child: \$250 x weeks ____ = 2 nd Child: \$245 x weeks ____ =			
School Age- Half day 1 st Child: \$150 x weeks ____ = 2 nd Child: \$150 x weeks ____ = Full Day on trip days 185 x _____ Weeks=			(Please Circle Program) AM- 9:00 AM-12 PM PM- 1:00 PM-4:00 PM
Pre-K- Full Day 1 st Child: \$250 x weeks ____ = 2 nd Child: \$245 x weeks ____ =			
Pre-K- Half Day 1 st Child: \$150 x weeks ____ = 2 nd Child: \$150 x weeks ____ =			(Please Circle Program) AM- 9:00 AM-12 PM PM- 1:00 PM-4 PM
Full Day Daily Rate \$55 X _____ Days X _____ Weeks= \$10 X _____ Trips=			M T W Th F
Half Day Daily Rate \$35 X _____ Days X _____ Weeks =			M T W Th F
Extended hrs: before 9:00 AM or after 4:00 PM One Session (AM or PM)\$30 x wks__ (per family) Both AM and PM: \$50 x wks__ (per family) =			AM Hours PM Hours (Please Circle) Both
Total			Balance-

****Pre-K children do not go on trips unless accompanied by a parent****

NOTE: Drop-off (with early drop-off) at St. Joseph's Academy cannot be earlier than 7:30 AM. Pickup (with late pickup) cannot be later than 5:30 PM. Late pickups after 5:30 PM will incur a late fee of \$1 per minute to pay for required personnel overtime.

Payment Arrangement: A Copy must be given to the client & Accounting Department

Layaway Plan ☐

Payment Plan ☐

Shepherd's Gate Personnel: _____

Date: __/__/20

Parent/Guardian Signature: _____

Date: __/__/20

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OF T-SHIRTS-_____

CXS____CS____CM____CL____CXL____AS____AM____AL____AXL_____

****TSHIRTS MUST BE PAID BY CASH ONLY****

TOTAL \$_____ PAID ON _____ STAFF INITIALS_____

Medical Alert:

Does your child have allergies? If yes, to what? Milk, eggs, bee sting, peanuts, etc. What precautions should be observed? Please clearly state any dietary restrictions.

Is your child on daily medication? If yes, describe medication and regimen (Ritalin, insulin, etc.)

Fully describe in writing any physical or emotional limitations.

Medical Emergency: In case of injury or illness to my child, if I cannot be contacted, I hereby grant Shepherd's Gate permission to seek and apply medical aid appropriate to prudent care, this includes calling 911 for proper care if required. _____

Statement of Cooperation

It is my understanding that the policy for Shepherd's Gate is to make no refunds on registration fees. I give Shepherd's Gate permission for my child to take part in all school activities, including bus trips, sports activities and school-sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child be taken against Shepherd's Gate or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Shepherd's Gate or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Shepherd's Gate whether it be Summer Camp or after school care.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Shepherd's Gate. Shepherd's Gate admits children of any race, color, religion, and national or ethnic origin.

Mother _____ Father _____

Guardian _____ Date: ____/____/20

Signature for Statement of Cooperation Required

I understand that there is a \$1 per minute fee for lateness after 4 pm or 6 pm if late pick up has been prearranged _____

Additional Information: _____

Registration Orientation Checklist: **For Office Use Only**

S.G News Subscription _____ Website Membership _____ Camp Info Packet & Calendar _____

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Payment Information

Camp Policies

Staff Initials

DSS Case Worker: _____

Weekly Parent Fee: \$ _____

Phone Number: (631) _____

Coverage: Start Day __/__/20 End Day: __/__/20

Field Trip Transportation Agreement

I, _____, give permission for my child care provider, or any approved
(Name of parent)

employee of the above program, to transport my child(ren) _____
(Name(s) of child(ren))

for the following field trips (Please Initial Below):

_____ July 11th, 2019- Bowling @ Islip Lanes 10 a.m-2 p.m

_____ July 18th, 2019- TRIP

_____ July 25th, 2019- TRIP

_____ August 1st, 2019- TRIP

_____ August 15th, 2019- Adventureland, Farmingdale 10 a.m-4 p.m

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. Staff to child ratios will be maintained throughout the course of the trip. The driver of the bus will not be considered as part of the ratios.

(Parent or Guardian)

(Date)

Sunscreen Permission

The child care provider or her substitutes have my permission to apply sunscreen to my child _____, as needed. I understand I am still responsible for sending my child with Sunscreen already applied daily.

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My signature below signifies that I am aware of and agree with the provider's policy of applying sunscreen as needed, and that I am still responsible for applying it to my child prior to drop off every day during the months needed.

(Parent or Guardian)

(Date)

(Office Personnel)

(Date)

Shepherd's Gate Academy Before and After school Care

1725 Brentwood Rd

Brentwood NY 11717

(631)-435-3215-Office

(631)-435-0502- Fax

www.sgbac.org

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL Shepherd's Gate Academy GRADE _____ HOMEROOM _____

NAME OF CHILD Last _____ First _____ Middle _____	DATE OF BIRTH _____/_____/____	SEX ☐ M ☐ F
--	---------------------------------------	--

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given					BOOSTERS & DATES
	DOSES					
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1	2	3	4	5	
Polio (Circle): OPV, IPV	1	2	3	4	5	
Measles, Mumps, Rubella	1	2				
Hepatitis B	1	2	3			
HIB	1	2	3			
Varicella	1	2				Varicella Disease or Lab Evidence Date: _____
Other _____						

- ☐ **MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- ☐ **RELIGIOUS EXEMPTION** (includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____
Date

Result of Diagnostic Studies: _____
Date

Preventive Anti-Tuberculosis - Chemotherapy ordered. ☐ No ☐ Yes Date _____

(Continued on Back)

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Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	☐	☐	
Asthma.....	☐	☐	
Cardiac	☐	☐	
Chemical Dependency	☐	☐	
Drugs	☐	☐	
Alcohol	☐	☐	
Diabetes Mellitus	☐	☐	
Gastrointestinal Disorder	☐	☐	
Hearing Disorder	☐	☐	
Hypertension	☐	☐	
Neuromuscular Disorder	☐	☐	
Orthopedic Condition	☐	☐	
Respiratory Illness	☐	☐	
Seizure Disorder	☐	☐	
Skin Disorder	☐	☐	
Vision Disorder	☐	☐	
Other (Specify)	☐	☐	

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

Telephone Number