

Summer Camp

Shepherd's Gate Registration

July 6th to August 21st

1725 Brentwood Road, Brentwood, New York 11717

(631) 435-3215

Web site: www.shepherdsgateacademy.com

Today's Date __/__/2020

Parent/Guardian Bill To	Parent/Guardian Phone		
Mother: First Name: _____ Last Name: _____	Mothers Employer: _____ Position: _____ Location: _____		
Father First Name: _____ Last Name: _____	Work Phone: (631) _____		
Address: _____	Fathers Employer: _____		
City: _____ ZIP: _____	Work Phone: (631) _____ Position: _____ Location: _____		
Home Phone: (631) _____	Mom's Cell Phone: _____		
Home E-Mail: _____	Dad's Cell Phone: _____		
Parent: Private <input type="checkbox"/> DSS Approved <input type="checkbox"/> DSS Applying <input type="checkbox"/> 1199 <input type="checkbox"/> Scholarship <input type="checkbox"/> Other <input type="checkbox"/>			

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	Summer Camp Week Desired							
			All 7 weeks	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

How did you hear about us? _____

Has your child attended any other Shepherd's Gate program? _____

Summer Camp

Shepherd's Gate Registration

July 6th to August 21st

1725 Brentwood Road, Brentwood, New York 11717

(631) 435-3215

Web site: www.shepherdsgateacademy.com

Today's Date __/__/2020

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.

Charges- Internal Use Only	Amount				Internal use only Weeks reserved
	Date	Due	Paid	Enter	
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
T-SHIRTS S -M-L SIZE _____ #					\$10 PER SHIRTS
Total					Balance-

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

Layaway Plan ☐ _____ Payment Plan ☐ C.C /Cash/Check/Plan ☐

Shepherd's Gate Personnel: _____

Date: __/__/20

Parent/Guardian Signature: _____

Date: __/__/20

OF T-SHIRTS- _____ CXS _____ CS _____ CM _____ CL _____ CXL _____ AS _____ AM _____ AL _____ AXL _____

****TSHIRTS MUST BE PAID BY CASH ONLY**** TOTAL \$ _____ PAID ON _____ STAFF INITIALS _____

Summer Camp

Shepherd's Gate Registration

July 6th to August 21st

(631) 435-3215

1725 Brentwood Road, Brentwood, New York 11717

Web site: www.shepherdsgateacademy.com

Today's Date __/__/2020

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: ____/____/2020

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 _____

Payment Information _____ Camp Policies _____ Staff Initials _____

DSS Case Worker: _____ Weekly Parent Fee: \$ _____

Phone Number: (631) _____ Coverage: Start Day ____/____/2020 End Day: ____/____/2020

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**

1st

DATE _____ 20 _____

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

NAME OF CHILD	DATE OF BIRTH	SEX
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	_____	<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS _____

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

**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)

Summer Camp

Shepherd's Gate Registration

July 6th to August 21st

1725 Brentwood Road, Brentwood, New York 11717

(631) 435-3215

Web site: www.shepherdsgateacademy.com

Today's Date ____ / ____ / 2020

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____