



# New Rochelle Youth Bureau

Your Choice • Your Path • Your Future

## Middle School Drop-In Program - New Rochelle High School

**MONDAY, June 29th – FRIDAY, AUGUST 7<sup>th</sup>**

**Immunization Record and Current Report card required**

**Must have at the time of registration.**

*\$75.00 supply fee*

### Personal Information

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

Parent/Guardian Name: \_\_\_\_\_ Current School: \_\_\_\_\_

Street Address \_\_\_\_\_ Grade: \_\_\_\_\_

Zip code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **@** \_\_\_\_\_ **.COM (Parents Email)**

**\*\*\* Email will be used to notify you in the event of a program change or cancellation\*\*\***

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

(Other than Parent)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PLEASE READ & ANSWER ALL THE FOLLOWING QUESTIONS:

- Will your child be enrolled in any school morning academic programs during July?  Yes  No
- Does your child have any food allergies?  Yes  No If yes, please list: \_\_\_\_\_
- Does your child have any medical, emotional, and/or cognitive condition that would require any modifications, adaptations or restrictions from any of the program activities?  Yes  No If Yes, please explain: \_\_\_\_\_

### Please read and sign any /all sections:

- I hereby give the City School District of New Rochelle permission to release any information concerning my child to the New Rochelle Youth Bureau Administration:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(REQUIRED FOR ALL APPLICANTS – APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE)**

- I hereby give New Rochelle Youth Bureau permission to release any information concerning my child to the Middle School Summer Drop-In staff.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that due to limited staff resources and our relationship with the City School District of New Rochelle, all program participants must leave the facility no later than **3:00pm.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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The undersigned hereby releases the City of New Rochelle, Youth Bureau, Department of Parks and Recreation, and City School District and its employees, agents, and volunteers of any liability in connection with any damage and/or injury that may be sustained as a result of participation in the above-named program.

I hereby give New Rochelle Youth Bureau permission to use any photographs/videos taken pertaining to the Middle School Drop-in Program.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

**Completed forms must be submitted to:** New Rochelle Youth Bureau  
515 North Avenue  
New Rochelle, NY 10801

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**FOR OFFICE USE ONLY:**

**SUPPLY FEE:**

Form of payment:    Cash            Check             Credit Card

**IMMUNIZATION RECORD:**    Yes            Date\_\_\_\_\_             No            Date\_\_\_\_\_

**PROOF OF CURRENT GRADE:**

Yes            Date\_\_\_\_\_             No            Date\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Initialed by: \_\_\_\_\_