

2010 Application for 4-H Summer Scene Registration

Child's Name _____ Male _____ Female _____
Date of Birth _____ Age at Camp _____ Entering Grade (Fall 2010) _____
Ethnicity: _____ White _____ Black _____ Hispanic _____ American Indian _____ Asian _____ Other _____
Parent / Guardian's Name _____
Address (Street, City, Zip) _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-Mail _____
Emergency Contact Person _____ Contact Phone #'s _____

Child's Medical Record

Please fill in the most recent dates of immunizations **DO NOT attach medical record**

_____ Measles (MMR) _____ Polio (OPV/PV) _____ Mumps (MMR) _____ Haemophilus Influenza (Hib)

_____ Hepatitis b _____ Rubella (MMR) _____ Tetanus Booster _____ Chicken Pox (Varicella) _____ DPT

Medications* _____

Will your child be taking medication during the camp day? YES _____ NO _____

*All medications (prescription and non-prescription) must be given to the Camp Director upon arrival at camp in the original container with written directions from the physician to dispense. We recommend that you provide the Camp Director with a supply of medication to last the duration of your child's stay at camp. Medications are kept in a locked box and extra will be returned to you when your child leaves camp.

List any health issues (i.e. asthma, diabetes) _____

Allergies: Seasonal _____ Food _____ Other _____

Code of Conduct

Please read, discuss, and complete WITH your child.

I agree to follow the 4-H Summer Scene Code of Conduct:

- I. Respect the property of others as I walk safely to and from the park.
- II. Participate in Summer Scene activities.
- III. Listen to and do what is asked by my counselors and director.
- IV. Respect those who visit and use the park, my counselor and other participants.

I understand that if I do not follow this code, I will be dismissed from the 4-H Summer Scene Program.

child's signature

parent's signature

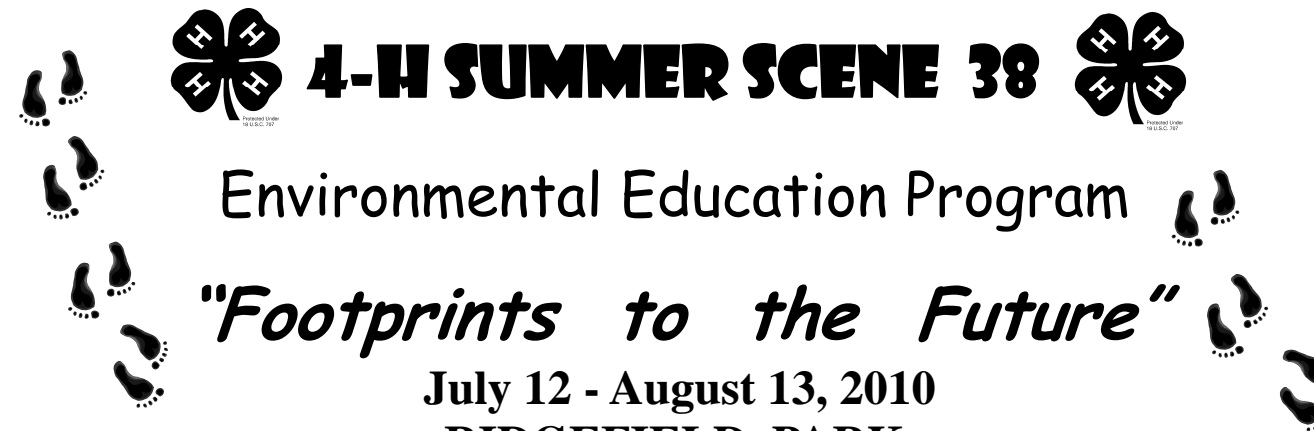
Original Signatures are required for our records

Please do not FAX registration form

Mail Application with required fees to:
Cornell Cooperative Extension Albany County
P.O. Box 497 24 Martin Rd. Voorheesville, NY 12186

You will receive a postcard / receipt when your child has been registered in camp.

Clip and Send



July 12 - August 13, 2010

RIDGEFIELD PARK

OPEN TO YOUTH

7 - 12 YEARS*

*Attended 1st Grade or seven years of age. If child is 6 yrs of age and has completed 1st grade, proof of grade completion is required (i.e. copy of report card, note on school letterhead from school official.)

It's Fun, Educational

**** LUNCH DAILY ****

4-H Summer Scene 38 will have two themes

Green Living for Youth

Job Readiness for Teens

We will be having weekly programs focusing on Thinking Green.

Youth will be challenged to gain an understanding of their daily impact on our environment through hands on learning activities.

Staff will participate in an ongoing program to develop skills as a counselor and job readiness for the future

Daily Schedule: Monday, Tuesday, Wednesday, Thursday: 10:00 am to 3:00 pm, Friday: 10:00 am -1:00 pm
Please keep this section for your information.

For more information: Call 765-3500

****This year there will be a charge of \$30 / week per camper, see details on registration form****

This is not a school sponsored event. The City School District of Albany is not responsible or liable for any problems or damages arising from participation in this activity.

Only send in the Registration Form (one for each child)

Keep this part for your information!

Once registered, you will receive an email or postcard as confirmation



Cornell University
Cooperative Extension
Albany County

24 Martin Road P.O. Box 497 Voorheesville, NY 12186 (518) 765-3546
www.ccealbany.com

FEES: \$30 per week (additional children from the same household \$20 per week)

Enrollment is limited

Your child will not be enrolled until the week is paid in full.

To guarantee your child's spot, the registration fee is due **TWO WEEKS** prior to the week to be attended.
A limited number of scholarships will be available to make the program available to all children.*

Registration is by the week. Put a X in the box ONLY for the WEEKS YOUR CHILD IS REGISTERING FOR.

		Payment	
Week 1...July 12-16	<input type="checkbox"/>	_____	If this registration form is for: "an additional child from the household at \$20 per week" please provide the name of the original sibling here.
Week 2...July 19-23	<input type="checkbox"/>	_____	
Week 3...July 26-30	<input type="checkbox"/>	_____	
Week 4...August 2-6	<input type="checkbox"/>	_____	There will be no refunds for withdrawal or dismissal from Camp, including any absences, illnesses or vacations unless TWO WEEKS notice is given to the 4-H office at 765-3500.
Week 5...August 9-13	<input type="checkbox"/>	_____	
Total		_____	

Would your child be interested in enrolling in: GOLF TENNIS

*Scholarship Information

Partial scholarships may be available to allow children to attend additional weeks of camp.
 Full scholarships will be available on a need basis depending on family financial eligibility.
 If you would like to apply for a scholarship please contact Janet at 765-3500 or go to cceaalbany.com for an application.
 Scholarship applications must be sent with the registration form.
 You will be notified regarding the amount of scholarship.
 Your child will not be registered for camp until this process is complete and all fees are paid.

PARENTS' OR GUARDIAN AUTHORIZATION

The health history is correct so far as I know and the person described herein has my permission to engage in all prescribed camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I also give permission for my child to participate in the field trips of the program. These trips might include bus rides to State Parks and other sites outside the local area. Also, there will be walking trips to various places in and around the community.

I, the undersigned, hereby A. Do consent and authorize, or B. Do not consent and authorize
 (Circle one of underlined statements above)

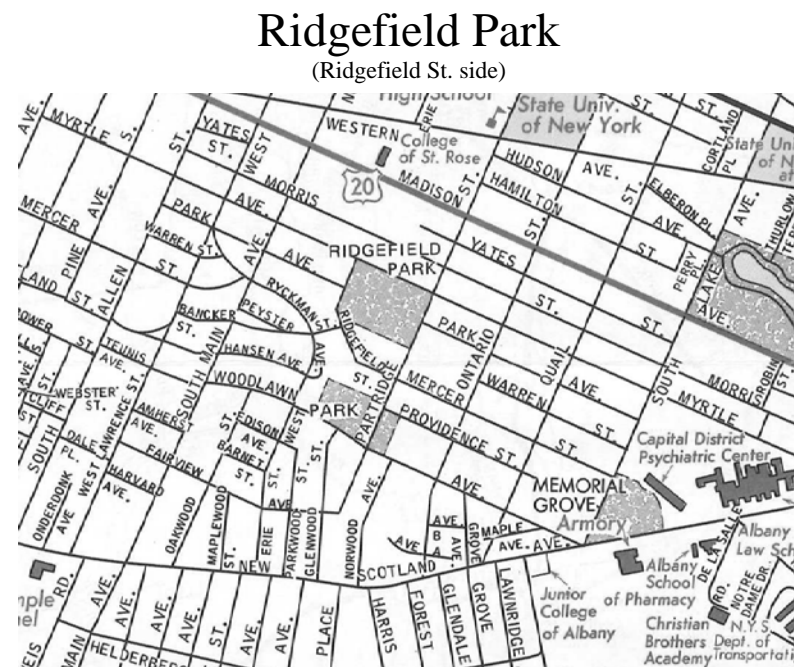
The use or reproduction, by Cornell Cooperative Extension of Albany County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibits, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs. By not consenting or authorizing, I understand my involvement in Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the parent/guardian authorized to sign this release.

Signature Parent or Guardian _____ Date: _____

Cornell Cooperative Extension of Albany County 4-H Programs are offered to all clientele on a nondiscriminatory basis without regard to race, color, sex, or national origin.

Cornell Cooperative Extension
 Albany County
 P.O. Box 497, 24 Martin Road
 Voorheesville, NY 12186-0497



**4-H
 SUMMER
 SCENE**



Clip and Send



4-H SUMMER SCENE 38



Scholarship Application

July 12 - August 13, 2010

Fee: \$30/week

Name of Youth _____ Age _____

Address _____

Parent / Guardian name _____

Address (if different) _____

What is your HOUSEHOLD Gross Income? (Before Taxes)

Yearly \$ _____ or Monthly \$ _____ or Weekly \$ _____

You must provide a copy of your 2009 Income Tax Return, not paystubs. Your child will not be considered for a scholarship unless your income tax return form is enclosed. If you do not file taxes, enclose a copy of your benefits card or verification of other income. If you are TANF and eligible for childcare benefits, you will be responsible for working with DSS to have funds provided to the camp for your child.

Number of people living in your household _____

Are your children eligible for free or reduced meals at school? Yes _____ No _____

Number of children from household who would like to attend 4-H Summer Scene _____

I would like to apply for a scholarship for my child, _____ to attend _____ weeks of camp.

I plan to enroll my child for: Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____

Names of other children* who would like to attend: _____

*send in a separate scholarship application form for each child

signature of parent/guardian

date

Please enclose this application with your child's Summer Scene Registration Form (one of each / child). We will process this application as soon as possible. Your child will not be enrolled in camp until you receive notification of the amount you are to pay and all funds are received.



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www.ccealbany.com