CHILDRENS LEARNING CENTER
SUMMER PROGRAM REGISTRATION FORM

ONONDAGA COMMUNITY COLLEGE

Registration begins **May 1st**, until all slots are filled. Enrollment confirmation will be sent via email.
Any questions? Call the CLC at 498-2346. Please complete a separate registration form for each child.

Student's Legal Name: _____ Nickname _____

Student's Date of Birth: _____ (mo/day/yr) Grade entering in fall 2012 _____

Parent Last Name: _____ Parent First Name: _____ MI: _____

E-mail: _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone: ( ) _____ Work Phone ( ) _____ Cell Phone ( ) _____

Hours and Fees: Weeks 1 - 5

Full day: 9 a.m. - 4 p.m., $200/wk • **Early arrival:** 8 - 9 a.m., $10/wk • **Late pickup:** 4 - 5 p.m., $10/wk

Week 1: July 9-13

_____ Full day _____ Early Arrival _____ Late Pick-up Week 1 Total _____

Week 2: July 16-20

_____ Full day _____ Early Arrival _____ Late Pick-up Week 2 Total _____

Week 3: July 23-27

_____ Full day _____ Early Arrival _____ Late Pick-up Week 3 Total _____

For 5 & 6 year olds

Week 4: July 30- August 3:

_____ Full day _____ Early Arrival _____ Late Pick-up Week 4 Total _____

Week 5: August 6-10:

_____ Full day _____ Early Arrival _____ Late Pick-up Week 5 Total _____

Grand Total _____

ALL PARENTS: Please read and sign the following statement:

Financial Responsibility Agreement:

1. By enrolling my child in the Children's Learning Center Summer Program, I acknowledge and agree that:
   - I am at least 18 years of age or the parent/legal guardian of a student under the age of 18.
   - I am financially responsible for all charges related to my registration and housing.

I hereby apply for registration of my child, and certify that all information I have given to be true and correct. I agree to obey all rules and regulations of the Children's Learning Center and Onondaga Community College.

✘ Parent Signature: _____ Date: _____

Payment Options

- Checks or money orders are accepted by mail or in-person at the Children's Learning Center, Ferrante Hall.
- Credit cards are not accept
- Cash is only accepted when registering in-person.

Refund Deadlines

Weeks 1 - 3..... July 1st

Weeks 4 - 5..... July 15th

The CLC has the right to cancel any session due to insufficient enrollment. Full refunds will be granted.

Registration Procedures

- Mail your registration form with payment and all required forms to:

Children's Learning Center
4585 West Seneca Turnpike
Syracuse, NY 13215

- Drop off forms and payment to CLC office located on the OCC Campus in Ferrante Hall.

EMERGENCY MEDICAL RELEASE FORM

Summer Programs 2012

I understand that the health information on this record will be treated as confidential and privileged and used only for the purpose of the administration of the program. Information will be shared with the camp nurse and as needed with instructors and emergency care providers. This release is effective for the duration of participation in the program.

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Student's Date of Birth _____ (mo/day/yr) Student's Age _____ Student's Social Security #: _____ - _____ - _____

Parent's Last Name *(if different than student's)* _____

✘ Signature of Parent or Guardian _____ Date _____

Medical History:

Does your child have any physical limitations/handicaps? _____

Does your child require access to any special equipment? _____

Does your child have special needs, including behavioral or emotional? _____

Does your child have any serious fears? _____

Will your child be bringing any medication to camp? _____

Have any significant events occurred in your family within the last year? _____

Please tell us about a recent surgery, injury, chronic or recurring illness or other condition: _____

List any allergies: _____

Immunization History

May submit immunization records from your physician or school.

DPT _____ _____ _____ _____ _____

POLIO _____ _____ _____ _____ VARICELLA (CHICKEN POX) _____

MMR _____ _____ _____ HEP B _____ _____ _____

I give permission to the medical personnel of Onondaga Community College to provide to my child, _____
(Child's Name)

emergency medical treatment and/or transport by ambulance to the hospital if an emergency situation should occur while my child is on campus.

✘ Signature of Parent or Guardian _____ Date _____

In the event of illness or injury, I can be reached at the following phone number during the day: _____

If I cannot be reached, please contact:

Name _____ Relationship to Child _____ Phone Number ( ) _____

ONONDAGA
COMMUNITY COLLEGE

MEDICATION ADMINISTRATION AUTHORIZATION

Summer Programs 2012

Name of Student:

Name of Medication:

Dosage:

Name of Physician:

Signature of Physician:

Prescription Number:

Doses administered at Home:

Doses to be administered on Campus:

Number of days/times:

Allergies, Additional Information:

Signature of Parent:

Date	Time	Medication/Dose	Nurse Initials

ONONDAGA
COMMUNITY COLLEGE

RELEASE FORMS
Summer Programs 2012

Authorized Pick-Up

Below is a list of people authorized to pick up my child in an emergency or for an early pickup.

Child's Name: _____

Adult's Name	Relationship	Home Phone	Work Phone	Cell Phone

✘ Parent's Signature _____ Date _____

General Release

I agree to defend, hold harmless and indemnify Onondaga Community College from any action, claim, expense or liability arising out of the activities pursuant to the program. I willingly and voluntarily assume all risks involved in my child's participation in this program and in his/her use of the facilities and equipment related thereto.

I further acknowledge to Onondaga Community College that I have disclosed all medical conditions, illnesses and problems pertaining to my child's health that might have a bearing on his/her ability to participate in the program, and I affirmatively promise to keep the College informed in writing of any change in his/her health status.

✘ Parent's Signature _____ Date _____

Publicity Release

I hereby *(Please check one of the following)*: ☐ DO give my full consent ☐ DO NOT give my full consent

to Onondaga Community College to use any or all photos, video images, and audio recordings of _____
(Please Print Child's Entire Name)

Onondaga Community College agrees and promises that none of these materials will be used for profit or any purpose other than its own education and public information projects.

✘ Parent's Signature _____ Date _____

Travel Permission

I give my son/daughter permission to take part in outdoor walks and activities as scheduled by the program faculty.

✘ Parent's Signature _____ Date _____

CODE OF CONDUCT
SUMMER PROGRAM 2012

ONONDAGA
COMMUNITY COLLEGE

Code of Conduct

MISSION STATEMENT: We strive to provide your children with a safe, positive and fun learning environment where respect and compassion for others is the highest priority. In keeping with these standards, we will provide your children with a rewarding summer experience they will remember for years to come.

Any student who partakes in the following activities could result in immediate expulsion without refund, from the program:
- Any conduct that violates the laws of the United States, the state of New York and/ or Onondaga County.
- Physical abuse, verbal abuse, threats, intimidation, or stalking that threatens or endangers the health, or well-being or safety of any person.
- Attempted or actual theft or defacement of the College and its property.
- Possession of or distribution of any illegal drugs, controlled substances, firearms or weapons.

Any student who partakes in the following activities will be following the steps in our discipline policy listed below:
- Repetitive class disruptions, where class is unable to continue.
- Leaving designated class or break area without permission from an instructor, counselor or administrator, and/or without a "buddy."
- Swearing or other repetitive verbal abuse.
- Stealing or attempting to steal or deface another students' work or belongings.
- Bullying of any kind (the intimidation, maltreatment, harassment, or singling out of another individual).

Discipline Procedure

1. Student's actions will be reported to the coordinator or his/her designee.
2. Coordinator of program or designee will speak with child/ren involved and write a written summary of the incident.
3. If the reported incident is found to be true the parents of the children involved will be informed verbally.
   a. First offense- verbal warning to student and parent.
   b. Second offense- second verbal warning and "time-out" from class.
   c. Third offense- parent contacted, child sent home for one day.
   d. Fourth and Final offense- parent contacted student expelled from the program without a refund.

Our goal is to give each and every child the opportunity to grow and learn in a new and exciting environment. We will strive to let children express themselves as freely as possible without being disruptive or endangering to him/herself or others.

I have read and understand the code of conduct policy.

✘ Parent's Signature _____ Date _____

✘ Child's Signature _____ Date _____