SUMMER CAMP APPLICATION
REGISTRATION CHECKLIST
*Must be submitted along with the application*

The following items are required for ALL new students to complete registration.

- Completed Application Form
- Summer Camp Choice Form
- Emergency Information Form
- Signed Receipt of Lehman Rules and Regulations
- Signed Receipt of Apex Rules
- Signed Receipt of Lehman Policies and Procedures
- CUNY Consent Form
- Physical Form (Please include immunization records)
- Copy of Birth Certificate
- Deposit due upon registration. See “Payment Timeline” for balance deadline.

All applicants are considered without regard to sex, race, nationality or ethnic origin.

NAME OF STUDENT

OFFICE USE ONLY

___ Date Application/ Deposit Received  ___ Date Balance Payment Received
Application: One form per child

| Students Name: _____________________________ | Student’s DOB: ____________ |
| School/Grade: _____________________________ | GENDER: ___ Male ___ Female |
| Home Address: ________________________________________________________________ |
| City: _______ State: ___ Zip: _______ Tel: ____________________ |
| Email: ______________________________ |

Parent’s Name: _______________________ Email Address: _______________________
Father’s Home #: ________________ Work #: _________________ Cell #: ________________
Address (if different from child): __________________________________________________

Parent’s Name: _______________________ Email Address: _______________________
Mother’s Home #: ________________ Work #: _________________ Cell #: ________________
Address (if different from child): ____________________________________________

**Guardian Information:** Legal Guardianship/custody of a child (if different from parent(s))
(The school must have a copy of the most recent court order(s) regarding custody and guardianship.)
Email Address: _______________________ Home #: ____________________________
Work #: ____________________________ Cell #: ____________________________
Address (if different from child): ____________________________________________
SUMMER CAMP CHOICE FORM

Please indicate which camp(s) your child will attend by placing a check mark in the appropriate box

○ PRE CAMP July 5 – July 8 (1 week)
  ○ FULL DAY $395  ○ AM ONLY $250  ○ PM ONLY $145

○ JULY CAMP July 11 – July 29 (3 weeks)
  ○ FULL DAY $1130  ○ AM ONLY $700  ○ PM ONLY $430

○ AUGUST CAMP August 1 – 19 (3 weeks)
  ○ FULL DAY $1130  ○ AM ONLY $700  ○ PM ONLY $430

PAYMENT OPTIONS
$50 Deposit due by 6/13/2016 for Pre Camp or Half Day July Camps/ Balance due by 6/27/2016

$250 Deposit due by 6/20/2016 for Full Day July Camp/ Balance due by 6/27/2016 ($50 non-refundable)

$250 Deposit due by 7/11/2016 for Full Day August Camp/ Balance due by 7/18/2016 ($50 non-refundable)

DISCOUNTS
$10 OFF for 1 Full Day Camp Tuition paid
$20 OFF for 2 Full Day Camp Tuitions paid
$30 OFF for 3 Full Day Camp Tuitions paid

REFUND POLICY
Please see our catalog for a more detailed description of our refund policy at www.lehman.edu/ce
Please note that all refund requests must be made in writing. Written refund requests should include child’s name, summer camp choice option and the amount to be refunded.
Refunds are considered as follows:
  • Before the 1st day of camp applicants are eligible for 100% tuition refund
  • Before the 2nd day of camp applicants are eligible for 50% tuition refund
  • No refunds after the 2nd day of camp
EMERGENCY INFORMATION

GRADE: ____________  DOB: ___________  GENDER: ___Male ___Female
CHILD’S NAME: __________________________________  TEL: ________________________
HOME ADDRESS: _______________________________________________________________
PARENT’S NAME: __________________________________  TEL: ________________________
HOME ADDRESS: _______________________________________________________________
EMAIL ADDRESS: _______________________________________________________________
PARENT’S NAME: __________________________________  TEL: ________________________
HOME ADDRESS: _______________________________________________________________
EMAIL ADDRESS: _______________________________________________________________

AUTHORIZED PERSONS to assume responsibility for school dismissal and provision of care when parent or guardian cannot be reached should be listed below. PLEASE NOTE: Student will only be released to a listed authorized person.

NAME: _________________________  TEL: ________________  RELATION: ____________
NAME: _________________________  TEL: ________________  RELATION: ____________
NAME: _________________________  TEL: ________________  RELATION: ____________

MEDICAL HOME INFORMATION
Clinic/ Hospital Name: ____________________  Clinic/ Hospital Address: ____________________
Clinic Tel: ______________________________  Health Insurance: ___________________________
Physician Name: _________________________  Policy ID: __________  Group #: __________

Relevant medical factors including allergies, medications and physical impairments:
_____________________________________________________________________________________

CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT
In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary.

__________________________________   __________________________________
Parent/ Guardian Name (Please Print)   Signature/ Date
LEHMAN ACADEMY RULES AND REGULATIONS

Welcome to our Lehman Academy for Children and Teens Program. The Continuing Education Children’s Academy is a community dedicated to engaging children and teens in interesting and challenging classes and camps taught by experienced instructors that encourage creativity, develop talents and skills, and support the overall health of each participant. Classes are created specifically by age group so children’s development and interests are nurtured appropriately at our facilities. Together, let’s launch a lifetime love of learning!

ARRIVAL/ DISMISSAL

Students are required to be on time! We also require that all students are dropped off at the Carman Hall Cafeteria between 8am and 9am. For safety reasons, parents/guardians are expected to sign their children in and out. Students are asked to be respectful while entering and leaving classes to avoid disruption to the other students that may be studying in the cafeteria. Students who are not picked up on time will be escorted by teacher to the Continuing Education Office in Rm 128 where the parent will be contacted. Please note that Public Safety may need to be notified if your child is not picked up on time and possibly taken to the local precinct if a parent fails to show up to pick up their child. Therefore, please call 718.960.8512 in case of an emergency and your child will not be picked up on time. After office hours, you may contact Public Safety 718.960.8228.

CLASSES

Students will be escorted to and from classes throughout the day by our camp counselors.

DRESS CODE

Students should wear weather appropriate clothes that are comfortable and allows for children to move about or sit on the floor comfortably. Please see DRESS CODE under APEX rules and regulations for appropriate attire for classes held at the APEX – swimming, dance, martial arts, etc.

FOOD AND DRINKS

Eating is not permitted in the classrooms but non glass water bottles are permitted in most classes. Glass bottles are prohibited at all times. ABSOLUTELY NO FOOD OR DRINKS OF ANY KIND ARE ALLOWED IN THE COMPUTER CLASSROOMS!

ELECTRONICS

Cell phones and other electronics, including but not limited to iPods, handheld consoles such as Nintendo’s, etc. are not to be used during classes. Electronics used, played or cell phones ringing during class will be confiscated and held until the Parent/Guardian claims it. If you need to reach your child during class time, call the office at 718.960.8512. We are not responsible for lost or stolen items.

IDENTIFICATION

Lehman College ID cards are optional. The ID Room schedule can be found at www.lehman.edu. If your child has an ID, bring your receipt and your child’s ID to the ID room and they will validate it for you. For new ID’s, you must bring your receipt and your child must be present. Lost ID’s will cost $10 to replace. Validation and New ID’s are $10.
BEHAVIOR
The following is a list of expectations for all students:

- **Respect Others** – Use of appropriate language and noise volume, acceptance of others race, religion, sex or difference and keeping out of each other’s personal space is strongly encouraged.

- **Respect School Property and Environment** – Students are expected to pick up after themselves and provide support to teachers in maintaining a safe and productive environment.

- **Be Safe** – Students are required to follow teacher or escort instructions at all times. Students are required to stay with their escort at all times. Male escorts supervise and accompany male students. Female escorts do the same for female students.

Students causing multiple disruptions, threatening harm or physically hurting anyone will be removed from the program. And, refunds will only be provided within the program guidelines. For less severe behavior, parents will be notified of disruptive behavior by phone and/or letter.

_________________________________   __________________________________
Parent/ Guardian Name (Please Print)    Signature/ Date
APEX RULES
These rules are In Addition to those stated above.
Failure to comply with these guidelines may result in exclusion from attending classes at the
APEX. ALL APEX RULES ARE STRICTLY OBSERVED.

LOCKER ROOMS
All students must use the locker room for changing into swimming apparel. Students are required to have their own combination locks for their lockers. Lockers are not allowed to be used as overnight storage. Male students can only be accompanied by a male camp counselor into the locker room. Female students can only be accompanied by a female camp counselor into the locker room.

APEX DRESS CODE
Students require one piece bathing suits and swimming trunks of nylon or nylon/lycra for all swimming classes. Bikinis, cut off shorts, and t-shirts are not acceptable. Swimming caps are required for hair longer than 4”. Students who are not in proper attire will remain pool side and will not be allowed to participate in class. Changing is prohibited in the common areas of the Apex, including but not limited to the hallways, stairwells and the balcony.

POOL AREA Students must observe the following while attending pool classes
• Showers – ALL STUDENTS must shower before leaving the locker room to enter the pool area
• Entering/Exiting – ALL STUDENTS must ENTER and EXIT the pool area by way of the locker room and rear hallway.
• Entering Pool – ALL STUDENTS must report to the seating area at deck side and await the instructor’s directions. STUDENTS may not enter the pool without the instructor being present.

__________________________________   __________________________________
Parent/ Guardian Name (Please Print)    Signature/ Date
LEHMAN ACADEMY POLICIES AND PROCEDURES

EMERGENCY PROCEDURES
Emergency procedures are in place to insure the safety of the students during various emergency situations: earthquake, evacuation, bomb threats or intruder on campus. During an emergency, parents will be notified. If a student's parent cannot be contacted and/or the parent is unable to pick up their child, the school will maintain responsibility for the student until the parent or authorized individual can pick up the student. At no time will a student be excused except to the care of a parent or other adult designated on the registration application. If evacuation of the school is necessary, students will be transported to a predetermined location. Parents will be advised of the evacuation site by telephone and/or information posted at the school site. Evacuation of the school will not be attempted unless there is no alternative. In the event of an emergency, school personnel will be involved in caring for the students, and telephone lines need to be kept open for communications with proper authorities. The Office of Public Safety is also available to provide 24 hour protection of all persons and property within our campus. In case of an emergency situation, all Continuing Education staff and faculty have been instructed to call Public Safety (718) 960.8228 or, (718) 960.7777

__________________________________   __________________________________
Parent/ Guardian Name (Please Print)    Signature/ Date

LIABILITY WAIVER
I understand that participating in programs, recreation and other activities at Lehman College, CUNY is on a voluntary basis. By signing this Form, I specifically warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Lehman, its trustees, officers, agents and employees from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives or assigns may have against Lehman, CUNY its trustees, officers, agents and employees. I further agree to indemnify and hold harmless Lehman, CUNY its trustees, officers, agents and employees from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

__________________________________   __________________________________
Parent/ Guardian Name (Please Print)    Signature/ Date
THE CITY UNIVERSITY OF NEW YORK

PERSONAL CONSENT AND RELEASE

I hereby authorize The City University of New York and its affiliates, licensees, successors and assigns (collectively, “CUNY”) to make use of my or, my child’s appearance in connection with “SUMMER CAMPUS AT LEHMAN COLLEGE” on [ ] (the “Summer Camp”), as follows:

(1) To photograph me or my child’s and any material included in the performance (e.g., photographs, audio or video clips);

(2) To record my or my child’s voice, conversation and sounds, including the performance of any musical composition(s), during and in connection with the Program; and

(3) To edit, use, reproduce, exhibit and distribute, in whole or in part, in any manner and media now known or hereinafter invented, an unlimited number of times in perpetuity throughout the world, these photographs and recordings, in support of, or to promote, CUNY’s educational programs and mission.

I hereby waive the right to inspect or approve any of the photographs or recordings. I understand that CUNY will be the exclusive owner of all of the photographs and recordings.

I also agree that CUNY may use my or my child’s name, voice, likeness and biographical material such as age or grade for promotion of the Program.

I hereby release and hold harmless CUNY and those acting pursuant to its authority from liability for any claims by me or any third party in connection with participation in the Program or the actions of CUNY in reliance of this consent and release. I have read and fully understand the terms of this consent and release.

_______________________________    _________________________________________
Date       Signature of Parent/ Guardian

_________________________________________
Printed Name of Parent/ Guardian

_________________________________________
Address

_________________________________________
Phone
# Child & Adolescent Health Examination Form

**NYC Department of Health & Hygiene — Department of Education**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

- Child's Last Name
- First Name
- Middle Name
- Sex (Female/Male)
- Date of Birth (Month/Day/Year)
- Hispanic/Latino?
- Race (check ALL that apply)
- Health insurance (Yes/No)
- Parent/Guardian Last Name
- First Name
- Phone Numbers

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

- If "yes" to any item, please explain (attach addendum, if needed)
- Birth history (age 0-6 yrs)
- Complicated by
- Allergies
- Drugs (list)
- Foods (list)
- Other (list)

### PHYSICAL EXAMINATION

- Height (cm)
- Weight (kg)
- BMI (kg/m²)
- Head Circumference (age <2 yrs)
- Blood Pressure (age ≥3 yrs)

### General Appearance

- General appearance
- Describe abnormalities

### DEVELOPMENTAL (age 0-6 yrs)

- If delay suspected, specify below
- Cognitive (e.g., play skills)
- Communication/Language
- Social/Emotional
- Adaptive/Self-Help
- Motor

### SCREENING TESTS

- Blood Lead Level (BLL)
- Lead Risk Assessment
- Hearing
- Hemoglobin or Hematocrit (age 9-12 mos)

### IMMUNIZATIONS – DATES

- Hep B
- Rotavirus
- DTP/DTaP/DT
- Hb
- PCV

### RECOMMENDATIONS

- Full physical activity
- Full diet
- Restrictions (specify)

### ASSESSMENT

- Well Child (V20.2)
- Diagnoses/Problems (Note)

**ICD-9 Code**

**Influenza**

**MMR**

**Varicella**

**Td**

**Tdap**

**Hep A**

**Meningococcal**

**HPV**

**Other, specify:**

**DOHMH ONLY**

- PROVIDER ID (I.D.)

**TYPE OF EXAM:**

- NAE Current
- NAE Prior Year(s)

- Comments

**Date**

- Reviewed:

**I.D. NUMBER**

**REVIEWER:**

**Health Care Provider Name and Degree (MD)**

**Facility Name**

**National Provider Identifier (NPI)**

**Address**

**City**

**State**

**Zip**

**Telephone**

**Fax**