

PHYSICIAN'S AUTHORIZATION

Patient's Name: _____ Birthdate: _____

1. Is this patient mentally retarded, learning disabled or diagnosed with any other developmental disability?
(Please be Specific) _____

2. Does this patient have any physical disabilities related to:

Disability	Extent
ambulation _____	_____
hearing _____	_____
vision _____	_____
speech _____	_____
balance & _____	_____
coordination _____	_____

3. Does this patient experience any:

- a. Chronic diseases: heart _____ diabetes _____ other _____
Describe: _____
Resulting limitations: _____
- b. Seizures _____ degree _____ frequency _____
known antecedent _____
- c. Frequent colds _____ frequency _____
- d. Ear infections _____ frequency _____
- e. Allergies (food restrictions) _____
- f. Allergies (Medications) _____
- g. Hepatitis _____ Type _____

4. Has this patient benefited from all recommended immunizations: _____

- a. Diphtheria/Tetanus Toxoid (4 doses) Dates: _____, _____, _____, _____
- b. Oral Polio Vaccine (3 or more doses) Dates: _____, _____, _____
- c. MMR Vaccine (2 doses) Dates: _____, _____
- d. Hepatitis B (Hep B) (3 doses Date:: _____, _____, _____
- e. Haemophilus influenza type B (Hib) Date: _____
- f. Varicella (Chicken Pox) Date: _____

If no, what immunizations are lacking: _____

5. Does this patient take medication daily? _____

If so, what medication, dosage and time given _____

6. I recommend this patient for:

- a. _____ full participation in North East Westchester Special Recreation programs
- b. _____ participation in North East Westchester Special Recreation programs with the following limitations: _____

- c. _____ no participation in any North East Westchester Special Recreation programs due to: _____

7. Signature of Physician: _____ Date: _____

Address: _____ Phone #: _____

Return to: North East Westchester Special Recreation, Inc.
63 Bradhurst Avenue, Hawthorne, New York 10532
(914) 347-4409





SUMMER DAY CAMP REGISTRATION 2010

Child's Name: _____ Age on 7/1/10 _____
 Address: _____
 Phone#: _____ Cell #: _____
 Emergency #'s: _____ e-mail address: _____
 Childs Social Security # last 4 Digits: xx xx _____
 Work #'s: _____
 (parent/guardian)

RETURNING CAMPERS - Former campers and children participating in any of our year-round programs may use this portion of the form for registration. Feel free to call and discuss your child's placement with our Camp Director.

Your child's registration is accepted upon receipt of:

This registration form -- An updated Physicians Authorization (enclosed) -- Deposit (balance due by June 11th).

Residents of the North East district enjoy a registration priority period until May 22, 2010. Upon receipt of registration, non-residents will be placed on a waiting list that will be activated as of May 25, 2010. Registration after June 11th is subject to a \$75 late registration fee. All campers must pay for the full 6-week session.



Program	Westchester Fee	Out of County Fee	Deposit	Enclosed
Camp Fee:	\$525	\$2,475	\$300	
Late Fee after 6/12/10:	\$75	\$75		
Camp Shirt:	\$8	\$8		
Adult:	S	M	L	
Children:	S	M	L	
Clubhouse:	\$100	\$520		
Credit Card Charges Fill Out Back of Sheet \$5.00/service charge			\$5.00	
			Total Enclosed:	\$

Balance Due 6/11 _____ Late Registration fee after 6/11 \$75) _____
 (Your child will not be officially registered until all paperwork is in and the deposit is received.)

____ Please send me scholarship information. _____ Please send me a Payment Plan Application.

NEW CAMPERS - We become familiar with a new camper through the Registration Information Packet and a personal meeting. Please complete this registration form and we will contact you to arrange an intake interview. During this meeting, your child's placement will be planned. Please send your deposit once the interview is completed.

Name: _____ Phone: _____
 (parent/guardian) (work/home)

Child's School and Class: _____ Teacher: _____

PARENT'S AUTHORIZATION

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety). The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential). I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities.

I understand that North East staff will discuss my child's placement with me, however the final decision for placement will be made by North East.

Signed: _____ Date: _____
 (Parent/Guardian Signature)

Physician's Name: _____

Address: _____ Phone Number: _____

North East Westchester Special Recreation, Inc.
63 Bradhurst Avenue, Hawthorne, NY 10532
914-347-4409

Credit Card Form

PLEASE PRINT

Name on Card: _____
(Please print)

Mailing Address: _____

Town: _____

State/Zip: _____

Phone #: _____

Cell #: _____

Charge my Credit Card (check one)

Visa Master Card

Card #: _____

Expiration date: _____ Security Code: _____

A Service Charge will be applied to your account for \$5.00

Amount Charged \$ _____

Signature: _____

**I agree to pay above total amount
according to card issuer agreement
(Merchant Agreement if Credit Voucher)**