

## ECF SUMMER 2011 CHILD INFORMATION FORM

(Complete only if not enrolling online.)

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_

Home telephone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Returning Applicant \_\_\_\_\_ New Applicant \_\_\_\_\_

Parent One Name \_\_\_\_\_ Daytime/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Two Name \_\_\_\_\_ Daytime/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & relation of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Health condition(s) and/or special needs that staff should be aware of\* \_\_\_\_\_

Activities in which your child should not participate \_\_\_\_\_

Life-threatening allergies \_\_\_ No \_\_\_ Yes\* (describe) \_\_\_\_\_

Does your child take any medication (prescribed or over the counter)? \_\_\_ No \_\_\_ Yes\*  
(describe) \_\_\_\_\_

If yes, please provide reason, dosage, and frequency \_\_\_\_\_

\* The Summer Programs health professional or program director may require additional documentation or wish to speak to you prior to completing your registration

Date of last physical examination:\*\* \_\_\_\_\_ (2011 Health Record form must be completed)

\*\* Please note that all children attending summer programs must have a complete physical examination within 12 months of attendance of camp and the Health Record form must be completed by a licensed physician.

I, the parent/guardian of the above-named student, hereby give permission to the Ethical Culture Fieldston School, its agents, representatives, and employees for my child to participate in all activities offered by ECF Summer 2011, except those activities in which I or the examining physician has recommended that the student not participate. In consideration of my child's participation in ECF Summer 2011, I, the undersigned, waive all claims for damages I may have against Ethical Culture Fieldston School, its directors, trustees, faculty and employees for any and all injuries suffered by my child. I also give permission to the Summer Program in which my child is registered, if they are unable to contact me, to take any necessary steps to obtain proper treatment of my child in the event of a sudden illness or injury. I understand that every effort will be made to notify me immediately in case of such an emergency. I further agree to be totally and completely responsible for the payment of all debts, expenses, or bills incurred in connection with any illness or injury.

Parent/guardian name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relation to child \_\_\_\_\_

If not enrolling online, please return this form with payment to the appropriate Summer Program Director:

David Smelin  
Director, Fieldston Outdoors  
3901 Fieldston Road  
Bronx, NY 10471

Steve Bluth  
Director, Fieldston Sports  
3901 Fieldston Road  
Bronx, NY 10471

Collin Henry (c/o Trish Shelton)  
Fieldston Sports Clinic:  
3901 Fieldston Road  
Bronx, NY 10471

Vincent LeBrun  
Director, French Program  
3901 Fieldston Road  
Bronx, NY 10471

Ginny Katz  
Director, Weeks of Discovery  
33 Central Park West  
New York, NY 10023

Rochelle Reodica  
Director, Weeks of Adventure  
3901 Fieldston Road  
Bronx, NY 10471

Maura Furfey  
Director, Spanish Program  
3901 Fieldston Road  
Bronx, NY 10471