



New Rochelle

Youth Bureau

Your Choice • Your Path • Your Future

## Camp N.O.W. (Formerly Middle School Drop-In) at NRHS

Monday, June 27th – THURSDAY, August 5th

Immunization Record Required

Current Report Card Required

Must have at the time of registration.

*\$100.00 Program Enrichment Fee*

Camp Closed on July 4, 2022

### Personal Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Current School: \_\_\_\_\_

Street Address \_\_\_\_\_ Grade: \_\_\_\_\_

Zip code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

**E-Mail** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

(Parents Email)

**\*\*\*Email will be used to notify you in the event of a program change or cancellation\*\*\***

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

(Other than Parent)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PLEASE READ & ANSWER ALL THE FOLLOWING QUESTIONS:

- Does your child have any food allergies? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_
- Does your child have a current 504 or IEP? ☐ Yes ☐ No If Yes, please list any/all behavioral modifications or accommodations  
\_\_\_\_\_  
\_\_\_\_\_
- All equipment is sanitized daily and in between each use.

(Over)

**Please read and sign any /all sections:**

- I hereby give the City School District of New Rochelle permission to release any information concerning my child to the New Rochelle Youth Bureau Administration:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(REQUIRED FOR ALL APPLICANTS – APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE)**

- I hereby give New Rochelle Youth Bureau permission to release any information concerning my child to the Camp N.O.W. staff.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand that due to limited staff resources all program participants must leave the facility no later than **3:00pm.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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The undersigned hereby releases the City of New Rochelle, Youth Bureau, Department of Parks and Recreation, and City School District and its employees, agents, and volunteers of any liability in connection with any damage and/or injury that may be sustained as a result of participation in the above-named program.

I hereby give New Rochelle Youth Bureau permission to use any photographs/videos taken pertaining to Camp N.O.W.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

***Completed forms must be submitted to: New Rochelle Youth Bureau  
515 North Avenue  
New Rochelle, NY 10801***

**FOR OFFICE USE ONLY:**

**Program Enrichment Fee:**

Form of payment: ☐ Cash ☐ Check ☐ Credit Card

**PROOF OF CURRENT GRADE:**

☐ Yes Date \_\_\_\_\_ ☐ No Date \_\_\_\_\_

Comments: \_\_\_\_\_

Initialed by: \_\_\_\_\_