Please read this page carefully. A Parent/Guardian signature is required in **three (3) places**.
Lack of a signature could jeopardize your child's registration.
Return to: **The Heldeberg Workshop, P.O. Box 323, Voorheesville, NY 12186-0323**

GENERAL PERMISSION: My child _____ has permission to participate in all activities of the program of the 2012 Heldeberg Workshop Summer Session. I also give me permission for my child to participate in class field trips requiring transportation away from the Workshop property. I give permission to the Heldeberg Workshop to administer First Aid and to use pictures of my child taken at Workshop activities. I understand that the Summer Chairperson reserves the right to withdraw any student who is disruptive in class or on the bus, and that *no refund will be made in such cases.*

(1) PARENT/GUARDIAN_____DATE _____

*The general permission **MUST BE SIGNED** to ensure registration processing!*

During Workshop hours: Mother can be reached at: _____Father can be reached at: _____
In case of emergency and parents cannot be reached, call:
Parent Designate: _____Phone:_____
Pediatrician: _____Phone: _____
Dentist: _____Phone: _____
Hospital Preference: _____

Privacy Notification

Because the form below asks for personal information, the Personal Privacy Protection Law requires that you be given this notice. Information requested on this form is pursuant to Public Health Law 225, 7-28. Information is needed to alert Workshop administration of special medical needs of the student population. It will be treated as confidential medical information, and will be given to appropriate medical service providers in case of emergency. Health Concerns (below) will be shared with Workshop personnel on an as needed basis. This form will be on file with the Workshop medical director, at our workshop location (518) 765-2777. Failure to provide this information will result in the student not being allowed to attend.

NEW STUDENTS MUST ATTACH A CURRENT IMMUNIZATION RECORD SIGNED BY A PHYSICIAN OR A SCHOOL HEALTH RECORD.
IMMUNIZATION RECORDS SUBMITTED LAST YEAR STILL ARE ON FILE FOR PAST STUDENTS.
MANDATORY UPDATES OF IMMUNIZATION RECORDS ARE REQURIED TO REFLECT ANY CHANGES.
MANDATORY UPDATES OF IMMUNIZATION RECORDS ARE REQURIED AT AGE 11.
Child's Birthday: ____/_____/_____
PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW

Safety is a priority for the Workshop. We need the most complete and accurate information that you can provide, for the protection of our child and all children attending the Workshop. Students at the Workshop are expected to participate in reasonably strenuous activities which may include hiking, climbing, canoeing and running in our outdoor setting. Please consider this when deciding if your child has any health concerns we should be aware of.

Health Concerns: please check any that apply:

❒ Allergies: ❒ Bee stings ❒Latex ❒Foods _____
❒ Asthma ❒ Diabetes ❒ Seizure disorder ❒Anxiety ❒ ADHD
❒ Chronic disease _____ ❒Special Needs _____
❒ Other:_____

MEDICATION NEEDED DURING WORKSHOP HOURS:_____
CHILD'S PHYSICIAN MUST SIGN & COMPLETE MEDICATION FORM (on website)
Parent/Guardian must sign form. This form must be sent in with REGISTRATION.
Please have the MD provide orders dated for the Workshop. Parents must supply medication in the original pharmacy container.

(2) Parent/Guardian Signature_____
MUST BE SIGNED

Every Workshop class, in order to be successful, needs the active cooperation of every student. The Workshop expects that every student will follow class rules established by the teacher. Disruptive behaviors prevent other students from learning and enjoying their time at the Workshop; they may also present a health and safety risk.

A student, whose behavior interferes with his/her learning, or that of other students, will be referred to the counselor. The counselor will help the child develop a behavior plan in order to return to class. If the counselor and/or director determines that the child's behavior is a health or safety risk, the child will not be returned to the class for the remainder of the day and parents will be contacted. Serious health and safety issues or repetitive disruptive behavior will result in the child being removed from the program. Parents will be contacted by phone to come and pick up their child.

Please discuss behavior expectations with your child prior to the start of the Workshop program. The Workshop wants every child to have a positive and productive experience at our programs.

(3) Parent/Guardian Signature_____
MUST BE SIGNED