



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 2011 Heldeberg Workshop Summer Session. I also give 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. 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.

**ATTACH IMMUNIZATION RECORDS FROM YOUR PHYSICIAN OR SCHOOL NURSE -  
RECORDS MUST BE CURRENT, COMPLETE AND SIGNED BY A PHYSICIAN  
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 your 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.

**List of 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 must be sent in with REGISTRATION.

**Please have the MD provide orders date 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**

## SCHOLARSHIPS

Each year the Workshop offers over \$10,000 in scholarships. We feel it is important for any child who wants to attend the Workshop to be offered the opportunity. Requests for scholarships should be submitted in writing to the Heldeberg Workshop Scholarship Committee and mailed to PO Box 323 Voorheesville, NY 12186-0323. Include the name of the class and the session that you wish your child to attend. The decision of the Scholarship Committee is final, and will be sent to the family as soon as possible.

## Transportation Information

The Workshop provides bus service from the locations below. Bus space is limited; spaces are filled in order of applications received. To register for bus service, fill out the Bus information on the application. Students will be picked up and dropped off only at designated stops and only to a waiting adult. Please use good judgment in deciding whether to send young children on the bus, especially if they will not be accompanied by an older sibling.

If the adult designated to meet the child at the stop is not present, the bus will return with the child to the Voorheesville Elementary School. Please make arrangements to be on time for both pick up and drop off.

Fees are \$25.00 per child per one week session. A two week class will be \$50.00 per child

### Delmar Route (Includes Albany & Bethlehem)

- D1 – St. Catherine’s School 8:00 AM 12:50 PM
- D2 – Bethlehem Middle School 8:20 AM 12:30 PM
- D3 – Hamagrel Elementary School 8:30 AM 12:20 PM

### Voorheesville Route (Includes Niskayuna & Slingerlands)

- V1 – Bowlers Club in Niskayuna 7:50 AM 1:00 PM
- V2 - Farnsworth Middle School, 8:10 AM and 12:30 PM
- V3 – Slingerlands Grade School 8:20 AM 12:30 PM
- V4 – Voorheesville 8:40 AM 12:10 PM

### COST OF CLASSES:

All two week classes (sessions 1, 2, & 3) are \$250.00 All one week classes (sessions 1A, 1B, 2A, 2B, 3A & 3B) are \$125.00 (All Discoverland classes are \$100.00)

### PAYMENT IN FULL MUST ACCOMPANY THIS

**APPLICATION.** Once the application has been accepted and processed \$50 will be non-refundable. Written withdrawals, postmarked by June 1st, will be refunded except for the \$50 deposit. No refunds will be made after June 1st.

### HEALTH FORMS MUST ACCOMPANY

**APPLICATION:** Health records must include the date of all immunizations and any special medical concerns. Forms from your doctor’s office OR a copy of the *school health record* are acceptable as long as the records are current and complete.

**Applications without health forms will be returned UNPROCESSED!**

Changes in registration must be sent to Heldeberg Workshop, PO Box 323, Voorheesville, NY 12186-0323 or emailed to [registrar@heldebergworkshop.org](mailto:registrar@heldebergworkshop.org).

Please call (518) 765-2777 to leave a message. After July 11th the Land phone will be answered weekdays, from 9AM till Noon, by the Workshop Office.

