

2020 Application for Enrollment

Heldeberg Workshop, An Adventure in Learning

PO Box 323, Voorheesville, NY 12186-0323

www.Heldebergworkshop.org

Parent/ Guardian _____
 (LAST NAME) (FIRST NAME) (RELATIONSHIP)

Street _____

City _____ State _____ Zip Code _____

Telephone: HOME: _____ WORK: _____ CELL: _____

Email Address: _____

CHILD'S NAME _____ GRADE NEXT YEAR _____ BUS _____

ENROLL BY CLASS LETTER AND NUMBER ONLY (Discoverland is \$140.00 per week)

CHOICE	Week 1 - 2 (\$270.00)	Week 1 (\$140.00)	Week 2 (\$140.00)	Weeks 3-4 (\$270.00)	Week 3 (\$140.00)	Week 4 (\$140.00)	Week 5-6 (\$270.00)	Week 5 (\$140.00)	Week 6 (\$140.00)
1st									
2nd									
3rd									
4th									

VOLUNTEER SIGN UP

NAME SESSION PHONE BEST TIME TO CALL

CHILD'S NAME DATE OF BIRTH AGE

Adult Volunteers

Enrich your summer, and a child's -Volunteer at the Workshop. Volunteering requires no special skills, only a love of children and a willingness to pitch in. Volunteers have an important role in making "An Adventure in Learning" possible.

All of our classes need a volunteer and we want to show our appreciation for your involvement. All volunteers are given a \$50.00 refund for helping in a two week class and a \$25.00 refund for a one week session, processed at the end of the summer program.

There is space on the application for you to sign; please indicate the most convenient time for our volunteer coordinator to call and discuss which class you wish to join. Please register for the bus on your application.

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 2020 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: **Parent 1** can be reached at: _____ **Parent 2** 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 REQUIRED TO REFLECT ANY CHANGES.

MANDATORY UPDATES OF IMMUNIZATION RECORDS ARE REQUIRED 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: Please list any accommodations needed: _____

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

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 Niskayuna School Bus garage. Please make arrangements to be on time for both pick up and drop off.

Bus fees are \$40.00 per child per one week session. A two week class would be \$80.00 per child for busing.

Bus Route 1:

**Bethlehem Middle School
Bethlehem YMCA**

Bus Route 2:

**River Road Park in Niskayuna
Farnsworth Middle School
Voorheesville Elementary School**

Bus Route 3:

**Mater Christi (St. Catherine's School)
Hamagrael Elementary School
Slingerlands Elementary School**

COST OF CLASSES:

All one week classes are \$140.00

All two week classes are \$270.00

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: Required 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 required 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.

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

