

## 2022 Application for Enrollment

Heldeberg Workshop, An Adventure in Learning  
 PO Box 323, Voorheesville, NY 12186-0323  
[www.Heldebergworkshop.org](http://www.Heldebergworkshop.org)

Parent/ Guardian \_\_\_\_\_  
 (LAST NAME) (FIRST NAME) (RELATIONSHIP)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

Email Address: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE NEXT YEAR \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of Emergency, what is the 1st number we should call (include name): \_\_\_\_\_

In case of Emergency, what is the 2st number we should call (include name): \_\_\_\_\_

In case of Emergency, what is the 3rd number we should call (include name): \_\_\_\_\_

ENROLL BY CLASS LETTER AND NUMBER ONLY

CHOICE	Week 1 (\$150.00)	Week 2 (\$150.00)	Week 3 (\$150.00)	Week 4 (\$150.00)	Week 5 (\$150.00)	Week 6 (\$150.00)
1st						
2nd						
3rd						
4th						

**PAYMENT IN FULL MUST ACCOMPANY THIS APPLICATION.** Once the application has been accepted and processed, written withdrawals, postmarked or emailed prior to 6 weeks of start date, will be refunded except for a \$50 nonrefundable deposit. For full refund policy, see our website or call 518-765-2777.

**HEALTH FORMS MUST be provided By JUNE 1:** 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.

Registration change requests should be emailed to [registrar@heldebergworkshop.org](mailto:registrar@heldebergworkshop.org) or call 518-765-2777.

**SCHOLARSHIPS:** Heldeberg Workshop offers both financial need and memorial scholarships. Information and applications are available on our website ([www.heldebergworkshop.org](http://www.heldebergworkshop.org)) or by calling 518-765-2777 and can be submitted via email to [scholarship@heldebergworkshop.org](mailto:scholarship@heldebergworkshop.org) or mailed to Heldeberg Workshop, P.O. Box 323, Voorheesville, NY 12186.

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(ren) has permission to participate in all activities of the programs of the 2022 Heldeberg Workshop Summer Session. I give permission to the Heldeberg Workshop to administer First Aid. I understand that the Summer Director 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. I also agree to abide by the COVID policies required by the Heldeberg Workshop. I understand that these policies may change and will read updates to policies as provided by the Workshop.

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 May 31st.

Yes  No I give permission to the Heldeberg Workshop to use pictures of my child taken during Workshop activities.

**(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: \_\_\_\_\_

#### 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.

**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** at (2)

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- specify 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 or provided by doctor).

**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. 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**