



**Youth Y Arts at ECCA Registration Form 2011- 2012**  
**Southern District YMCA**

Complete one registration form **per child**; print neatly. Forms may be mailed with check payable to "Southern District YMCA" to P.O. Box 729, Kingston, NH 03848 or faxed with credit card authorization form to (603) 642-4340.

**STUDENT'S INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female  
Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Include any special instructions for reaching parent./guardian (i.e. pager, cell phone).

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail (**required**): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Special instructions for reaching parent/guardian:

Is this your child's primary residence \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail (**required**): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Special instructions for reaching parent/guardian:

Is this your child's primary residence \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACTS and PICK-UP AUTHORIZATIONS:**

Provide at least 2 people whom you (Parent/Guardian) would feel comfortable leaving your child with and who could assume responsibility for your child if you could not be reached immediately in an emergency or you could not pick up your child from Y-Arts at ECCA.

I, \_\_\_\_\_, authorize the following people to pick my child up from Y-Arts. \_\_\_\_\_  
(Parent/Guardian Signature) (Date)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies, chronic condition, operations or injuries that may affect your child's participation and could be important in case of sudden illness or injury: \_\_\_\_\_

Is your child taking any medications? Yes/No If yes, what kind and why: \_\_\_\_\_

If medication will be administered during the class, complete a Medication Permission Form.

**EMERGENCY TREATMENT AUTHORIZATION:**

I herby give permission for the staff of the **Y-Arts at ECCA** to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to the hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health partitions working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will contacted by Y-Arts at ECCA personnel as soon as possible regarding any emergency involving my child I will hold harmless the Y-Arts at ECCA and the Southern District YMCA for their part in conveying information on this voluntary program.

Parent/Guardian Signature

Printed Name

Date

## MEDICAL RELEASE FORM

Please provide a copy of my child's health form and immunization records to the Y-Arts at ECCA Program. This information can be dropped off in the Y-Arts at ECCA location.

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PERMISSION FOR EXCHANGE OF INFORMATION

I give permission for the \_\_\_\_\_ school to release pertinent information about my child to the Y-Arts at ECCA Program. This information may include, but is not limited to, attendance records, dismissal plans and health information.

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PHOTOGRAPH PERMISSION

I give the Y-Arts at ECCA permission to photograph my child and use photographs without the use of my child's name in Y-Arts at ECCA/YMCA publications, on the Southern District YMCA/Camp Lincoln website or in newspaper article/brochure.

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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### Tell Us About Your Child!

1. My child's favorite snack foods are?
2. Activities that are especially interesting to my child are?
3. These are things that make my child nervous or uncomfortable:
4. These are some positive ways we deal with behavior issue at home that you might try during Y-Arts at ECCA:
5. Special needs your child may have, that Y-Arts should be aware of:



# ENROLLMENT

Name: \_\_\_\_\_

## Y ART Enrichment (Please check off classes you would like to be enrolled in)

(\$72 per session; clay classes add \$15 materials fee)

Session 1 (September 19- October 30) 3:30-4:30

Monday-Fun-damental Drawing

Tuesday-Creative Arts

Wednesday- Painting without Numbers

Thursday- Creative Arts

Friday- Clay Play (ADD \$15 materials fee)

Session 2 (November 7- December 18) 3:30-4:40

Monday- Cartooning

Tuesday-Creative Arts

Thursday- All About Color

Friday- Throw Clay (ADD \$15 materials fee)

## Y ART FOCUS (Please check off classes you would like to be enrolled in)

(\$105 per session; clay classes add \$20 materials fee)

Session 1 (September 19- October 30) 4:45-6:00

Monday -Pastels

Tuesday-Papermaking

Wednesday- Watercolors

Thursday -Bookmaking

Friday Hand building with Clay (ADD \$20 materials fee)

Session 2 (October 31- December 11) 4:45-6:00

Monday -Texturing with Line

Tuesday -3-D Paper Mache

Thursday -Painting Multi-Cultural Styles

Friday-Throwing a Vase (ADD \$20 materials fee)

## Youth (Kinder Art) Pre-School-Kindergarten (Please check off classes you would like to be enrolled in)

(\$72 per session; plus listed materials fee)

Session 1 (September 19- October 30)

Monday-9: 30-10:30 Smudge, Smear and Erase   
(Materials fee \$5)

Wednesday- 9:30-10:30 Clay Nature Prints   
(Materials fee \$10)

Thursday -11-12 Mommy/Daddy &Me   
(Materials fee \$5)

Session 2 (November 7- December 18)

Tuesday -9:30-10:30 2D/3D   
(Materials fee \$5)

Thursday -9:30-10:30 Sensational Art   
(Materials fee \$5)

Thursday- 11-12 Mommy/Daddy &Me   
(Materials fee \$5)

\*All classes will meet 6 times per session; make-ups will be offered for classes cancelled due to school holidays

Office Use Only: Class Fee \$ \_\_\_\_\_ Class Materials Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_