The following forms are required for all registered students to attend the Summer 2016 Art/Sci Institute in Peekskill. If the student is registered for both sessions (July 5-18 and July 19-August 1, 2016), only one set needs to be submitted.

Please complete and return by fax to 914-606-7386 or email peekskill@sunywcc.edu as soon as possible.

Call 914-606-7300 with any questions or for additional assistance.
SUMMER 2016 ART/SCI INSTITUTE
Student Check-in Information

Child’s Name: ______________________________________________________

Parent/Guardian’s Name: ____________________________________________

Cell/Home Phone: ___________ Emergency Phone (required): ___________

Email Address: ______________________________________________________

Which period and class time is your child attending (please check all that apply):

<table>
<thead>
<tr>
<th>Period</th>
<th>Class</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 5-18</td>
<td>Game Design</td>
<td>9:30-2</td>
</tr>
<tr>
<td></td>
<td>3D Animation</td>
<td>9:30-2</td>
</tr>
<tr>
<td>July 19-Aug 1</td>
<td>Game Design</td>
<td>9:30-2</td>
</tr>
<tr>
<td></td>
<td>3D Animation</td>
<td>9:30-2</td>
</tr>
</tbody>
</table>

Please designate the child’s dismissal arrangements:

- [ ] Wait in building to be signed out by parent/guardian
- [ ] Sign out independently with a staff member

If someone other than yourself is picking up the child, please write down names and dates. In case of emergency alternate pick-up, please send a signed note with the child that day or fax to 914-606-7386: _______________________________

Parent/Guardian’s Signature: __________________________________________

Date: ___________________________________________________________________

SUBMIT COMPLETED FORMS AS SOON AS POSSIBLE. IF THE CHILD IS ATTENDING BOTH TWO-WEEK PERIODS, ONLY ONE SET OF FORMS IS NEEDED
SUMMER 2016 ART/SCI INSTITUTE
MEDICAL RELEASE FORM

Mandatory for each registered Art/Sci student

Child’s Name:_________________________Date of Birth:__/__/__ Gender: M__F ___
Parent/Guardian’s Name__________________________________________________________
Cell/Home Ph:______________Alternate Ph: (Required)______________________________
Address:____________________________ City:_________________State:_____ Zip:______
If not available in emergency, please notify (required):
Name:____________________________________ Relationship:____________________
Phone:________________________
Address: _____________________ City: ________________ State:____ Zip:________

CHILD’S HEALTH HISTORY

Food Allergies (please list):
________________________________________
________________________________________
________________________________________

Please provide any other information and/or physical limitations.
________________________________________
________________________________________
________________________________________

Parent/Guardian Authorization

This medical release form is correct to my knowledge, and the child named here has permission to participate in all program activities. In case of emergency, the Peekskill Extension does not provide medical or accident coverage. Such coverage is the responsibility of the parent(s) or guardian(s). Therefore, I authorize Westchester Community College at Peekskill to call 911 and allow emergency personnel to provide necessary treatment to the registered student if required.

Print and
Sign________________________________________

Date________________________________________

Please submit this mandatory form (along with the other paperwork) via email to peekskill@sunywcc.edu or fax at 914-606-7386 as soon as possible. If the child is enrolled in both sessions, only one set of paperwork is needed and it all must be submitted prior to the start of the Summer 2016 Art/Sci Institute.
I agree that a photograph, video and/or information about my child, including quotes from interviews, can be used in articles about Westchester Community College or to promote the College and its programs and services in publications, advertising, video, and publicity. This permission is given by me with no expectation of any payment.

Date _____________________

Print Student’s Name ________________________________________________

Print Parent/Guardian Name ____________________________________________

Parent/Guardian Signature _____________________________________________

Student Address ______________________________________________________

____________________________________________________________________

Phone ____________________________

Email _____________________________

*Here is a sample of the kind of picture taken for publications.*