SUMMER 2015 ART/SCI INSTITUTE

The following forms are required for all registered students to attend the Summer 2015 Art/Sci Institute in Peekskill. If the student is registered for both sessions (July 6-16 and July 20-30, 2015), 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 if you have any questions or require additional assistance.
SUMMER 2015 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>July 6-16</th>
<th>9:30-11:30am</th>
<th>noon-2pm</th>
<th>2:30-4:30pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Game Design</td>
<td>9:30-2</td>
<td>3D Animation</td>
<td>9:30-2</td>
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<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: ____________________________________________

COMPLETED FORMS ARE REQUIRED PRIOR TO THE START OF THE ART/SCI INSTITUTE. IF THE CHILD IS ATTENDING BOTH TWO-WEEK PERIODS, ONLY ONE SET OF FORMS IS NEEDED

27 North Division Street, Peekskill, NY 10566 • (914) 606-7300 • fax: 914-606-7386
email: peekskill@sunywcc.edu • web: www.sunywcc.edu/peekskillyouth
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 Center 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 2015 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 ____________________________________________

Parent/Guardian Signature ________________________________________

Student Address __________________________________________________

______________________________________________________________

Phone __________________________________________________________

Email __________________________________________________________

Here is a sample of the kind of picture we take for our publications.

27 North Division Street, Peekskill NY  10566

Westchester Community College is sponsored by the County of Westchester; affiliated with the State University of New York