



Dominican Academy
44 East 68th Street
New York, NY 10065
212.744.0195

SUMMER PROGRAM REGISTRATION FORM

2019

Student's Name: _____

Address: _____
Street *Apt. #*

_____ *City* _____ *State* _____ *Zip Code*

Date of Birth: _____ Current School: _____

Home Phone: (____) _____ Emergency Telephone: (____) _____

Emergency Contact: _____ Relationship to Student: _____

Parent's Name: _____ Parent's Name: _____

Name of Business: _____ Name of Business: _____

Work Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian E-Mail: _____

With whom does the student live? () Father () Mother () Both () Guardian () Other

If the student does not live with her parents, please complete the following:

Guardian's Name: _____ Relationship to Student: _____

Business Telephone: _____ Cell Phone: _____

By signing this, I give my child permission to take place in all summer program activities, including, but not limited to, sporting activities, supervised laboratory work, chaperoned trips away from the school premises, and chaperoned use of NYC public transportation. I authorize the Dominican Academy summer program staff to administer first aid and/or to take my child to a physician or hospital in the event that it appears necessary and if neither parent (guardian) can be contacted. I accept the responsibility to disclose all possible health concerns and conditions, and to provide medical/dental insurance information to cover my child for any injury that takes place during any program activity. I will not hold Dominican Academy responsible for medical/dental fees, should my child incur an injury at the summer program or during summer program activities. I understand the Dominican Academy mission statement, and recognize the school's right to dismiss any student who does not respect its standards or cooperate in the educational process.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE: Date Received: _____ Amount: _____ Check #: _____



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SUMMER PROGRAM FEE AGREEMENT

2019

Student's Name: _____

The D.A. Summer Connection will take place from **June 24 to 28, 2019 from 8:30 AM to 3:00 PM** daily. There are 25 seats available for the session. Seats are filled on a first-come, first-serve basis.

The program cost is as follows:

- **The Early Registration Discount is in effect until April 30, 2019:**
\$600 for the week
- **Regular Registration is in effect on and after May 1, 2019:**
\$650 for the week

The cost of the program includes a camp t-shirt. Please indicate your daughter's size below:

Extra Small Small Medium Large Extra Large

The program fee includes the price of museum admissions, travel, snacks, supplies, and a camp t-shirt. We ask that students bring their own lunch. Please include the *total fee* with this registration form to reserve your daughter's spot. In the event that a student withdraws before or on May 31, 2019, a refund of \$500 will be issued. *Absolutely no refunds will be issued on or after June 1, 2019.*

- There will be *absolutely* no refunds on or after June 1, 2019
- Attendance privileges will be suspended for all students whose fees are not paid by the session start
- Sickness policy: There is *no refund* for days missed due to sickness.
- Bounced checks: A \$50 fee will be assessed for any returned checks. After two returned checks, a cashier's check or money order will be required for any and all payments. In addition, the parent/guardian agrees to pay D.A. all collection agency and attorney fees incurred in bringing accounts current. Act of default accelerates payments to be due immediately, as credit is no longer extended.

Parent/Guardian Signature: _____ Date: _____



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SUMMER PROGRAM MEDICAL FORM

2019

Student's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Contact, if parent is unavailable: _____ Phone: _____

Physician: _____ Phone: _____

Physician's Address: _____

Significant past illnesses, injuries, operations (description and dates): _____

Allergies: _____ Convulsions: _____

Special Medications: _____

Contagious Diseases: () Measles, ___/___ () Mumps, ___/___ () Whooping Cough, ___/___ () Chicken Pox ___/___
() German measles, ___/___ () Scarlet Fever, ___/___ () Other

Physical Examination (mark Φ if normal, X if abnormal and explain below or on back)

| | (DATE) | (DATE) | DATE | | TESTS | DATE | DATE | DATE |
|-----------------------|--------|--------|------|--|---|------|------|------|
| Height | | | | | Type TBC | | | |
| Weight | | | | | Urine | | | |
| Blood Pressure, pulse | | | | | HGB | | | |
| Vision, right | | | | | Other | | | |
| Vision, left | | | | | Menarche at age: _____ | | | |
| Hearing, right | | | | | Dysmenorrhea Severe: yes _____ | | | |
| Hearing, left | | | | | no _____ | | | |
| ENT | | | | | Comments and recommendations from physician: (Please date) | | | |
| Teeth | | | | | | | | |
| Heart | | | | | | | | |
| Lungs | | | | | | | | |
| Breasts | | | | | | | | |
| Abdomen | | | | | | | | |
| Genitalia | | | | | | | | |
| Musculo-Skeletal | | | | | | | | |
| Posture and Feet | | | | | | | | |
| Skin | | | | | | | | |
| Speech | | | | | | | | |
| Behavior | | | | | | | | |
| Emotional Status | | | | | | | | |

Physician's Signature

Date of exam

Medical Society of the County of New York

ACTIVITY: () FULL () LIMITED (If limited, please explain on back)



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SUMMER PROGRAM MEDIA CONSENT FORM

2019

Student's Name: _____

MEDIA AUTHORIZATION AND RELEASE

I, _____, hereby consent to the taking of photographs, movies, videos, and images (the “images”) capable of reproduction in any medium of me or my children, _____, or of children for whom I am the designated guardian, by Dominican Academy and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, contractors, and sponsors (the “School”).

I hereby grant the School the right to edit, reproduce, use and reuse images for any and all purposes, including, but not limited to, advertising, promotion, and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence, including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to the School any right, title, and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my child/children by the school. I hereby agree to release, indemnify, and hold harmless the School from any and all claims, demands, actions or causes of actions, loss, liability, damage, or cost arising from this authorization.

Parent's Name (please print)

Name of child/children

Parent's Signature

Date signed

() Consent *given*

() Consent ***not*** *given*



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SUMMER PROGRAM STATEMENT OF COOPERATION

2019

In making application for our child, it is our desire to have her complete the Dominican Academy Summer Connection for 2019. It is also our understanding that the policy of the school is to make **no refunds of summer program fees on or after June 1, 2019.**

I understand and give permission for my child to take part in all program activities, including, but not limited to, activities such as sports, using public transportation, and leaving the school premises for sponsored trips and visits.

I authorize the program officials to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event that it appears necessary and if neither parent (guardian) can be contacted.

I accept the responsibility to provide medical/dental insurance to cover my child for any injury that may take place at the school or during the program activities. I will not hold Dominican Academy or the Summer Connection responsible for medical/dental fees, should my child incur an injury at the program or during a program activity.

I recognize the school's right to dismiss any student who does not respect our rules or cooperate in the education process.

Parent/Guardian's name (printed)

Date

Parent/Guardian's signature