



Summer Discovery Days at Marydell, for Ages 7 – 12

640 North Midland Ave, Nyack, NY 10960
845-270-7433 info@strawtownstudio.org
www.strawtownstudio.org

Attach Child's Photo Here



NECESSARY

For First-Time Participants: *Prior to registration, please call us to schedule a welcome meeting.*

Date: _____

Child's Name: _____
(first) (middle) (last)

Nickname: _____ Birthdate: _____ Age: _____

School: _____ Grade Entering: _____

Parent/Guardian: _____

Address: _____
(street) (city) (state) (zip)

Phone: home _____ work _____ cell _____
email _____

Parent/Guardian: _____

Address: _____
(street) (city) (state) (zip)

Phone: home _____ work _____ cell _____
email _____

Non-Reg. Siblings: _____
(name) (age) (name) (age)

(name) (age) (name) (age)

IMPORTANT:

Other than parents/guardians, who is authorized to pick up your child at the end of the day? (if more, attach info)

Name _____ relationship to child _____ phone # _____

Check Off Your 2-Week Session(s)

All weeks in each session are Mon – Thurs, 9:30am – 4:00pm, **except Session 1, week 2 is Tues - Fri (skip July 4th)
(No early drop-off available this year)*

SESSION 1 ___ JUNE 27 – JULY 8 (*SKIP 4TH**)

SESSION 2 ___ JULY 11 – JULY 21

SESSION 3 ___ JULY 25 – AUG 4

SESSION 4 ___ AUG 8 – AUG 18

TUITION: \$1340 / Session x Total # of Sessions _____ = SUBTOTAL \$ _____

- 10% Discount Off Sibling's Registration Only \$ _____

TOTAL \$ _____

50% Deposit Required at Registration **DEPOSIT \$ _____**

Balance Due by June 1st **BALANCE \$ _____**

Make Checks Payable to: Strawtown Studio, PO Box 263, Garnerville, NY 10923

Office use only:

Amount Due _____ **Payment / Check** ___ **No.** ___ **Date** ___ **Cash** ___ **CC** ___ **Date** ___ **Pd. in Full** _____

TURN PAGE

Please tell us of your child's special skills, talents, and interests:

Please tell us of other nature places and experiences that your child has enjoyed:
(Locally, vacation spots, with grandparents, etc.)

What is your child's comfort level outdoors? (ie: bugs, energy/stamina, getting dirty)

What is your child's swim level? Non-swimmer___ Beginner ___ Intermediate___ Advanced___

Any other traits we should know of -- strong preferences, behaviors, concerns, etc?
This helps us to help your child and you to have the best experience with us.

Is your child: Right-Handed Left-Handed Both (circle one)

MEDICAL (Confidential): Are there any medical conditions, medical history, or medications being taken that we should be aware of? If allergies, please describe the symptoms, severity of the reaction, and proper course of action.

Is your child up to date on the tetanus shot? Yes__ No__ Date_____

Has your child ever been stung by a bee? Yes __ No __ If yes, did s/he present a life-threatening reaction? Please describe:

How did you hear about this program? Friend ___ Flyer ___ Website ___ FB/Social Media_____
Other _____

Is there anyone else you would like to receive the daily Summer email 'postcards'?
Name_____ Email _____ (if more attach info)

Emergency Contacts: (OTHER THAN parents/guardians)

1. Name: _____ relationship _____
Address: _____
Phone: H - _____ C - _____ W _____

2. Name: _____ relationship _____
Address: _____
Phone: H - _____ C - _____ W _____

Parent/Guardian Signature:

Print _____ **Signature** _____ **Date** _____



PHOTO / VIDEO RELEASE

During our programs we may take photos/videos or be photographed by the press or television. I hereby give permission for my child(ren)'s image to be used in connection with Strawtown Art & Garden Studio, Inc, studio publicity, educational materials, or published in connection with the creative work of the lead artists.

I do _____, I do not _____ give permission for my child(ren)'s image to be used as stated above.

Signature of Parent/Guardian _____ Date: _____

SWIMMING RELEASE

I approve of my child swimming in the pool at Marydell with the supervision of a certified lifeguard, plus the Strawtown Summer Staff.

Signature of Parent/Guardian _____ Date: _____

POTASSIUM IODIDE (KI) RELEASE

In the event of an emissions emergency related to the Indian Point nuclear power plant, potassium iodide (KI) may be provided to inhibit the uptake of radiation by the thyroid.

I do _____, I do not _____ give full permission for my child to be administered potassium iodide.

Signature of Parent/Guardian _____ Date: _____

STRAWTOWN POLICIES: Please Check Your Approval

PERSONAL PROPERTY:

Please dress your child(ren) in clothing and footwear that is appropriate for the outdoor weather, nature exploration, and studio art (ie: clothing/shoes/outerwear that may get wet, dirty or stained). We are not responsible for lost, missing or damaged clothing or items brought to the program.

___ **I AGREE**

TRANSPORT PERMISSION

Strawtown employees may transport a child for necessary purposes such as an emergency or sudden change of weather while at the Nyack Beach location. Transportation will be done in shuttle form via private cars associated with Strawtown staff. I hereby give permission for Strawtown staff to transport my child for necessary purposes. I hereby release the Strawtown Summer Program Directors and Staff from all claims of liability for any damages or injuries that may be sustained.

___ **I AGREE**

REFUND / CANCELLATION POLICY

Withdrawal prior to June 1st will be refunded minus 25% of total program fee for administrative costs. No refund for any reason after June 1st. If Strawtown cancels a day or more of the Summer Program, every effort will be made to reschedule a make-up day on that week's Friday. If your child is unable to attend the make-up day, Strawtown will refund a prorated portion of the program's fee. If Strawtown cancels any part of the program due to COVID-19 restrictions, you will be refunded the prorated amount minus 25%.

I AGREE

GENERAL PERMISSION

I hereby release the Executive Directors, board members, and all employees of Strawtown Art & Garden Studio, Inc. from all claims of liability for any damages or injuries that may be sustained while my child is in the Strawtown Program.

I AGREE

COVID-19 Safety Policy

I have read the COVID-19 Safety Policy, and I agree to abide by these terms.

I AGREE

Signature of Parent/Guardian _____ Date: _____