



The African - American Cultural Arts Center of the Capital Region

THE HAMILTON HILL ARTS CENTER

409 Schenectady Street, Schenectady, NY 12307-1712 Tel: (518) 346-1262 Fax: (518) 346-2525
E-mail: artsathnac@aol.com www.hamiltonhillartscenter.org

Summer Program 2009 Registration Form

Cost: \$30 per week per child, or a total of \$180 for the entire six weeks if paid by **June 16th**.

After June 16, the fee is \$50 per week, or a total of \$300 for the entire six weeks.

Name of Child _____ Name of Child _____

Date of Birth _____ Age _____ Date of Birth _____ Age _____

School _____ School _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1st Contact _____ Relation: _____

Address _____ Telephone: _____

2nd Contact _____ Relation: _____

Address _____ Telephone: _____

PLEASE LET US KNOW IF YOUR PHONE NUMBER CHANGES

Parent/Guardian Name _____

Address _____

Home phone # _____ Alternative # _____ Email _____

My child _____ Has had _____ Has not had _____ a tetanus shot.
(name)

My child _____ Has had _____ Has not had _____ a tetanus shot.
(name)

Booster shots should have been within the last three years. If not, I give my permission for him/her to have a tetanus shot in case of accident. (Initials here) _____

Allergies/Medications _____

If the Hamilton Hill Arts Center Staff is unable to reach me in case of emergency, I give my permission for a licensed physician or hospital to perform any medical action necessary for the welfare of my child/children.

Signature _____
(parent/guardian)

(over)

Anything special we should know about your child/children? _____

Ethnic Background

(Check one)	X	(Check at least one)	X
Hispanic Origin		American Indian/Alaskan Native	
Non-Hispanic Origin		Asian	
		Black (African American)	
		Native Hawaiian / Pacific Islander	
		White	

Photographs

The Hamilton Hill Arts Center photographs children involved in activities at the Arts Center and on trips. *I hereby give the Hamilton Hill Arts Center permission to use my child's picture to publicize events and activities at the Arts Center.*

Initial _____

Volunteers

Are you willing / able to volunteer occasionally? Yes _____ No _____

If yes, what is your preferred time? After school _____ Evenings _____ Weekends _____

I understand that the Hamilton Hill Arts Center staff is *not* responsible for the children when they are not in the Arts Center or are not participating in Arts Center activities.

Parent/Guardian Signature _____ Date _____