

**Summer Program information Form**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FATHER'S NAME**

\_\_\_\_\_  
**MOTHER'S NAME**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE**

**(CELL)**

**(WORK)**

**(HOME)**

\_\_\_\_\_  
**EMAIL ADDRESS**

(Needed for CDC and Health Department updates)

The children listed below have my permission to attend the Valley Falls-Pittstown Youth Commission Summer Program during the 2023 session.

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**GRADE (9/23)**

\_\_\_\_\_  
**PLEASE LIST ANY MEDICAL NEEDS OF YOUR CHILD(REN)**

\_\_\_\_\_  
**LIST TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY**

1. \_\_\_\_\_ **PHONE** \_\_\_\_\_

2. \_\_\_\_\_ **PHONE** \_\_\_\_\_

**IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION FOR MY CHILD(REN) LISTED ABOVE, TO BE GIVEN EMERGENCY FIRST AID TREATMENT AND/OR EXAMINED AND TREATED AT A HOSPITAL.**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**\$40 per child - Arts and Crafts/Recreation**

**Swimming Lessons are \$55 per Child per Session - 1st session is level 1 and level 2 ONLY  
(You cannot combine weeks. Your child may go to both sessions but needs to sign up for both and pay for both sessions)**

**\*\*All checks (swim and program) should be made out to the Village of Valley Falls**

**Mail to:**

**Mary McNeice**

**Box 153**

**Valley Falls, NY 12185**

**\*\*PLEASE ENCLOSE IMMUNIZATION RECORDS - MANDATED BY HEALTH DEPT.**