



East End Kids Academy
177 Weeks Ave, Manorville, NY 11949
Telephone # 631-924-2100 / Fax # 631-924-5627
E-Mail Address: cwillets@eastendkidsacademy.com

Family's LAST NAME: _____

LEGAL DISCLAIMER for CAMP 2024

Parent/Guardian Name: _____

Campers Names: _____

As parent and/or guardian of the applicant-camper(s), I hereby accept and agree to the following conditions of enrollment and give permission for my child-camper(s) to participate in East End Kids Academy's Summer Camp program.

Please initial each part that you agree to and/or have submitted:

_____ I hereby authorize my child to use the **pool** at East End Kids Academy*.

***Does not apply to Pre School Campers**

_____ As parent/guardian of the applicant(s), I give East End Kids Academy the permission to use any **photographs of my child(ren)** taken at the center to be used for East End Kids Academy Newsletters, publicity, and/or advertising.

_____ As stated in the East End Kids Academy's camp Handbook, the **campers are not permitted to use cell phones** while they are on the premises. If campers need to call home, and/or contact their parents/guardian, they may use the phone at the front desk. If parents/guardians need to get a message to their child they may call the front desk at (631-924-2100, and the message will be delivered to their child(ren). Any camper caught with a cell phone; the cell phone will be kept at the front desk to be returned to the parent/guardian upon pick up of the camper.

_____ I have read the reverse side of this form and agree to **submit** to East End Kids Academy the required **Medical Statement form/School Health Examination** form with current **immunization records** for my child. **All medicals forms are valid for one(1) year.

_____ As parent/guardian of the applicant I agree to allow my child to attend camp knowing that **Buddy**, East End Kids Academy's pet, will be **on site during camp hours**. Buddy is a licensed pet with the Town of Brookhaven and is currently up to date with all his required vaccinations. Buddy is a Mini Goldendoodle and is a hypoallergenic which makes him "Allergy-Friendly". Buddy has been an active "Fur Friend" to many at East End Kids since he was 8 weeks old and he is currently 3 years old.

Signature of Parent/Guardian: _____ Date: _____



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Required Medical Information

Suffolk County Department of Health requires all children enrolled in camp to submit a complete Medical Statement Form/School Health Examination Form with current immunization record.

Please ✓ check and/or complete all that applies:

_____ My child(ren)'s current complete Physical records were submitted to East End Kids Academy on _____

_____ My child(ren) are scheduled for a Dr's appointment on: _____
 upon completion of this appointment, I will submit the completed paperwork to East End Kids Academy.

_____ My child(ren)'s current immunization records were submitted on: _____

****Immunizations are required for entry into East End Kids Academy. ONLY MEDICAL EXEMPTION is permitted.**

_____ My child(ren) currently have an Immunization plan and I have submitted the plan to East End Kids Academy on: _____.

Administration of Medication

All parents must advise East End Kids Academy of ANY medication given to a child prior to coming to camp, prescription and/or non-prescription.

Any medications to be administered during the hours of care at the center **MUST** be authorized with a Written Medication Consent Form**, that is signed by a physician and parent.

****Written Medication Consent Forms are available upon request at the front desk.**

I, the parent/guardian, agree to keep all required medical information updated and agree to submit the required paperwork to East End Kids Academy.

Signature of Parent/Guardian: _____ Date: _____