

# Wantagh Foundation for Educational Excellence, Inc.

## Summer Recreation Program

P.O. Box 127, Wantagh, N.Y. 11793 516-308-7859

### 2022 PRE-K CHILDREN ONLY

Visit us at: [www.Wantaghfoundation.org](http://www.Wantaghfoundation.org) OR on Facebook at: Wantagh Foundation

The Wantagh Summer Recreation Program will start June 27, 2022 and will end July 28, 2022, from 9:30 am to 12:30 pm, Monday thru Thursday. It will be held at the Wantagh Elementary School, on Beech Street. We are continuing our Pre-K program for children who are registered with the Wantagh School District for the 2022-2023 school year. We will provide your child with a fun, enriching program of well-supervised activities including arts and crafts, special events, and many outdoor sports activities. The children will be always supervised by certified teachers, high school or college counselors.

The **Registration form below MUST** be completely filled out **for EACH CHILD** and **MAILED WITH PAYMENT** to the P.O. address above postmarked **NO LATER THAN June 1, 2022**. Spaces are limited, so register early to ensure space for your child(ren). No child will be permitted to leave the school grounds during the course of the program without written consent from the parent.

### REGISTRATION FORM

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Child's School: \_\_\_\_\_ Child's Sex: \_\_\_\_\_  
Child's Grade in September: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_  
Phone number where parent/guardian can be reached during hours of the program: \_\_\_\_\_

Person to be notified in an emergency if you cannot be reached:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Inoculations: Most recent date for the following MUST be included. DO NOT contact the school nurse for this information, only your doctor.**

DPT \_\_\_\_\_ MMR \_\_\_\_\_ POLIO \_\_\_\_\_

**Medical Info:** Is your child allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

Are there any factors which might affect the care of your child (asthma, allergies, diabetes, etc.)?

If so, please list here \_\_\_\_\_

Do you know of any health factors that make it advisable to limit your child's physical activity?

If yes, please list here \_\_\_\_\_

Will your child be on medication while at Summer Recreation? If so, What? \_\_\_\_\_

\_\_\_\_\_. Please be aware that a copy of a doctor's orders will be required.

### **FOLLOWING DISTRICT PROTOCOLS REGARDING COVID**

**Registration \$400.00 - per child no later than June 1, 2022. All registrations must be submitted WITH a check and the child's name on the check made out to the Wantagh Foundation.** (Address above)

I hereby give my consent that emergency treatment be rendered at a local facility to my child in the case of injury or illness in the event that I cannot be reached. I also grant permission for the above named persons to serve as emergency contact persons and further permit them to remove my youngster from Summer Recreation if I am not available.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date