

# Wantagh Foundation for Educational Excellence, Inc.

## 2022 Summer Recreation Program

P.O. Box 127, Wantagh, N.Y. 11793

516-308-7859

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 will provide your child (currently in grades K-5) 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: \$425.00 - 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