



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

May, 2017

Dear Camp Parent:

Thank you! We received your registration form and deposit and are pleased to officially welcome your child to camp!

We are required by the Board of Health to have both a current Child Health Examination Form and an Aquatic Consent Form on file for each child in camp. Please have them completed and returned to us no later than the first week of camp. Our fax number is (718) 565-1169. You can also scan and email your documents to mpetruso@gardenschool.org.

Also enclosed is a supply list for each of our programs – Nursery, Junior Program, Intermediate Program and FAST.

For those families using the school bus, information on pick up and drop off times will follow shortly. If there are any additional questions, please feel free to call.

Once again, welcome to the Garden Summer Program!

Sincerely,

Mary Maisano

Director of Finance

:mm

Enc.



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, *Ph. D., Headmaster*

Aquatic Consent Form

I hereby give consent for my child, _____,
age, _____, to participate in the Aquatics Program at the Garden Summer
Program for Summer 2017 under the supervision of the Aquatic Director.

Name: _____

Relationship to Child: _____

Signature: _____

Date: _____

Daytime Telephone: _____



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

Summer Program Supply List

Nursery Program

- Complete change of clothing
- Family picture
- Two bathing suits
- A beach towel
- Water shoes
- A sheet or cover for nap time
- Waterproof bag
- Diapers and wipes
- Hat and sunscreen (if necessary)

Junior & Intermediate Program

- Reusable cup with your child's name on it for water (For 3 & 4 yrs olds only)
- Complete change of clothing
- Family picture
- Two bathing suits to be taken home every night
- A hooded towel to be taken home every night
- Water shoes
- A crib sheet for nap time(For 3 & 4 yrs olds only)
- Waterproof bag
- Hat and sunscreen (if necessary)

F.A.S.T. Program

- Two bathing suits
- A beach towel
- Water shoes
- Hat and sunscreen

Notes

- First day of camp is June 26, 2017
- Bus notification – you will be contacted the weekend before camp begins with the approximate time of pick up. Please realize that the transportation routes take a few days to sort out and so the first few days of transportation are not always smooth, but after a few days, the time will be consistent.
- Camp **will not** be in session on Tuesday, July 4, 2017 in observance of Independence Day.



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

Allergy Alert Form 2016-2017

(This form is to be used for all allergies, including food allergies.)

Student's Name _____

Date of Birth _____ Grade _____

Allergic to: _____

How long does it take before symptoms appear? _____

What symptoms does the child experience?

Mouth: _____

Throat: _____

Skin: _____

GI Tract: _____

Lungs: _____

Heart: _____

Emergency action to be taken:

If ingestion and/or contact is suspected: _____

If **Epipen** is prescribed:

- Administer **Epipen** and call 911.
- Tell the dispatcher, “_____ allergy anaphylaxis. **Epipen** given at _____ (time).”
- Remain on the phone until dismissed by dispatcher.

If other medication is prescribed, please specify type, treatment and dosage:

Notify emergency contact(s):

Parent/Guardian: _____ Phone _____

Parent/Guardian: _____ Phone _____

Parent/Guardian's Signature _____ Date _____

Physician's Signature _____ Date _____

Stamp here with name and license number



GARDEN SCHOOL

Jackson Heights, New York

Richard Marotta, Ph. D., Headmaster

Garden School Medical Consent

fax: 718-565-1169

Child's Name _____ Date of Birth _____

Address _____

Telephone _____

Parent/Guardian _____

Emergency Contact Number _____

Parent/Guardian 2 _____

Emergency Contact Number _____

Pediatrician Name _____

Pediatrician Phone _____ Pediatrician Fax _____

Parent/guardian will be notified as quickly as possible in case of an emergency. Please sign below to grant Garden School and its agents permission to dispense over-the-counter medications as needed and to make decisions (including calling an ambulance) to secure medical treatment in an emergency.

Parent/Guardian Signature _____ Date _____