

# WESTHAMPTON BEACH

## 2022 SUMMER RECREATION PROGRAM

Feeder District Registration Form  
East Quogue, Quogue, Remsenburg and East Moriches

### **Summer Recreation Program:**

All Westhampton Beach residents entering grades K - 8 in September 2022 are welcome to enroll in the Summer Recreation Program. The program will run Tuesday, **July 5 through Friday, July 29, from 9 am to 12 noon.** Students entering grades K – 3 will spend their day with one group. These groups will enjoy a variety of recreational activities while remaining in a group with one teacher. Students entering grades 4 - 8 will be given the freedom of choosing their activities each hour of the morning. The day will be divided into three one-hour sessions. Students will have the options of choosing between our popular activities (**Art Club, Game Room, Sports, Computer Lab, Science Lab, Computer Fun, Dance/Exercise, Snack Time, and Beads & Bracelets**)

### **Fees:**

The fee to participate in the Summer Recreation Program is \$275 per child. **Please make checks or money order payable to: Westhampton Beach School District with Summer Recreation and your child's full name in the memo.**

**Cash will not be accepted. Fees are non-refundable.**

***Any child registering that does not currently attend the WHB School District, MUST submit a copy of updated immunization records. These records can be dropped off at the WHB Elementary School or email to [cappielloa@whbschools.org](mailto:cappielloa@whbschools.org).***

**Please return all forms and registration fees by Friday, June 10, 2022, to-the WHB Elementary School Main Office or the MS Main Office in an envelope marked "Summer Recreation."**

**\*\*Check district website for all needed information about the program, including room assignments if applicable.\*\***

***If you have any questions, please contact the Summer Recreation program at 288-3800, extension 206, or email [cappielloa@whbschools.org](mailto:cappielloa@whbschools.org).***

### **Please complete and return:**

- Registration/Health History Form
- Payment in check form
- Immunization Records (if not on file with the district)
- Proof of Residency (if applicable)

**Registration & Health History Form –Westhampton Beach School District**  
**Please fill in all information and return with payment by June 10, 2022.**

**Please check one:**

**September 2022 my child's grade level will be:**

**K** \_\_\_\_\_ **1** \_\_\_\_\_ **2** \_\_\_\_\_ **3** \_\_\_\_\_ **4** \_\_\_\_\_ **5** \_\_\_\_\_ **6** \_\_\_\_\_ **7** \_\_\_\_\_ **8** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Sex: Male / Female \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency travel release: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**PERMISSION TO TREAT:** In order that your child may be treated in an emergency, the following must be signed by a parent/guardian. The parent/guardian will be informed of an emergency as soon as possible.

I grant permission for the student health service staff to examine and treat, hospitalize and secure proper treatment of my child.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

**Medical history:** Please be specific, as we may not have access to your child's school records.  
**IMMUNIZATION RECORDS:** As per the Suffolk County Department of Health, we must have a copy of your child's current immunization records. We will access these forms through the school office. There is no need for you to get a copy unless these forms are not on file with the school.

Is your child in good health? YES/NO (If 'NO' please give details)  
\_\_\_\_\_

Does your child have any conditions that may inhibit participation in activities? YES / NO  
If 'YES' please list:  
\_\_\_\_\_

Does your child have allergies? YES/NO (If 'YES' please list)  
\_\_\_\_\_

**All medications must be given to the school nurse in the original container. The label must be current and state the child's name and dosage. Medication must be accompanied with a medication dispense form, which is available in the nurse's office. Medications will not be dispensed without the completed form and required container label. Exceptions to these requirements are not permitted.**

Doctor's Name: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

Additional information: Please include information that will help us medically treat your child if the need arises.