

SUMMER 2018

**New Town Day Camp
344 East 14th Street
New York, NY 10003
646-395-4326
14streetY.org**

EMERGENCY INFORMATION FORM
(Please complete both sides)

Child's Full Name: _____ DOB: ___/___/___
Last First

Home Address: _____
No. Street City State Zip

Parent's Name: _____ Home #: _____
Work #: _____ other #: _____

Parent's Name: _____ Home #: _____
Work # _____ other # _____

Name(s) of legal guardian(s): _____ Phone Number _____

PERSONS TO CALL IF PARENTS NOT AVAILABLE:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, if the above cannot be reached, I hereby give permission to the staff at The 14th Street Y of The Educational Alliance to authorize emergency medical treatment for my child.

Name of person completing form: _____ Relationship to child: _____

Signature _____ Date _____

Please complete other side

**NEW TOWN DAY CAMP
SUMMER 2018
DISMISSAL INFORMATION FORM**



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My child _____ may be released from camp **ONLY** to the following people:

Please include parents' names and be sure to list all people who may pick-up your child:

Name	Relationship to child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____ Relationship to child: _____

Signature _____ Date _____

Parents will inform New Town Day Camp at the 14th Street Y of The Educational Alliance in writing of any changes in family, address, telephone numbers, and emergency contact information.

IMPORTANT: NO CHILD WILL BE DISMISSED TO ANY PERSON OTHER THAN THOSE LISTED ABOVE, UNLESS WE RECEIVE WRITTEN PERMISSION FROM PARENTS.

