



MECHANICVILLE AREA
COMMUNITY SERVICES
CENTER INC.

2017 SUMMER CAMP REGISTRATION
6 South Main Street
Mechanicville
Phone: 664-8322 ext. 309 Fax: 664-9457

Please be sure to complete all information requested in this application, or it will be returned.

ALSO NOTE: By completing this application and submitting for enrollment, the parent/guardian verifies that they understand all policies, regulations, and payment expectations pertaining to the SACC Summer Program.

(Please Print)

CHILD'S INFORMATION

| | | | | | | |
|--------------------|--------|---------|--|-----------------|-----------------|------|
| Child's last name: | First: | Middle: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Grade Entering: | Home Phone: | |
| Street address: | | | | | Birth date: / / | Age: |
| City: | | State: | | Zip Code: | | |

Parent / Guardian # 1

| | | | |
|------------------------------|-------------|----------------|-------------------|
| Parent / Guardian Last Name: | First: | Employer: | Employer phone #: |
| Middle: | | | () |
| Street address: | | | |
| City: | State: | Zip Code: | |
| Home Phone: | Cell Phone: | Email Address: | |

Parent / Guardian # 2

| | | | |
|------------------------------|-------------|----------------|-------------------|
| Parent / Guardian Last Name: | First: | Employer: | Employer phone #: |
| Middle: | | | () |
| Street address: | | | |
| City: | State: | Zip Code: | |
| Home Phone: | Cell Phone: | Email Address: | |

Please circle one:

In Case of Emergency who should be called first: Parent / Guardian #1 Parent / Guardian #2 Either

EMERGENCY CONTACT

In the event of an emergency and neither parent can be contacted, please provide two alternate emergency contact names. Please remember to inform these people that they are listed as your emergency contacts.

| | | | | |
|------------|--------|--------------------|-------------|------------------|
| Last Name: | First: | Relation to Child: | Home Phone: | Alternate Phone: |
| | | | () | () |
| Last Name: | First: | Relation to Child: | Home Phone: | Alternate Phone: |
| | | | () | () |

BILLING

| | | |
|---------------------------------|-----------------------|----------|
| Person(s) responsible for bill: | Address if Different: | Phone #: |
| 1. | | |
| 2. | | |

Does your child qualify for the DSS Child Care Subsidies program? Yes No