

Good Counsel Academy Elementary

is proud to present our first

Mid-Winter Recess Workshop

Location: Good Counsel Academy Elementary
2 Broadway, Valhalla, NY 10595

Dates: Tuesday, February 21 - Friday, February 24, 2017

Times: Full Day 8 a.m. - 3 p.m. *or* Half Day: 8 a.m. - 11:30 a.m.

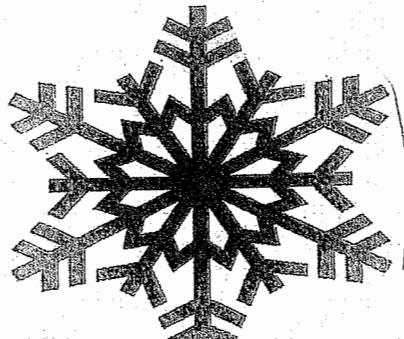
**Early Drop Off and Extended Care option available*

Eligibility: GCAE Students Pre K 3 -Grade 6
HNJ Parish Students K - Grade 6

Worried about child care? Want your children to stay active over winter break? GCAE has the solution! Enroll your child in our Mid-Winter Recess Workshop Program. Students will engage in hands-on, age-appropriate activities and workshops each day. Days will include both indoor and outdoor play (weather permitting), STEM projects, technology, soccer, basketball, table tennis, gaming, story creation, drama, art, lip sync battles, culinary arts and more!

All workshops and supervision provided by GCAE certified teachers and assistants. Pre-registration is required.

Registration is limited, so sign up today!



Good Counsel Academy Elementary

Mid-Winter Workshop 2017

Registration Information & Fees

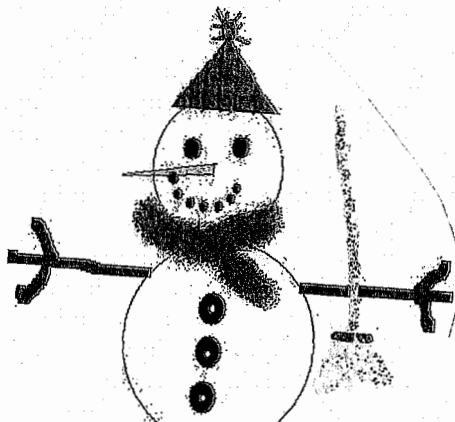
Program Options	Times	Fee
A1. Single Half Day	8 a.m. - 11:30 a.m.	\$40
A2. Single Full Day	8 a.m. - 3 p.m.	\$80
B1. 2 Half Days		\$75
B2. 2 Full Days		\$150
C1. 3 Half Days		\$105.
C2. 3 Full Days		\$225
D1. 4 Half Days		\$140.
D2. 4 Full Days	**7:30 p.m. - 5 p.m Early Drop off and Extended Care included in package.	\$275.
Early Drop Off	7:30 a.m. - 7:55 a.m.	\$5.00
Extended Care	3 - 5 p.m.	\$12.00

Registration Due by: Monday, January 23rd, 2017

Pre-Registration is required. **50% non-refundable deposit**, along with **completed** paperwork, is required by registration due date. Balance due on or before 1st day of program.

Limited enrollment. **NO LATE REGISTRATIONS ACCEPTED.**

Early Bird Special! Sign up before January 6th, 2017, with program paid in full and receive 10% discount. (non-refundable)



Good Counsel Academy Elementary

Mid – Winter Recess Workshop

Registration and Billing 2017

Student Information

Child's First Name: _____	Child's Last Name: _____		
Date of Birth: _____	Gender: _____	Age: _____	Current Grade: _____
Home Address: _____			
City _____	State: _____	Zip: _____	
ALLERGIES and MEDICAL CONCERNS; (Please be specific)			

Parent/Guardian Information

1. Parent Name: _____
E-mail Address: _____
Cell Number: _____
Work Number: _____
2. Parent Name: _____
E-mail Address: _____
Cell Number: _____
Work Number: _____

Emergency Contact and Pick up Information

Please fill out the information below to explain who is allowed to pick up your child from the Workshop session or who to call in case parents cannot be reached immediately. Parents listed above are assumed as allowed to pick up children unless previously discussed and documented with Mrs. Matott. Note: Every student must have at least ONE person listed as emergency contact. This person must be available at all times during Mid - Winter Session and aware that their number is listed for emergency purpose. ID should be available for non-parent pick-up.

1. Name: _____	Phone: _____
2. Name: _____	Phone: _____
3. Name: _____	Phone: _____

Registration information continued...

Rules and Release of Liability
Please check each category and sign below.

- Media Release:** I hereby give permission for my child's image to be used in group photos by Good Counsel Academy Elementary for GCAE social media and for advertising and promotion of our program.
- Release of Minors:** All students are released to parents/guardians. No child will be released to another person without a written release from the parent or listing on the emergency release form.
- Refund Policy** – Deposits and Early Bird Special are non-refundable.
- No student may attend camp until all payment is complete.
- All students must obey the rules of the program and be respectful to all staff members/participants. Non-compliance will result in dismissal of student with no fees refunded. GCAE reserves the right to dismiss any student who is unable to maintain safety of self and others.
- Workshops begin at 8 a.m. and ends promptly at 3 p.m. Any student dropped off before 8 a.m. or picked up after 3 p.m. will be charged. (exception is the 4 full day inclusive package)
- Student is to bring lunch for full day programs. Snacks will be available. Students with allergies should bring their own snacks.
- Enrollment Policy:** I shall not be entitled to any reduction, refund or allowance in the event of my child's withdrawal or absence from the program for any reason.

I have read and understand all of the above.

Print Name: _____

Signature: _____ Date: _____

Good Counsel Academy Elementary Mid – Winter Workshops

Session Selection

Half Day Workshops 8:00 a.m. – 11:30 p.m.

- A1. Single Date:** _____
- B1. Two Dates:** _____ and _____
- C1. Three Dates:** _____, _____ and _____
- D1. Four**

Full Day Workshops 8:00 a.m. – 3 p.m.

- A2. Single Date:** _____
- B2. Two Dates:** _____ and _____
- C2. Three Dates:** _____, _____ and _____
- D2. Four (7:30 a.m. – 5 p.m.)**

Early Drop off: Tues. Wed. Thurs. Fri. (circle days needed)

Extended Care: Tues. Wed. Thurs. Fri. (circle days needed)

Total due: _____

Deposit due: (half of total): _____ **Due by January 23.**

Cash: Office will give receipt. Amount: _____

Check: Amount: _____ (checks payable to GCAE)

For Office use:

Receipt # for Cash: _____

Check number: _____

All registration papers and medical for non-GCAE students completed _____

Date: _____

Signature: _____

To be completed by students who DO NOT attend Good Counsel Academy. It is mandatory that children who do not attend GCAE submit their current vaccinations and medical statement.

Please submit with registration information.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the