

Barking Cat Studio

Art in the City Summer Camp

create • discover • think • imagine

FOR OFFICE USE:

☐ Full DB

☐ PAID _____

☐ Partial DB

Camper Registration Form

How did you hear of us? Check all that apply.

- ☐ Past Student ☐ Referred By _____
- ☐ Walking By ☐ Park Slope Parents
- ☐ BoCoCa Parents ☐ PS 321 Camp Fair
- ☐ Brooklyn Parent ☐ Internet Search (please specify) _____
- ☐ Brooklyn Family ☐ Other (please specify) _____

Child's Name (last) _____ (first) _____ Kid T-Shirt Size ☐ S ☐ M ☐ L ☐ XL

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Date of Birth _____ Age _____ Grade in Sept. 2013 _____ ☐ Male ☐ Female

Main Parent to Contact _____ Best number to reach you during camp hours _____

DEPOSITS/PAYMENTS: \$30 reg fee plus a 50% non-refundable deposit or payment in full are due at the time of registration. You must pay the balance in full by April 20, 2013. Registration on or after April 20, 2013 requires payment in-full at the time of registration. Barking Cat Studio will NOT prorate for missed days or partial week attendance.

CANCELLATION POLICY: If cancelling prior to May 14, 2013, tuition will be returned minus \$30 reg fee + 50% non-refundable deposit. After May 14, 2013, the remaining tuition is refundable at the sole discretion of Barking Cat Studio, Inc.

ART IN THE CITY SUMMER DAY CAMP

Please select the camp weeks, early drop-off and extended day options below. Early drop-off & extended day options are available by pre-registration ONLY.
Camp \$465 per week* 8:30 am - 3:30 pm. Early drop-off \$40 per week 8 - 8:30 am. Extended day \$175 per week 3:30 - 6 pm.

*Except Week 1: July 1 - July 5, price is \$372 (no camp on July 4, 2013)

WEEKLY THEMES

EARLY DAYS & EXTENDED DAYS

<input type="checkbox"/> Week 1: July 1st to July 5th*	Earth Arts: Fiber, Nature & Found Objects	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 2: July 8th to July 12th	Art Explorers: Fine Art to Pop Art	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 3: July 15th to July 19th	Paul Klee Puppets	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 4: July 22nd to July 26th	Drawing, Painting & Printmaking	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 5: July 29th to August 2nd	All Mixed Up! Mosaics & Mixed Media	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 6: August 5th to August 9th	Clay Arts & Sculpture	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 7: August 12th to August 16th	Modern-Shmodern: Humor in Modern Art	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm
<input type="checkbox"/> Week 8: August 19th to August 23rd	Art & Robots	<input type="checkbox"/> Early Drop-Off 8 - 8:30 am	<input type="checkbox"/> Extended Day 3:30 - 6:00 pm

_____ Total Camp Weeks x \$465 = _____ (A) _____ Early Drop-Off Weeks x \$30 = _____ (B) _____ Extended Day Weeks x \$175 = _____ (C)

Week 1 = \$372

(A) + (B) + (C) = _____ Tuition

50% of Tuition _____ + \$30 Reg Fee = _____ Total Due

PAYMENT OPTIONS: Please check one. Registrations after April 20, 2013 MUST be paid in full.

Note: Barking Cat Studio will add a 2.5% convenience fee which is collected to defray a portion of the cost of providing convenient payment options for those who wish to pay via credit card.

☐ Credit Card ☐ MasterCard ☐ VISA ☐ Discover Total Amount to Charge Today: \$ _____ ☐ Cash ☐ Check (Please make checks payable to Barking Cat Studio, Inc.)

(Please Print)

Name on Credit Card _____ Signature _____

Credit Card Number _____ Expiration Date _____ Security Code _____ Date _____



Please complete one form per child. Registration will not be processed without this form, registration form and health form. Complete these forms and return with the appropriate payment to Barking Cat Studio, Inc., 219 Greenwood Avenue, Brooklyn, NY 11218 or send scanned, signed form via email to info@barkingcatstudio.net. You may also fax this signed form to 718-233-9682. Please contact Karen Merbaum or Maria Petulla at (718) 686-1132 or info@barkingcatstudio.net with any questions you may have.

Child's Name (last): _____ (first): _____

Home Phone: _____ Date of Birth: ____/____/____ Age: _____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Parent 1 Name: _____

Daytime Phone: _____ E-mail: _____ Cell Phone: _____

Parent 2 Name: _____

Daytime Phone: _____ E-mail: _____ Cell Phone: _____

Current School with Address: _____ Grade in September 2012: _____

How did you learn about our programs? _____

Name and relation of emergency contact: _____ Phone: _____

Name of physician: _____ Phone: _____

Health condition(s) that staff should be aware of:* _____

Activities in which your child should NOT participate: _____

Life-threatening allergies ☐ No ☐ Yes* (describe): _____

Operations or serious injuries (with dates): _____

Is your child under a doctor's care for an ongoing condition? ☐ No ☐ Yes* (describe): _____

Any permanent disability or chronic or recurring illness ☐ No ☐ Yes* (describe): _____

Does your child take any medication (prescribed or over-the-counter)? ☐ No ☐ Yes*

If yes, please provide reason, dosage, and frequency: _____

Do you give permission for your child to swim? ☐ No ☐ Yes Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Date of last physical examination:* _____ (Health Record form must be completed)

**Please note that all children attending camps must have a complete physical examination within 12 months of attendance of camp and the Health Record form must be completed by a licensed physician.*

I, the parent/guardian of the above named student, hereby give permission to Barking Cat Studio, Inc., its agents, representatives, and employees, to enroll my child in all activities offered by Barking Cat Studio, Inc. Art in the City Summer Camp 2013, including local full day field trips within New York City and the transportation required through public subway, bus or by bus company hired by Barking Cat Studio, Inc. as part of the regular Barking Cat Studio, Inc. Art in the City Summer Day Camp program. In consideration of my child's participation in Barking Cat Studio, Inc. Art in the City Summer Camp 2012, I, the undersigned, waive all claims for damages I may have against Barking Cat Studio, Inc., its directors, officers, trustees, faculty, and employees for any and all injuries suffered by my child. I agree to release, indemnify, and hold harmless Barking Cat Studio, Inc., its summer camp program, its staff, agents and representatives from all claims of liability, injury or damage to any person occurring in connection with Barking Cat Studio activities. Barking Cat Studio has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to camper behavior, Barking Cat Studio is not obligated to refund tuition or any unused amount of tuition. I also give permission to Barking Cat Studio, Inc., if its staff is unable to contact me, to take any necessary steps to obtain proper treatment of my child in the event of a sudden illness or injury. I understand that every effort will be made to notify me immediately in case of such an emergency. I further agree to be totally and completely responsible for the payment of all debts, expenses, or bills incurred in connection with any illness or injury of my child. Barking Cat Studio, Inc. has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent, emergency contact or the family physician cannot be contacted in an emergency, Barking Cat Studio, Inc. has the permission to have my child examined at a hospital emergency room. Barking Cat Studio, Inc. has permission to reproduce and publish any photograph, video or likeness of my child for advertising, promotion, commercial or any lawful purpose. I acknowledge and agree that no compensation is being paid or will be paid for the making or use of these materials, and I waive all rights, interest, or claim for payment in connection therein.

Parent/guardian name (printed): _____ Date: _____

Signature: _____ Relation to child: _____



CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		
City/Borough		State	Zip Code	School/Center/Camp Name		District Number ____	Phone Numbers Home _____ Cell _____ Work _____
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian <input type="checkbox"/> Parent/Guardian Last Name <input type="checkbox"/> Foster Parent		First Name			

TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____		Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____	
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Explain all checked items above or on addendum

PHYSICAL EXAMINATION Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____		General Appearance: <table border="0"> <tr> <td><i>Ni Abnl</i></td> <td><input type="checkbox"/> HEENT</td> <td><i>Ni Abnl</i></td> <td><input type="checkbox"/> Lymph nodes</td> <td><i>Ni Abnl</i></td> <td><input type="checkbox"/> Abdomen</td> <td><i>Ni Abnl</i></td> <td><input type="checkbox"/> Skin</td> <td><i>Ni Abnl</i></td> <td><input type="checkbox"/> Psychosocial Development</td> </tr> <tr> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/> Language</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Extremities</td> <td><input type="checkbox"/> Back/spine</td> <td><input type="checkbox"/> Behavioral</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Describe abnormalities: _____ _____		<i>Ni Abnl</i>	<input type="checkbox"/> HEENT	<i>Ni Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Ni Abnl</i>	<input type="checkbox"/> Abdomen	<i>Ni Abnl</i>	<input type="checkbox"/> Skin	<i>Ni Abnl</i>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Language					<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Behavioral				
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DEVELOPMENTAL (age 0-6 yrs) <input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) _____ <input type="checkbox"/> Communication/Language _____ <input type="checkbox"/> Social/Emotional _____ <input type="checkbox"/> Adaptive/Self-Help _____ <input type="checkbox"/> Motor _____		SCREENING TESTS <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td> <td>____/____/____</td> <td>____ μg/dL</td> </tr> <tr> <td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td> <td>____/____/____</td> <td><input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td> <td>____/____/____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td>Hemoglobin or Hematocrit (age 9-12 mo)</td> <td>____/____/____</td> <td>____ g/dL ____ %</td> </tr> </tbody> </table>			Date Done	Results	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	____ μg/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	____ g/dL ____ %	Tuberculosis Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>PPD/Mantoux placed</td> <td>____/____/____</td> <td>Induration ____ mm</td> </tr> <tr> <td>PPD/Mantoux read</td> <td>____/____/____</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Interferon Test</td> <td>____/____/____</td> <td><input type="checkbox"/> Neg <input type="checkbox"/> Pos</td> </tr> <tr> <td>Chest x-ray (if PPD or Interferon positive)</td> <td>____/____/____</td> <td><input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl</td> </tr> <tr> <td>Vision (required for new school entrants and children age 4-7 yrs)</td> <td>____/____/____ <input type="checkbox"/> with glasses</td> <td>Acuity Right ____ / ____ Left ____ / ____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table>			Date Done	Results	PPD/Mantoux placed	____/____/____	Induration ____ mm	PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	Chest x-ray (if PPD or Interferon positive)	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl	Vision (required for new school entrants and children age 4-7 yrs)	____/____/____ <input type="checkbox"/> with glasses	Acuity Right ____ / ____ Left ____ / ____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes
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IMMUNIZATIONS – DATES CIR Number of Child _____ Hep B ____/____/____ Rotavirus ____/____/____ DTP/DTaP/DT ____/____/____ Hib ____/____/____ PCV ____/____/____ Polio ____/____/____		Influenza ____/____/____ MMR ____/____/____ Varicella ____/____/____ Td ____/____/____ Tdap ____/____/____ Meningococcal ____/____/____ HPV ____/____/____ Other, Specify: ____/____/____; ____/____/____	
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RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Full diet <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____		ASSESSMENT <input type="checkbox"/> Well Child (V20.2) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-9 Code _____ _____ _____ _____	
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Health Care Provider Signature		Date ____/____/____	DOHMH PROVIDER ONLY PROVIDER I.D. _____ TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments _____ _____ _____
Health Care Provider Name and Degree (print)		Provider License No. and State	REVIEWER: _____ _____ _____
Facility Name		National Provider Identifier (NPI)	
Address		City State Zip	
Telephone (____) _____ - _____		Fax (____) _____ - _____	Date Reviewed: ____/____/____ I.D. NUMBER _____ _____