



**Manhattan Multicultural Counseling
Summer Youth Program 2008**

303 West 42nd Street, Suite 401-402, New York, NY 10036
(212) 388-8191 or 646-420-6633
www.manhattanmulticulturalcounseling.com

Student Personal Information:

Student's Name

D.O.B

Age

(Optional information) Gender

Ethnicity

Religion

Grade

School

Home Address

City

State

Zip

Student Email

Student Cellular Phone

Home Phone

Mother's Name

Mother Cell Phone

Mother Work Phone

Father's Name

Father Cell Phone

Father Work Phone

Please indicate if the student is allowed to travel on his/her own. **YES __ NO _**



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Emergency Contacts (other than parent or guardian):

You must completely fill out at least two Emergency Contacts and their information. These people may be called in emergencies, if our staff is not able to contact the parents or legal guardians, residing in the household at numbers given previously.

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone# _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone# _____

Family Physician Name _____

Family Physician Phone _____

Health Insurance Co. _____ Policy No. _____

Allergies, Medications & Special Needs _____

I authorize the MMSY Program to release my child to the person(s) listed above, to act on my behalf in an emergency in the event that I cannot be reached. It is my responsibility to keep all information current.

Parent/Legal Guardian Signature _____ Date _____



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General Consent Form:

I am aware that there are risks factors that can arise at any given time of activity if procedure is not followed, if the participant fails to follow the rules, and/or if accidents occur. I acknowledge that accidents are not preventable and it is beyond the control of Manhattan Multicultural Summer Youth staff (hereinafter "MMSY").

It is my responsibility to make sure my child is in good health and dressed appropriately for everyday of the camp program. Example: sneakers, comfortable clothing, etc. Please provide your own supply of sunscreen.

In case of a medical emergency, I understand that every reasonable attempt will be made to contact me, or another person indicated on the emergency contact list that I have provided.

I am fully aware that MMSY is not accountable for any transportation, ambulance fees or hospital charges whatsoever (see Medical Consent form).

I authorize MMSY and its staff to take my child on walking trips, excursions, field trips, and any transportation as a passenger in any vehicle, taxi, subway or bus that is used by the MMSY its employees or assignees.

I understand that acceptance and continuation in the program is contingent on appropriate behavior at all times and that my child is obligated to follow the rules and regulations of MMSY. I further understand that a dismissal from the program based upon disobedience to the rules and regulations listed on page 5 shall forfeit any fees paid or due and payable to MMC.

I understand that it is my responsibility that MMSY be made aware of any special needs of my child, including a special diet (especially any food allergies) or disability.

I give permission for my child to be photographed, filmed, quoted, interviewed, and have work samples published in print and/or on the Internet. Yes No

Parent/Legal Guardian Signature

Date



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Medical Consent Form:

Name _____

Birth Date _____ Phone _____ Male Female

Address _____

City/State/ZIP _____

Emergency Notification:

Parents _____ Alternate Contact _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Health History:

- Asthma
- Cardiac
- Diabetes
- Drug Allergies
- Other _____
- Epilepsy
- Food Allergies
- Hay Fever
- Insect-Sting Allergies
- Mental Disability
- Nervous Disorder
- Physical Disability
- Seizure Disorder

If you have checked any of the above, please give details.

Are you sending medication with your child? Yes No If yes, please note type.

Please turn in all medications at check-in.

Parental Authorization:

I hereby release Manhattan Multicultural Summer Youth and its staff from all claims and causes of action by reason of any injury which may be sustained as a result of these program activities, whether on the premises or on the way to or from these activities. I acknowledge that accidents are not preventable, and it is beyond the control of Manhattan Multicultural Summer Youth staff. I give my permission to the physician, nurse, or dentist selected by Manhattan Multicultural Summer Youth staff to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a parent/guardian, I understand that my child's personal insurance is my primary coverage. I am fully aware that Manhattan Multicultural Summer Youth and its staff is not accountable for any hospital, ambulance, healthcare provider or transportation charges that are or are not covered by my child's health insurance. If my child has any special needs, including a special diet or disability, I will provide them to the MMSY staffing.

Parent/Legal Guardian Signature

Date



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Rules and Regulations:

Cell Phones, I-pods, laptops, PDAs, camera and other personal items must be stored with your personal gear and are only permitted during scheduled breaks.
MMSY IS NOT RESPONSIBLE FOR ANY STOLEN OR DAMAGED PERSONAL PROPERTY; THEREFORE IT IS THE RESPONSIBILITY OF THE STUDENT TO SECURE THE SAME.

- Student will provide their own transportation to and from the MMC.
- Students should not arrive late or leave earlier than the schedule indicates, without permission from MMSY Director.
- Student participants will attend all scheduled meetings and activities, unless instructed by the Director.
- Students are expected to conduct themselves in a manner that will bring pride to themselves, their schools, and their families.
- Students are asked to dress appropriately. For example, no flip-flops, spaghetti strap blouses, mid-riff bearing clothing or torn jeans or revealing clothing items.
- Suggested dress attire would be jeans, sneakers, t-shirts, and other comfortable clothes.
- Smoking, alcohol, drugs, unidentified medications, weapons, are strictly prohibited.
- Any medications, whether prescribed or over-the-counter, must be identified and should be reported to the Director.
- Injuries must be reported immediately to the Director.
- We must respect each other by refraining from profane language, frequent disruptions, and verbal/physical abuse.
- Meals are to be taken together with other students, so that we can establish relationships with each other. Every individual is responsible for cleaning his/her eating area after each meal.

MMSY reserves the right to discharge any individuals who we believe are not adhering to the rules and regulations aforementioned.

Parent/Legal Guardian Signature

Date

Student Signature

Date



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Payment Information:

The payment covers student activities fee, costs of admission and field trips, light breakfast, snacks and refreshments.

Please indicate payment type: _____ Check _____ Cash

Please make your check payable to **Manhattan Multicultural Counseling**

Please provide the check number and name of the bank:

Check # _____ Bank Name _____

Payment Policy:

All payments must be remitted *at least one week before* your child begins the program.

Refund Policy:

Any cancellation before the program commences will be subject to a 25% cancellation fee.
Any cancellation during the two weeks program will be subject to a 50% cancellation fee.
Any cancellation during the three weeks program will be subject to a 75% cancellation fee.
Any cancellation during the four weeks program will be subject to a 100% cancellation fee.

Payment Schedule: \$95 per day (\$380 per week)

Discount rate for early registration:

Individual:

Sibling Discount:

2 weeks X \$380 = \$760

2 weeks X \$375 = \$750

3 weeks X \$380 = \$1140

3 weeks X \$375 = \$1125

4 weeks X \$380 = \$1520

4 weeks X \$375 = \$1500

5 weeks X \$380 = \$1900

5 weeks X \$375 = \$1875

6 weeks X \$380 = \$2280

6 weeks X \$375 = \$2250

7 weeks X \$380 = \$2660

7 weeks X \$375 = \$2625

8 weeks X \$380 = \$3040

8 weeks X \$375 = \$3000

Additional program and fee:

5th Annual Youth Assembly at the UN – August 11 to August 14, 2008 \$95.

(2 weeks X \$380 = \$760 + \$95 = \$855) Total _____

How did you hear about our program? _____

Parent/Legal Guardian Signature

Date