St. Dominic/St. Finbar Summer Program 2024

Federation of Italian American Organizations of Brooklyn, Ltd.

SAPP Program (Funded by OASAS)

8711 18th Avenue, Brooklyn, NY 11214

Telephone: 718-259-2828 Fax:718-236-4405 Email: m.senatore@fiaobrooklyn.org

Location: ☐ **St. Dominic** ☐ **St. Finbar**

Please Print Clearly

Participant Last Name _____ Participant First Name _____

Sex o M o F Date of Birth ____/_____/_____ Current Grade_____ School_____
Mo. Day Year

Home Address_____
Zip Code

Email Address: _____

Borough Code: ☐ 1. Bronx 2. Brooklyn 3. Manhattan 4. Queens 5. Staten Island

Race: ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ American Indian ☐ Other

Parent/Guardian Information

Parent's Status: ☐ Single ☐ Married ☐Widowed ☐ Partners ☐ Separated ☐ Divorced.

With whom does the student reside? _____

Parent/Guardian #1

_____
Name

_____
Relationship to Student

_____
Address

(_____) _____
Cell Phone

(_____) _____
Home Phone

Parent/Guardian #2

_____
Name

_____
Relationship to Student

_____
Address

(_____) _____
Cell Phone

(_____) _____
Home Phone

Emergency Contacts

Please identify **two people other than parents** who may be called during program hours if you **are not** available.

Name	Name
Relationship to Student	Relationship to Student
Address	Address
(_____) Cell Phone	(_____) Cell Phone
(_____) Home Phone	(_____) Home Phone

Release of Child

A. I give my child permission to walk home alone at dismissal. o Yes o No

B. My child will be picked up by myself or one of the following individuals:

Name	Relationship	Telephone

C. **DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

Name	Relationship to Child

Health Information

A. ***Please check any box that applies to your child:***

	YES	NO		YES	NO
_____ Allergies to Food *(Please Specify)*	o	o	Convulsions/Seizures	o	o
			Corrective Devices *(glasses, hearing aid, etc)*	o	o
_____ Allergies to Medicine *(Please Specify)*	o	o			
_____ Allergies Other *(Please Specify)*	o	o	Diabetes	o	o
			Asthma	o	o
			Physical Disabilities	o	o
_____ Other *(Please Specify)*	o	o	Behavioral issues	o	o

B. Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that are required by children generally. If your child does have special health care needs, please discuss these with your childcare provider.
Please explain:

_____

_____

C. Does your child have special health care needs that require treatment and/or medication? o YES o NO
Please explain:

_____

_____

D. Does your child take medication for any condition or illness? o YES o NO
Please explain:

_____

_____

E. Are there any activities your child ***cannot*** participate in? o YES o NO
Please explain:

_____

_____

Medical Allergy/Condition Certification & Waiver

Please sign this portion if applicable:
As a parent/guardian of a child with a medical allergy or medical condition, I attest that I take full responsibility and release FIAO from all liability should a medical situation/emergency occur.

_____ _____

Parent/Guardian Signature Date

Parent/Guardian Consent & Waiver

I, the undersigned, certify that all information on this form is true and correct. I give my child permission to participate in the activities which I have indicated below. I also agree to assume full responsibility and voluntarily expressly waive all claims for any injury, illness, or physical damage, known or unknown, caused for whatever reason which might occur while my child participates in any of these programs. In the event that there is a problem which requires immediate action and neither the alternate contact nor I can be reached, I give permission for the staff to act in the best interest of my child. I also understand that my child must abide by all the rules and regulations of the program. I also give permission for my child to be photographed during Summer Program activities, and for any and all such photographs to be displayed by Federation of Italian American Organizations of Brooklyn, (FIAO) or OASAS (funding agency) in any medium (books, newsletter, websites, etc.), whether now or hereafter known or developed.

_____ _____

Parent/Guardian Signature Date