

Homeschool Day Registration Form

October 17, 2017 – 9am to 4pm

Children 9 to 14 years old

Registration Deadline: October 6, 2017

Cost: $40.00 per child WCNY member/$45 per child non-member

Welcome! To register your child to participate in the Enterprise America Homeschool Day Program, please complete this registration form. Submit the form with your appropriate registration fee to WCNY by October 6. Payment can be made by credit card online, printing this form and sending it with credit card information or by sending a check made payable to WCNY. Mail form and payment to: WCNY, 415 W. Fayette St., Syracuse, NY 13204, Attn: Homeschool Day

Please review the following information before completing this form.

* A minimum of 40 participants is required for a successful day and positive experience. No preparation for the day is required. If there is insufficient enrollment by October 6, WCNY will contact you by October 12 of the program's cancellation and refund registrations.
* Only those children enrolled in the program may be in the Enterprise America City on October 17.
* Your child should bring a bagged lunch including beverage. Please note: there is no refrigeration or warming facilities provided.
* Adult volunteers offer general assistance throughout the day (no special skills needed). If interested in serving as a volunteer on October 17, please check this box . The Enterprise America Manager will contact you with further details. Only enrolled children and those adults volunteering to assist with this program may be present.
* If your child is enrolled and you must cancel for any reason, your registration fee is non-refundable unless a child on the waiting list can fill your space by the registration deadline. In the event the cancelled space is filled, a 50% processing fee will be deducted from your refund. All refund requests must be submitted in writing via email to: [enterpriseamerica@wcny.org](mailto:enterpriseamerica@wcny.org). Please indicate Refund Request and the program name in the subject line. The original transaction will be refunded through the payment source. PLEASE NOTE: If a child is unable to attend this program and there is a current wait list, we will replace that child with the first person on the wait list. You may not make your own replacements if your child is unable to attend.

Please complete the following information (print legibly or type, please):

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (check one) \_\_\_\_\_\_\_\_\_\_MALE \_\_\_\_\_\_\_\_\_\_\_\_\_\_FEMALE

Parent/Guardian Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby register my child for the above mentioned WCNY program. I further understand the cancellation and refund policy listed above.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Child’s Full Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child's Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts/Authorized Pick Ups (other than Parent/Guardian):**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be bringing any medication to WCNY? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_ NO Please note: your child must be able to administer the proper medication dosage him/herself. Otherwise parent/approved guardian must be present to do so.

Does your child have any special needs, including behavioral, emotional or physical? Please describe them below so that we can best support your child. The Enterprise America Manager will contact you with any follow up questions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have provided WCNY with any pertinent information which may assist WCNY program staff in caring for my child including but not limited to allergies, disability or limiting conditions, or emotional, developmental, or behavioral challenges. I agree to notify the WCNY Education staff immediately in writing of any changes in address, phone numbers, emergency contacts, or inability to attend by the registration deadline.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to WCNY to use any photographs or video of my child for promotional or public relations purposes, including web site material and program advertising. \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_NO

Help us to know how to reach other parents of homeschoolers by answering the question below - thank you!

How did you hear about our Homeschool Day? (Please check all that apply)

\_\_\_\_\_\_\_ WCNY Radio

\_\_\_\_\_\_ WCNY TV

\_\_\_\_\_\_\_ WCNY E-guide

\_\_\_\_\_\_ Flyer/Brochure

\_\_\_\_\_\_ Email/social media

\_\_\_\_\_\_Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

WCNY logo