

Musconetcong Valley Community Association & Bricks Bots and Beakers
Application to Participate in B3 Programs

Participant Information

Child's Name _____ Grade in Fall: ____ Age: ____ DOB: _____ M F

Home Address: _____ City, State, Zip: _____

Mother/Guardian

Name: _____
Phone 1: _____
Phone 2: _____
Email: _____

Father/Guardian

Name: _____
Phone 1: _____
Phone 2: _____
Email: _____

In case of an emergency in which a parent cannot be reached, please provide at least one local contact who will assume responsibility for your child.

Emergency Contact 1

Name: _____
Phone 1: _____
Phone 2: _____
Relationship to Child: _____

Emergency Contact 2

Name: _____
Phone 1: _____
Phone 2: _____
Relationship to Child: _____

Pick Up Information

*List all adults, including parents, with permission to pick up your child.
Include: Name, Phone Number and Relationship to Participant*

Custody Information

If there has been a custody decision, please list the name or names of the person NOT permitted to pick up the child. (Please provide documentation, which will be kept confidential) _____

Session Selection

Place an X in the box for the session you are registering for

<p align="center">Superhero STEAM Ages: 4 – 7 July 8th – 12th, 2019 9 am to 12 pm \$150 <input type="checkbox"/></p>	<p align="center">Future Vet Ages: 7 – 10 July 15th – 19th, 2019 9 am to 12 pm \$150 <input type="checkbox"/></p>
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Please send forms and payment to:
Bricks Bots & Beakers, 142 Valley Road, Hampton, NJ 08827 or DROP OFF at the MVCA Office at the Valley
Professional Center, 59 East Mill Road, Building 3, Unit 101, Long Valley
Make checks payable to: Bricks, Bots & Beakers

For more information or to register online visit our website at www.bricksbotbeakers.com/skylands

Musconetcong Valley Community Association & Bricks Bots and Beakers

Personal Health & Medical Form

To be completed by parent or guardian. (Physician does not need to sign this form)

Child's Name:	Age _____	Grade in Fall _____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB ____ / ____ / ____
Parent/Guardian	Parent/Guardian Phone 1 _____			
	Parent/Guardian Phone 2 _____			
Child's Physician	Physician's Phone _____			
Medical & Health History				
Participant is subject to: (Give applicable Dates)		Known Food Allergies:		
<input type="checkbox"/> Seizures _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Fainting Spells _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Other _____		Reaction:		
Explain in detail if checked above:		Reactions to Insect Bites or Stings:		
Does your child require the use of an epinephrine auto-injector device? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Check if never been stung		
		Known Medication Allergies:		
Does your child have any special problems or needs that the staff should be aware of?				

Is your child on medication during the program and is she/he able to self-medicate? No Yes
If yes, explain _____

Immunizations

Date of most recent exam: _____
 Immunizations: Give most recent dates – Required by State – “Up to Date” will not be accepted

<input type="checkbox"/> DPT _____	<input type="checkbox"/> H.I.B. _____
<input type="checkbox"/> Polio Series _____	<input type="checkbox"/> Hep B _____
<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> MMR (Measles, Mumps, Rubella) _____

Check here if you have provided a copy of the physician's record (not required)

I hereby certify that the information herein provided is complete and correct to the best of my knowledge and that this child is in good health and can participate in the normal activities of the program. In the event that I cannot be reached in an emergency, I give Bricks Bots & Beakers (B3) permission to seek emergency transportation for my child and for the physician selected by the Director of the B3 Program to hospitalize and/or otherwise secure proper treatment, including anesthesia and surgery, for the above named child.

Date _____ Parent or Legal Guardian Signature _____

My above named child has permission to participate in all activities that are part of this program, including field trips.

Parent or legal guardian's signature: _____ **Date:** _____

I give B3 and MWVA permission to use any photos of my above named child taken during this program for publicity or program literature

Parent or legal guardian's signature: _____ **Date:** _____

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