



Fall Sessions Programs for Children!

🍁 🍁 🍁 November 11-13 🍁 🍁 🍁

Friday evening & Sunday morning @ Scarsdale Meeting
Saturday @ Ethical Culture Society in White Plains

SHARING OUR STORIES ... past, present, and future ...

- ➔ Storytelling program Friday evening for **all ages**.
- ➔ Childcare available for **Friends Ages 0-4**, Saturday & Sunday.
(*please register by Oct. 28*)
- ➔ For **Friends Ages 5-10**, the program on Saturday includes games, art, play, stories (Faith & Play and making their own) and a special program with The Power of Goodness programs.
(www.power-of-goodness.info).
- ➔ **Friends Ages 11-13** will have a story workshop with the older teens on Saturday morning and then join the younger Friends in the afternoon to apprentice facilitate with the Power of Goodness leaders.
- ➔ On Sunday, after “Giant First Day School” with Scarsdale Meeting, **all ages** join the gathered body for **community worship**.

FOR MORE INFORMATION AND REGISTRATION:

WWW.NYYM.ORG/?Q=FALLSESSIONS2016#REGISTRATION

OR CONTACT MLEAGLESON@AOL.COM

NYYM ❁ FALL SESSIONS ❁ MEDICAL INFORMATION FORM

Please fill out one form per child. Thank you.

PLEASE NOTE! Children CANNOT participate without a current medical form on file. THIS INFORMATION IS KEPT CONFIDENTIAL FOR NYYM USE ONLY

CHILD'S LAST NAME: _____ **Parent / Sponsor LAST NAME:** _____

FULL NAME of Child: _____ **AGE:** _____

Mother/legal guardian's full name: _____

Mother/legal guardian's phone number (*if not at Fall Sessions*): () _____

Father/legal guardian's full name: _____

Father/legal guardian's phone number (*if not at Fall Sessions*): () _____

If a parent will not be present at the NYYM Sessions: I have arranged for the following person to be responsible for my child _____

Emergency names (authorized to remove child from premises):

1) _____

2) _____

Name and phone number of family physician / insurance information:

_____ Phone: () _____

Insurance carrier: _____ Policy #: _____

VERY IMPORTANT: *Please list all allergies, medications, physical limitations, emergency medical information, recent surgeries or injuries, or other things we should know about your child. List any medications that are self-administered, e.g. EpiPen, etc.*

I give my permission for my child to be given necessary treatment during Fall Sessions, November 11-13, 2016 (sign below).

Signature of Parent/ Legal Guardian: _____ **Date:** _____

*(This document is **not** valid with the signature of a sponsor. It **must** be signed by a parent/guardian.)*

THIS FORM IS TO BE PRESENTED AT TIME OF REGISTRATION